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40 Extension of cervical carcinoma in the parametrial ligament. <u>M. Ihara, Y. Kishi</u>*, Imabari Pubric Hosp., Ehime, *Tokushima Teishin Hosp., Tokushima.

This study was undertaken to know extension of cervical carcinoma in the branched parts of the parametrial ligaments.

During surgical operation of radical hysterectomies we identified the anterior and posterior sections of the uterovesical ligaments, the cardinal ligaments, and the uterosacral ligaments. And we marked each of them with Kocher's clamp or thread.

In 16 cases out of 98 patients cancer cell nests were detected in the branched parts of the ligaments, especially in the anterior section of the uterovesical ligaments.

of the uterovesical ligaments. The density of lymphatic tissue in the branched parts of the uterovesical ligaments was highest among the parametrial ligaments.

41 Comparison of CPL classification with tumor dissociation on spreading front of the uterine cervical cancer. <u>H. Noguchi, S. Yokonishi, A. Mori, Y. Tsukahara</u>, <u>O. Oguchi</u>, <u>T. Shiozawa</u>, Dept. Obst. & Gynec., National Matsumoto Hosp., Matsumoto, *Dept. Obst. & Gynec., Shinshu Univ. Sch. Med., Matsumoto.

We discussed Imai's CPL classification and 'tumor dissociation' to estimate the spreading mode in front of the tumor growth of the uterine cervical cancer. Of 134 cases treated by radical surgery, 30 cases (22%) belonged to C type of CPl classi - fication, 61 cases (46%) to P type and 43 cases (32%) to L type. Regarding the tumor dissociation, 53 cases (40%) had no dissociation, 36 cases (27%) and 45 cases (39%) showed slight and marked dissociation, respectively. Rate of pelvic lymph node metastasis was extremely high, about 60%, in cases of L type and of marked dissociation. About 40% of cases with L type and with marked dissociation had parametrial infil-tration.

The 5-year survival rate was 100% in cases of C type, 95.1% of P type and 74.4% of L type. And all cases without dissociation were alive after 5 years, but slight and marked dissociated cases had 86.1% and 80.8%, respectively. These results suggested that CPL classification and tumor dissociation may be one of the prognostic factors, but the former will have better correlation than the latter.

42 A clinicopathological study of primary adenocarcinoma of the uterine cervix (531 cases) -biological behavior-. <u>K.Yokosuka</u>, <u>H.Teshima</u>, <u>S.Koi</u>, <u>Y.Yamakawa</u>, <u>Y.Ichikawa</u>, <u>K.Nakayama</u>, <u>Y.Shimizu</u>, <u>J.T.Chen</u>, <u>I.Fujimoto</u>, <u>K.</u> <u>Yamauchi</u>, <u>K.Hasumi</u>, <u>K.Masubuchi</u>, Dept. of Gynec., Cancer Institute Hosp., Tokyo.

531 patients with adenocarcinoma of the uterine cervix (EC Ad. Ca.) were studied to distinguish the biological behavior between EC Ad. Ca. and squamous cell carcinoma (SCC), and between endocervical EC Ad. Ca. (EC) and adenosquamous EC Ad. Ca. (AS). They were studied about a incidence, a differentiation of EC Ad. Ca., the minimum 5-year survival rate, the cumurative 5-, 10-year survival rate, pelvic lymph node metastases and a recurrence.

We concluded the biological behavior of EC and AS as followed : (1) it's certified the radioresistency of EC, and EC had a tendency of meta-stasize to pelvic lymph nodes in many directions from early stage. (2) AS which had a good response for radiation as same as SCC had a better prognosis than EC.

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