

Suspect Ovarian Cancer With Persistent Distention

BY ROBERT FINN
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SANTA MONICA, CALIF. — Persistent abdominal distention, but not transient bloating, is associated with ovarian cancer, and clinicians should listen to their patients carefully to distinguish between the symptoms, according to a poster presentation by Dr. Clare R. Bankhead at the biennial meeting of the International Gynecologic Cancer Society.

Dr. Bankhead of the University of Oxford (England), and her colleagues conducted semistructured interviews with 124 women who were referred for evaluation of suspected ovarian malignancies. The investigators conducted a qualitative thematic analysis of the interviews to extract potential symptoms of ovarian cancer, and they conducted a multivariate quantitative analysis of the reported symptoms to determine which ones were asso-

ciated with a diagnosis of ovarian cancer.

Of the 124 women, 44 were eventually diagnosed with malignancies. Forty of the malignancies were ovarian primary cancers (25 of which were at an advanced stage), two were peritoneal cancers, and the remaining two were gynecological cancers whose primary sites were unknown. Of the 80 women without cancer, 59 had benign gynecologic pathology and 21 had normal findings.

After adjusting for other symptoms,

women with persistent abdominal distention with or without bloating were 5.2 times as likely to be diagnosed with ovarian cancer as women with neither bloating nor distention. This odds ratio was statistically significant. Bloating alone, on the other hand, was not associated with an increased or decreased chance of being diagnosed with ovarian cancer.

Four other symptoms emerged in the multivariate analysis as being significantly associated with ovarian cancer diagnoses.

They were early satiety (odds ratio 5.0), loss of appetite (odds ratio 3.2), postmenopausal bleeding (odds ratio 9.2), and progressive worsening of symptoms (odds ratio 3.6).

"The findings emphasize the need to listen carefully to women's accounts of abdominal symptoms," the investigators wrote. "Clinicians should clarify whether women are describing bloating [fluctuating discomfort] or distention, and whether the symptoms are transient or persistent, in order to distinguish between them." ■

Hysteroscopy OK With Endometrial Cancer History

SANTA MONICA, CALIF. — While hysteroscopy is the most accurate tool for evaluating abnormal uterine bleeding, the technique can cause the intraperitoneal spread of malignant endometrial cells. This has raised concerns that hysteroscopy might be responsible for a worse prognosis in women with endometrial cancer.

But in a poster presentation at the biennial meeting of the International Gynecologic Cancer Society, Dr. A. Ben Arie and colleagues found no evidence that hysteroscopy was associated with an increase in endometrial cancer recurrences.

The retrospective study involved 392 women provisionally diagnosed with stage I endometrial adenocarcinoma at five medical centers in Israel. Dr. Ben Arie of Kaplan Medical Center, Rehovot, Israel, and colleagues examined the women's medical records, retrieving data on mode of diagnosis, histologic type, grade and stage of the disease, and the patient's outcome.

Three different diagnostic methods were employed in the women—25% had an endometrial biopsy, 49% had uterine curettage, and 26% had hysteroscopy. Endometrial adenocarcinoma was found in 88.5% of the women, and the other 11.5% had uterine serous papillary cancer, clear cell cancer, or small cell cancer. The cancer was stage I in 81% of the women, stage II in 2% of the women, and stage III in 17% of the women.

At a mean follow-up time of 55 months (range 12-233 months), recurrences were found in 5% of the women who had hysteroscopy, 4.7% of the women who had curettage, and 13.1% of the women who had endometrial biopsy. There was no statistically significant difference in the recurrence rate among the three diagnostic methods.

—Robert Finn



The advertisement features a collage of four photographs: a young man in a blue shirt, an older man in a white lab coat with a stethoscope, a woman in a white lab coat holding a clipboard, and a close-up of a woman's smiling face. In the center is a photograph of a medical laser device. Below the photos, the word "Us" is written in large blue letters, and to the right, a small wooden crate icon is positioned above the word "Them" in blue letters. The text "Don't be left all alone." is written in blue below a horizontal line. Further down, a paragraph of text describes the support provided by Laserscope Aesthetics. At the bottom, the Laserscope Aesthetics logo is displayed, along with contact information and a copyright notice.

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