

**Materials and Methods:** Between 1999 and 2006, 368 endometrial cancer patients underwent surgical treatment in our hospital. These patients were further categorized into low-risk (grade 1 and 2 endometrioid lesions with MI  $\leq$  50% and PTD  $\leq$  2 cm) and high-risk groups. The prognosis of the high risk group patients with complete staging operation was analyzed.

**Results:** The majority of the patients were high-risk patients (251/368, 68%). We then divided them into lymph node (LN) negative and LN positive (either para-aortic or pelvic LN positive) groups. The distant metastasis rate in LN negative group was low (5/140, 3.6%), but was high in LN positive group (14/31, 45.2%). Among the LN positive group, distant metastasis rate for pelvic LN positive only patients was 38.5%(5/13) and 50%(8/16) in both para-aortic and pelvic LN positive patients. There were no distant metastasis events noticed in our two patients with para-aortic LN positive but pelvic LN negative.

**Conclusion:** In our hospital, para-aortic lymph node dissections were performed up to the inferior mesenteric artery (IMA). According to the report by Podratz et al., Routinely performing lymphadenectomy (LD) only up to the IMA will potentially miss 38% to 46% of patients with positive para-aortic nodes. However, the distant metastasis rate for LN negative patients in our study was 3.6%, which was much less than our expectation as in accordance with Podratz's report. Therefore, para-aortic LD to IMA level does not under-stage endometrial cancer patients and does not miss para-aortic LN in LN negative patients. Our results do not support the routine need of high level para-aortic LD. High level para-aortic LD should only be considered when intra-operative frozen section for LN is sent and shows positive.

### P1123

#### Accuracy of visual inspection with acetic acid (VIA) for early detection of cervical dysplasia in Tehran, Iran

F. Yarandi, Z. Eftekhari. *Department of Gynecological Oncology, Mirza Koochak Khan Hospital*

**Objective:** To evaluate the accuracy of visual inspection with 5% acetic acid (VIA) when used to detect cervical cancer and its precursors.

**Methods:** The study population included women attended Family Planning and Gynecological Clinic in Bagher Abad Health Center and Mirza Koochak Khan Hospital for regular cervical screening tests. After obtaining informed consent from each woman, VIA was performed. One hundred with a positive VIA test and 100 women with a negative VIA test were randomly selected for this study. Cytology and colposcopy examination were performed for all 200 cases and cervical biopsies were conducted for those individuals showing abnormal colposcopic findings.

**Results:** Nine cases in VIA-positive group and two cases in VIA-negative group had an abnormal cytology. Ninety five women in the VIA-positive group and 25 in the VIA-negative group had abnormal colposcopic findings. From biopsy examination, 67 (71%) of cases in the VIA-positive group and 3 (12%) cases in the VIA-negative group had a final diagnosis of dysplasia. Among biopsied samples, only 7 cases of VIA-positive group showed abnormal result and the remaining were normal. Based on these results, VIA test sensitivity and specificity were 95.7% and 44.0% respectively, while they were 10% and 92% for cytology tests.

**Conclusions:** The results of this study indicate that although VIA is a sensitive screening test for detection of cervical dysplasia, it can not be used by itself. Applying VIA along with Pap smears helps to detect a higher number of cases with cancer precursor lesions.

### P1124

#### Alpha-fetoprotein-producing peritoneal malignant mixed Müllerian tumor

Y. Li<sup>1</sup>, T. Kuo. <sup>1</sup>*Kuo General Hospital, <sup>2</sup>*

**Introduction:** Malignant mixed Müllerian tumor (MMMT), also known as malignant mixed mesodermal tumors are rare. An admixture of carcinomatous and sarcomatous components characterizes MMMT. They usually arise in the endometrium, and less commonly in the ovaries, fallopian tubes, cervix and vagina. Rare examples of MMMT occurring extragenitally have also been reported. Here, we present a patient with MMMT arising from peritoneum along with alpha-fetoprotein production.

**Case report:** A 60-year-old, gravida 5, para 5, postmenopausal female presented with abdominal fullness and lower abdominal pain for 2 weeks duration. She had been well without using hormone replacement therapy. A whole-body positron emission tomography did not reveal any abnormality one month earlier in another hospital. On admission, physical examination revealed a large, firm, nontender mass in the pelvis and lower abdomen. Ultrasonography revealed a solid tumor with mixed internal components in the pelvis, measuring 15 cm in the largest diameter. Computed tomography confirmed a large tumor in the pelvis with ascites in the abdominal cavity. The serum markers showed elevate in CA125 719.2 U/ml,  $\alpha$ -fetoprotein 271 ng/ml, CEA 3.3 ng/ml, and lactate dehydrogenase (LDH) 819 IU/L. An exploratory laparotomy revealed 2600 ml of bloody ascitic fluid. A large retroperitoneal tumor, which was well demarcated and about 15 cm in greatest dimension, extended to the posterior pelvic wall. The uterus, ovaries and fallopian tubes were normal with superficial lesions. A suboptimal extirpation of the retroperitoneal tumor, total hysterectomy with bilateral salpingo-oophorectomy, and omentectomy were performed. Histological examination revealed peritoneal MMMT with omental involvement and a minor component of yolk sac tumor. The patient recovered uneventfully and has been closely observed under the chemotherapy regimen using paclitaxel and carboplatin for 3 courses, and lipodox and cyclophosphamide for 2 courses. All tumor markers returned to normal levels quickly. No signs and symptoms suggest of recurrence or metastasis were noted 7 months postoperatively.

**Discussion:** Alpha-fetoprotein-producing peritoneal MMMT is a rare malignancy. The prognosis of these patient is poor. Little is known about their pathogenesis. However, surgical cytoreduction and postoperative aggressive chemotherapy may have a favorable outcome and appear indicated.

### P1125

#### Evaluation of prognostic factors in endometrial cancer

K. Yoneyama<sup>1</sup>, H. Nakayama<sup>2</sup>, D. Doi<sup>1</sup>, A. Miura<sup>1</sup>, S. Mita<sup>1</sup>, K. Kurose<sup>1</sup>, S. Kamoi<sup>1</sup>, T. Takeshita<sup>1</sup>. <sup>1</sup>*Department of Obstetrics and Gynecology, Nippon Medical School, <sup>2</sup>Department of Gynecology, Kanagawa Cancer Center Hospital*

**Objectives:** Endometrial cancer is one of the most common malignancies of the female genital tract. The aim of this study was to evaluate prognostic factors in relation to clinicopathologic characteristics and tumor markers.

**Materials and Methods:** In this study we examined 276 patients with endometrial cancer. Between January 1996 and December 2001, each of these patients underwent a hysterectomy, bilateral salpingo-oophorectomy, pelvic and/or para-aortic lymphadenectomy at the Department of Obstetrics and Gynecology of Nippon Medical School or Department of Gynecology of Kanagawa Cancer Center Hospital. The following factors were studied: pelvic lymph node metastasis, histologic type, histologic grade, myometrial invasion, lymphovascular space invasion, cervical invasion, ovarian metastasis, positive ascites cytology, and preoperative CA125 values. The survival rates were calculated by the Kaplan-Meier method, and the differences between the survival curves were examined