

ROLE OF SPLENECTOMY AS A PART OF OVARIAN CYTO REDUCTIVE SURGERY: AN EXPERIENCE AT TERTIARY CANCER CENTRE

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INTRODUCTION

- ❖ Ovarian Cancer- Highest Mortality Rate Of All Gynecological Cancers
- ❖ **Better Outcomes & Survival With Optimal Cytoreduction**
- ❖ According To NCCN 2016, to Achieve The Optimal Cytoreduction, Consider The Removal Of Relevant Organ i.e.. Radical Upper Abdominal Dissection, **However In Clinical Practice, Removal Of Spleen Is Rare.**
- ❖ Many Studies Reported Spleen Metastasis In Part Of Incomplete Omentectomy I.E. Hilum
- ❖ Morbidity Also Not Increased In Post Splenectomy Patients

AIM

- ❖ To analyze the underlying causes and application of splenectomy in patients with ovarian cancer
- ❖ Assess the complications, morbidity associated with it

OUTCOMES ASSESSED

- 1) 30 DAY MORBIDITY ASSESSMENT (CLAVIEN DINDO SCORING)
- 2) SURVIVAL OUTCOMES

Inclusion criteria

All patients who underwent splenectomy as a part of ovarian cytoreductive surgeries

Exclusion criteria

- splenectomy done for other gyne cancers
- traumatic cause

MATERIALS AND METHODS

- ❖ Retrospective Reviewed Study, Data Collected From HMS
- ❖ Clinical Period-2015-2018
- ❖ Total No. Of Patients-50
- ❖ Study Centre- Tata Medical Centre, Kolkata

Criteria used-

- BASSI CRITERIA For POPF
- CLAVIEN DINDO Grading for 30 days morbidity assessment

RESULTS AND DISCUSSION

Table1. Baseline Characteristics Of Patients & Malignancies

BASE LINE CHARACTERISTICS OF PATIENTS AND MALIGNANCIES		N=50	PERCENTAGE %
AGE (YEARS),MEDIAN(RANGE)		46.5(23-67)	
BMI ,MEDIAN(RANGE)		23.42(18-35.25)	
ECOG	0	2	4
	1	37	74
	2	9	18
	3	2	4
TUMOUR MARKERS			
CA-125 ,MEDIAN(RANGE)		974(16-7415)	
PREOPERATIVE IMAGING	SPLEEN INVOLVE	11	22
	SPLEEN NOT INVOLVE	39	78
HISTOLOGY	SEROUS	46	92
	ENDOMETR IOID	2	4
	CLEAR	1	2
	OTHERS	1	2

Table 2: perioperative features

PERIOPERATIVE FEATURES			
CHARACTERSTICS	NUMBER	PERCENTAGE %	
TYPE OF SURGERY	PDS 40	80	
	IDS 10	20	
PCI SCORE , Median,		25(11-36)	
SCS SCORE, Median,		12(2-20)	
CC SCORE	0	23	46
	1	18	36
	2	7	14
	3	2	4
GCI	OPTIMAL CYTOREDUCTIO N	42	84
	SUBOPTIMAL CYTOREDUCTIO N	8	16
OPERATING TIME(hrs)		7(6-12.5)	
INTRAOPERATIVE BLOOD LOSS (ml)		1800(700-6000)	
PARENTAL NUTRITION	7	14	
ICU STAY, Median(days)		1(2-8)	
TOTAL LENGTH OF HOSPITAL STAY ,Median, days		10(4-54)	

Table-4:30 DAYS MORBIDITY

COMPLICATIONS	N(=50)	PERCENTAGE
PLEURAL EFFUSION	27	54
PNEUMONIA	11	22
POST OP HEOMARRHAGE	4	8
ABSCCESS	1	2
WOUND INFECTION	14	28
SEPSIS	17	34
THROMBOEMBOLISM	2	4
CARDIAC COMPLICATION	2	4
INTESTINAL OBSTRUCTION	4	8
ILEUS	12	24
REEXPOLORATION	3	6
ENTEROCUTANEOUS FISTULA	1	2
ANASTMOTIC LEAK(BOWEL)	1	2
POPF	18	36
PANCREATIC PSEUDOCYST	2	4
DEATH	2	4

Table 3: surgical procedures

SURGICAL PROCEDURE	N	%
TAH/BSO	46	96
RECTOSIGMOID RESECTION	6	12
SMALL BOWEL RESECTION	4	8
HEMICOLECTOMY	4	8
TRANSVERSE COLECTOMY	3	6
TOTAL OMENTECTOMY	48	96
PLND/PALND	43	86
DISTAL PANCREATECTOMY	5	12
LIVER RESECTION	4	8
CHOLECYSTECTOMY	11	22
GASTRIC RESECTION	3	6
ILEOSTOMY	2	4
COLOSTOMY	12	24
PERITONECTOMY	37	74
DIAPHRAGM STRIPPING	18	36
PERITONECTOMY	21	42
APPENDECTOMY	24	48
SPLENECTOMY	50	100
ADRENELECTOMY	0	0

REFERENCES

- 1) Splenectomy as part of cytoreductive surgery. Paul M. magitby et al. Gynecology oncology 102(2006) 369-74
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Figure 1:

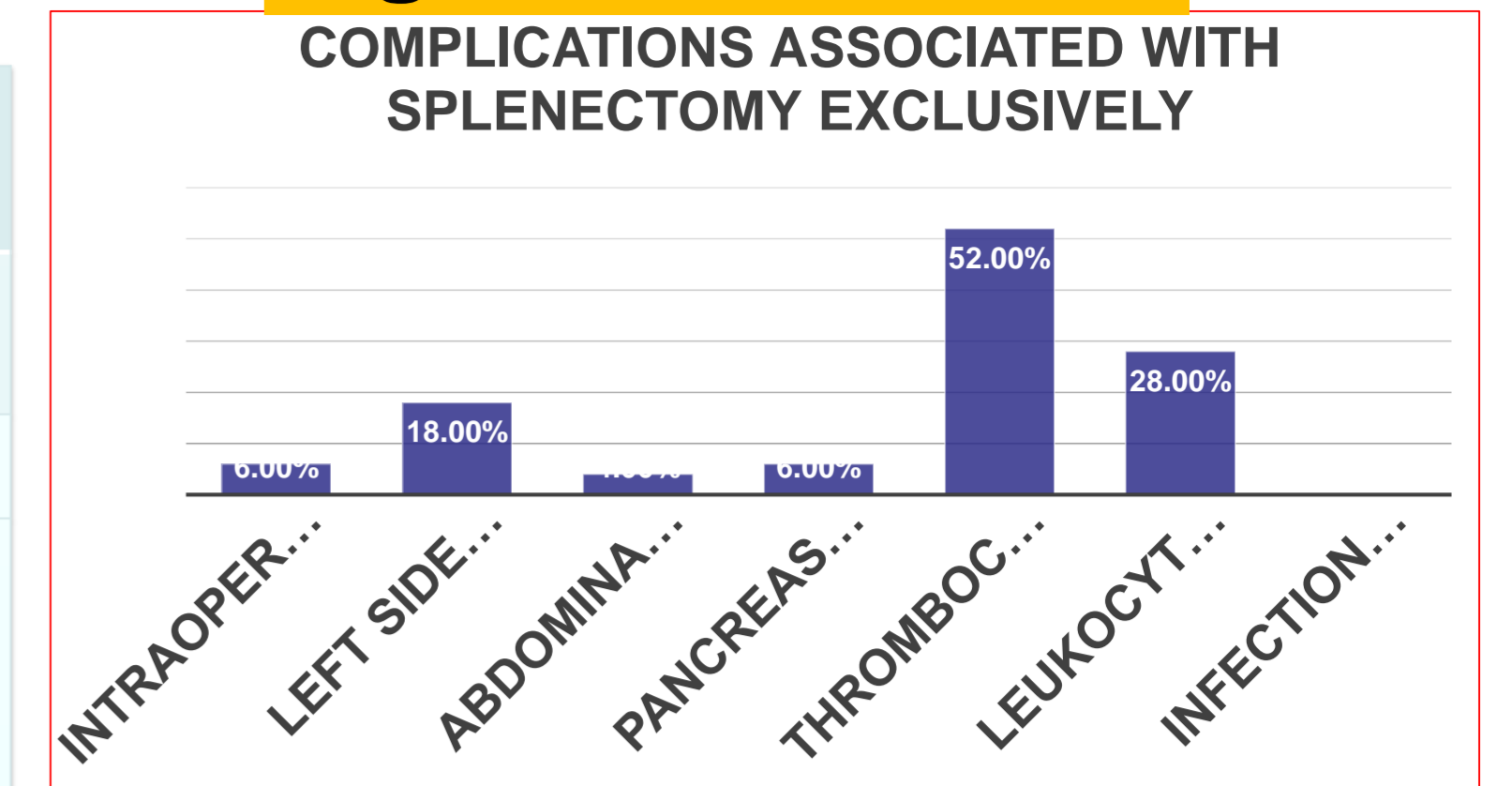


Figure 2:

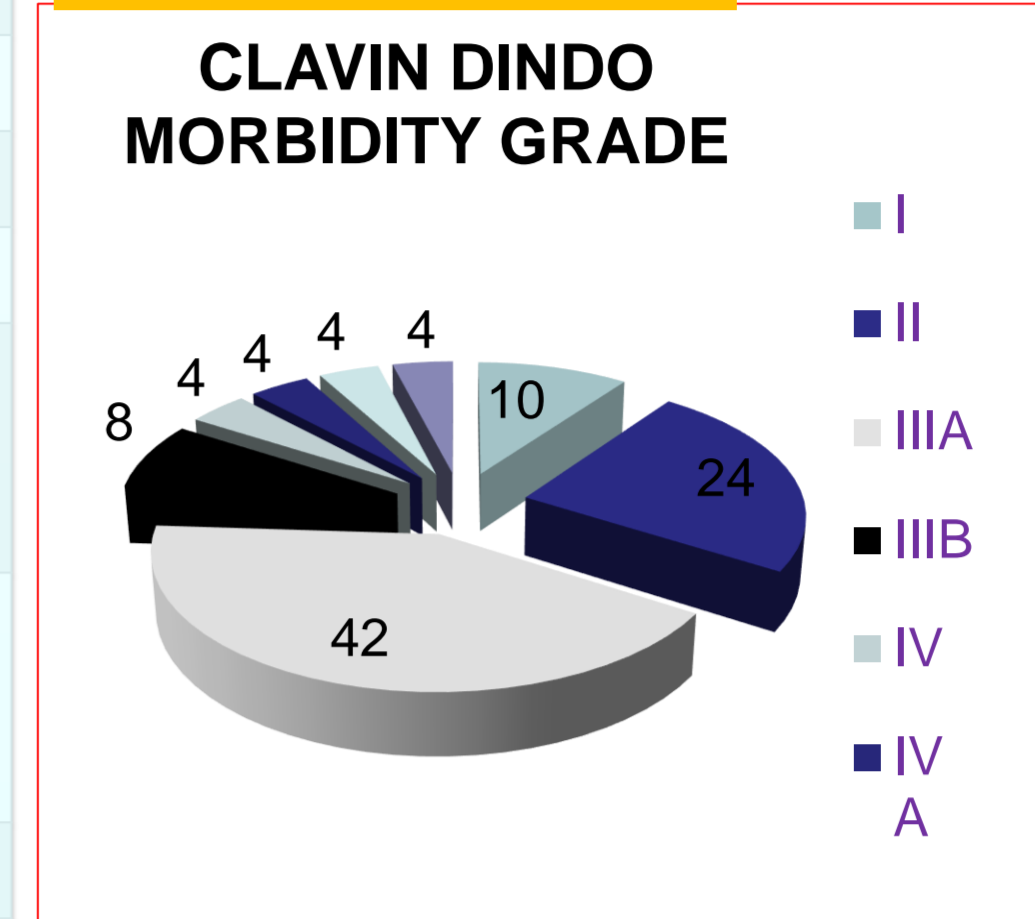


Figure 3:

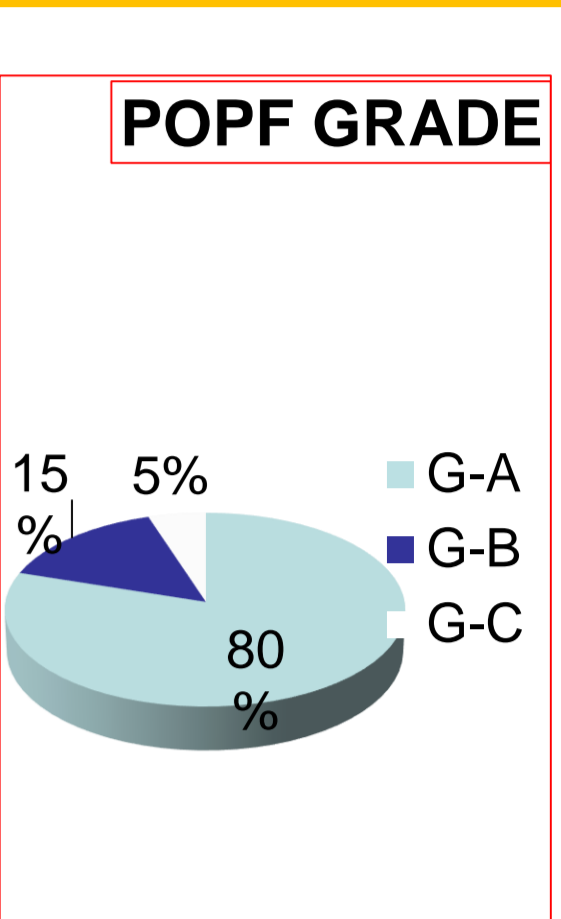
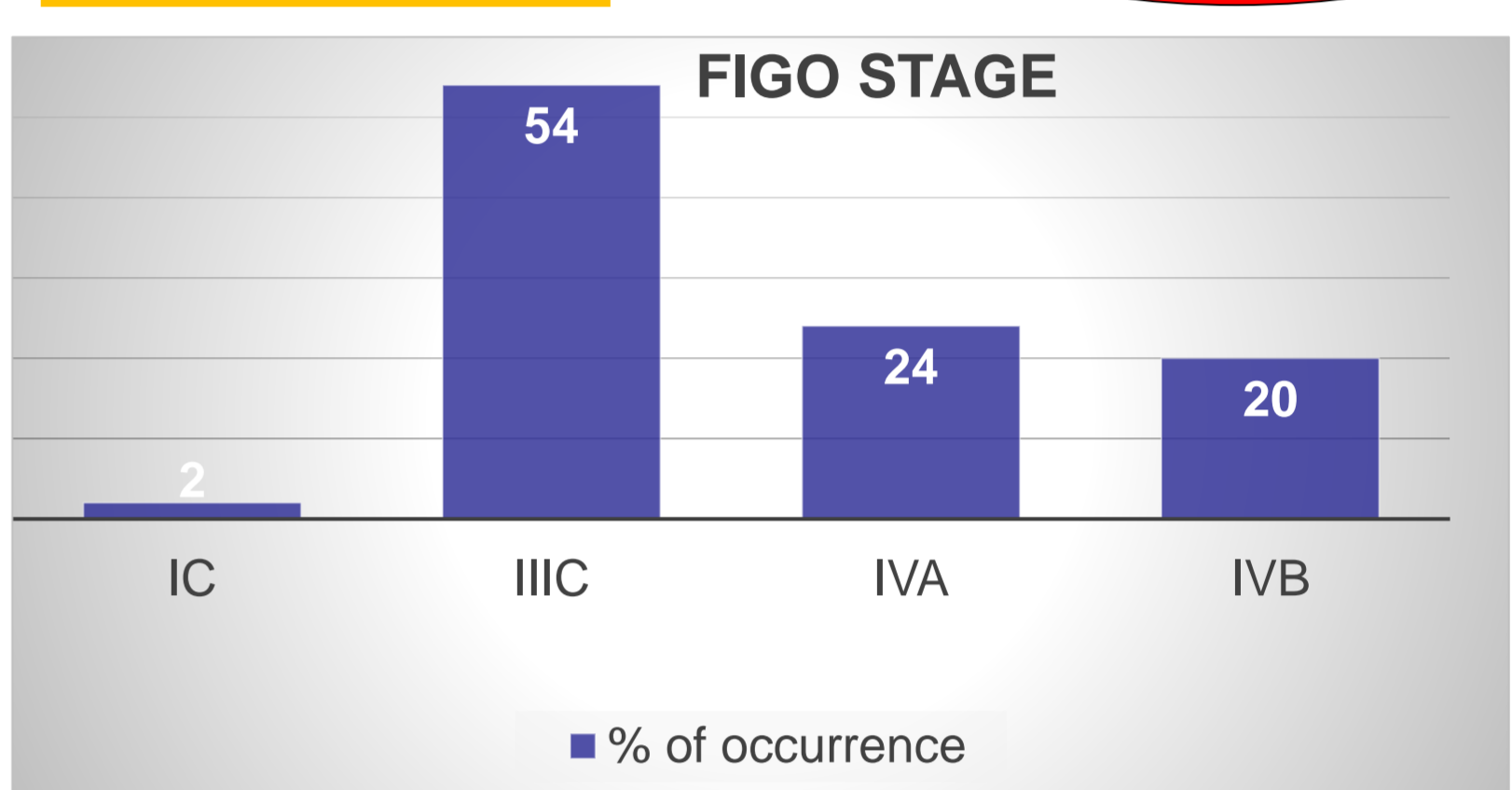


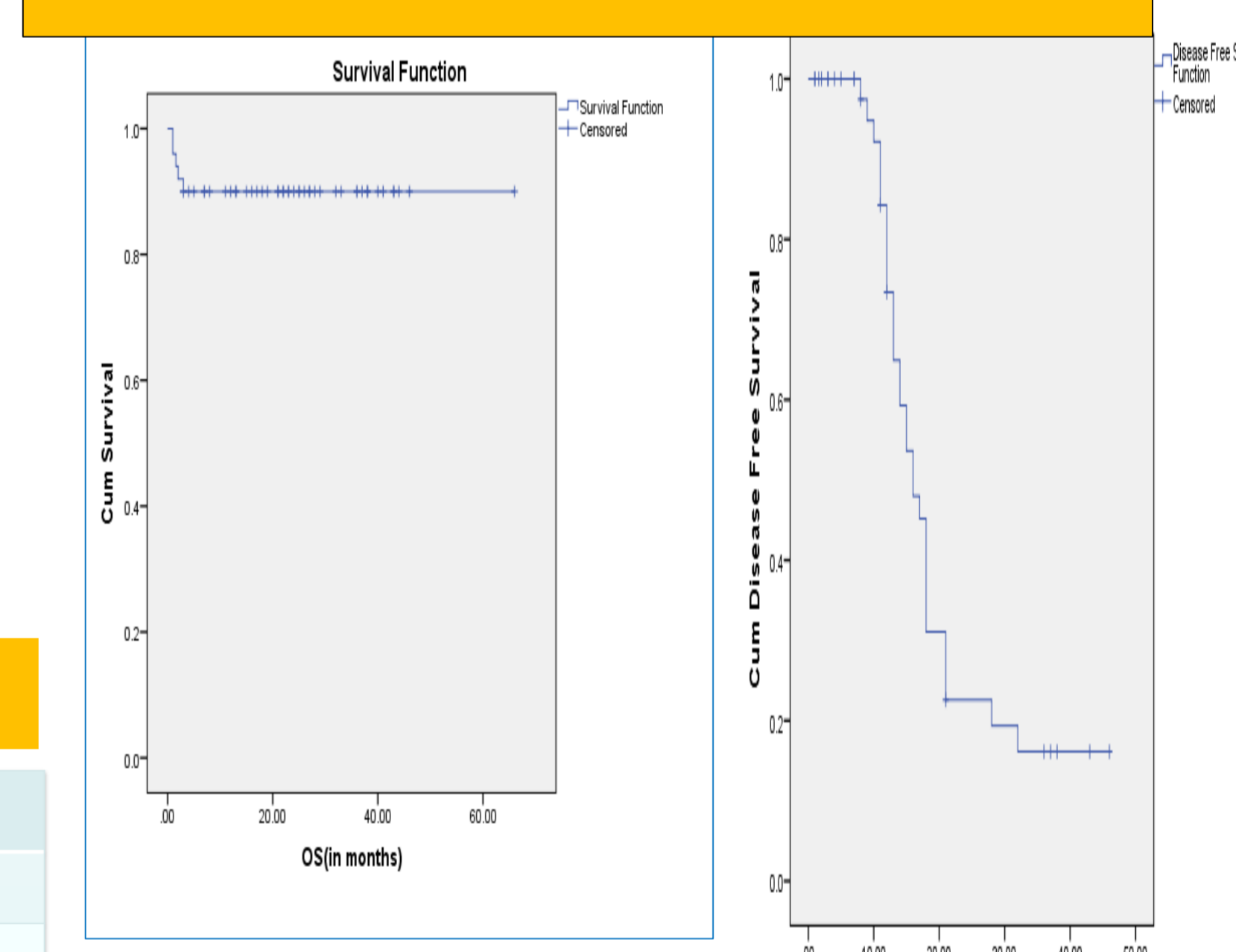
Figure 4:



Spleen involve in 41(82% cases, mc site-hilum)

RECURRENCE	N=30
Platinum sensitive	20
Platinum resistant	10

Figure5-survival curves



**MEDIAN OS-22.5MONTHS
MEDIAN DFS-13 MONTHS**

Table 4: STATUS OF PATIENTS

STATUS OF PATIENTS		N	%
ALIVE	DISEASE FREE	8	16
	WITH DISEASE	20	40
DIED	DUE TO DISEASE	11	22
	NATURAL CAUSE	1	2
LOST TO FOLLOW UP		10	20

DISCUSSION

- ❖ Tumour involvement was the most common indication for splenectomy
- ❖ Most patients achieved optimal cytoreduction(cc-0), thus their overall survival better.
- ❖ Radiologically even if the spleen is normal, many patients had intraoperative splenic involvement ,thus it is concluded to assess the upper abdomen and splenic area .
- ❖ Morbidities exclusively associated with splenectomy were less.
- ❖ POPF usually associated were biochemical type, resolve by conservative management

CONCLUSION:

Splenectomy should be attempted in all patients with splenic involvement in whom optimal cytoreduction is feasible

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DISCLOSURE:

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