

**IS-13** Type of hysterectomy and the prognosis in clinical stage I endometrial cancer

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**Objective :** To determine whether clinical outcomes show a benefit from extended hysterectomy in patients with early endometrial cancer. **Methods :** We reviewed the medical records of 101 patients who had endometrial cancer with clinical stage I disease. All the patients were surgically staged, and two types of hysterectomy, simple hysterectomy (SH) or extended hysterectomy (EH), were performed by surgeon's preference. The postoperative pathology findings, recurrence rate and disease-free survivals (DFS) between the two groups were compared. **Results :** Sixty-six patients and thirty-five patients underwent SH and EH, respectively. At subsequent surgical staging, seven patients (10.6%) in the SH and four (11.4%) in EH group were upgraded to stage II or III disease. The surgical and pathological features were not different between the groups. Though the recurrence rate was lower in the EH group (9.09% for SH vs 2.86% for EH), it showed no statistical significance ( $P = 0.241$ ). The 5-year DFS (88.2% for SH vs 96.0% for EH) showed no statistically significant difference between the groups either ( $P = 0.242$ ). **Conclusions :** Compared to SH, EH did not have any prognostic benefit in clinical stage I endometrial cancer. Until the therapeutic role of the EH is determined by further studies using a larger sample size, SH remains the treatment of choice in patients with early endometrial cancer, and surgeons should not perform extended operation without definite evidence of the disease.

**IS-14** Ovarian malignancy diagnosed after ovarian torsion surgery -10 cases

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**Purpose :** Ovarian torsion is the 5th most common gynecologic emergency. The treatment of choice for ovarian torsion is urgent surgical intervention. The purpose of this study was to evaluate the safety of surgical resection of ovary in emergency setting in the absence of thorough preoperative evaluation in terms of pathologic outcome. **Method :** A retrospective chart review was conducted of patients who underwent surgery for ovarian torsion from 1999 through 2009. Data pertaining to patient's age at diagnosis, preoperative symptoms, surgical pathology, surgical outcome and postoperative treatment were obtained. **Results :** A total of 130 patients (mean age : 34.0, range : 7-79) were operatively proven as ovarian torsion. Among these patients, 10 were pathologically diagnosed to have malignant ovarian tumors (10/130, 7.7%) : 6 mucinous borderline tumors (6/130, 4.6%), 1 serous borderline tumor (1/130, 0.8%), 1 granulosa cell tumor (1/130, 0.8%), 1 dysgerminoma (1/130, 0.8%), and 1 serous adenocarcinoma (1/130, 0.8%). Only two patients—one diagnosed as dysgerminoma, the other serous adenocarcinoma—received further treatment with chemotherapy. **Conclusion :** Our review showed the low probability of ovarian malignancy in ovarian torsion. Therefore, when a patient is suspected for ovarian torsion, prompt surgical intervention should not be delayed in the fear of malignancy. **Keywords :** Ovarian torsion, malignancy.

**IS-15** Patients with stage IIIC ovarian clear cell carcinoma upstaged by lymph node metastasis have similar survival to other stage III clear cell carcinoma patients

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[Objective] Among stage IIIC patients, better survival have been reported in the cases upstaged from stages I-IIIb disease based on lymph node metastasis. These reports included a high abundance of serous histologic tumors. On the other hand, ovarian clear cell carcinoma (CCC) is well-known to show chemoresistant phenotype, and a microscopic residual tumor would possibly lead to poor prognosis. The aim of the present study is to compare survival of advanced staged CCC patients according to subgroup of pN status. [Methods] Patients with CCC were retrospectively enrolled from collaborating institutions. After central pathologic review, patients with stages III, IV pure-type CCC were analyzed. [Results] Among 334 cases with CCC, a total of 99 cases with stage III, IV disease were identified: 5 cases with stage IIIa-b, 75 cases with stage IIIC, and 19 cases with stage IV. Multivariate analysis revealed that significant better survival was observed only in the cases who achieved no residual tumor. In the cases with no residual tumors, there was no significant difference between the patients with pT1-3bN1 disease and those with pT3cN0 (PFS,  $p = 0.78$ ; OS,  $p = 0.82$ ). [Conclusion] The impact of retroperitoneal lymph node metastasis on survival might be stronger in CCC histology, in contrast with serous histology.