

Subtipe Histologi dan Derajat Histopatologi Sebagai Prediktor Metastasis Kelenjar Limfe pada Kanker Ovarium Tipe Epitel Stadium Klinis 1 di Rumah Sakit DR. Cipto Mangunkusumo = Histologic Subtype and Tumor Grade as Predictor of Lymph Node Metastases on Early Stage Ovarian Cancer at Dr. Cipto Mangunkusumo Hospital, Jakarta

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Abstrak

Latar Belakang: Limfadenektomi memainkan peranan penting dalam operasi surgical staging kanker ovarium. Limfadenektomi merupakan prosedur yang kompleks dan berpotensi menyebabkan berbagai komplikasi intra- dan pascaoperasi. Beberapa penelitian menunjukkan bahwa subtipe histologi dan derajat histopatologi kanker ovarium yang berbeda memiliki kejadian metastasis kelenjar limfe yang berbeda pula, sehingga dapat mempengaruhi pengambilan keputusan klinis.

Tujuan: Mengetahui prevalensi metastasis kelenjar limfe pada pasien kanker ovarium tipe epitel stadium klinis 1 pada berbagai subtipe histologi dan derajat histopatologi.

Metode: Penelitian menggunakan metode potong lintang pada pasien kanker ovarium tipe epitel stadium klinis 1 yang menjalani limfadenektomi di RSUPN Dr. Cipto Mangunkusumo, Jakarta, pada tahun 2014-2023. Data yang dikumpulkan mencakup karakteristik demografi, subtipe histologi, derajat histopatologi, dan status metastasis kelenjar limfe. Hubungan antar variabel dianalisis menggunakan uji chi-square atau uji Fisher's exact.

Hasil: Terdapat 106 subjek yang memenuhi kriteria inklusi. Peningkatan stadium akibat metastasis kelenjar limfe ditemukan pada 6.6% subjek. Metastasis kelenjar limfe paling banyak ditemukan pada subtipe histologi serosum derajat tinggi (15.4%) dan derajat diferensiasi buruk (10.6%). Hubungan yang signifikan secara statistik ditemukan antara kejadian metastasis kelenjar limfe dengan derajat diferensiasi ($P=0.043$), namun tidak dengan subtipe histologi. Tidak terdapat subjek dengan derajat diferensiasi baik-sedang yang mengalami metastasis kelenjar limfe.

Kesimpulan: Keputusan untuk melakukan limfadenektomi perlu dipertimbangkan kembali saat melakukan operasi surgical staging pada kanker ovarium tipe epitel stadium klinis 1 dengan derajat diferensiasi baik-sedang. Penelitian lanjutan dengan jumlah sampel yang lebih besar dibutuhkan untuk kesimpulan yang lebih kuat.

.....Background: Lymphadenectomy plays an integral role in the surgical staging of ovarian cancer.

However, it is a complex procedure that is potentially associated with intra- and post-operative complication. Some studies showed that distinct histologic subtype and grade have different frequencies of lymph node metastases and these might have potential implication for clinical decision making.

Objective: To evaluate the prevalence of lymph node metastasis in patients with clinically stage 1 epithelial ovarian cancer of various histologic subtype and grade.

Methods: This was a cross sectional study including clinically stage 1 epithelial ovarian cancer patient who underwent lymphadenectomy at Dr. Cipto Mangunkusumo Hospital, Jakarta, during the period of 2014-2023. Demographics, histologic subtype, tumor grade, and lymph node status were collected. Comparisons

were made with Chi square or Fisher's exact test.

Results: A total of 106 subjects were included in the study. Upstaging due to lymph node metastases were found in 6.6% of subjects. Lymph node metastases were most common in high-grade serous histology (15.4%) and poorly differentiated tumor grade (10.6%). However, a significant association with lymph node metastases rate was found only on tumor grade ($P=0.043$) and not histologic subtype. Furthermore, no subjects with well-to-moderately differentiated tumor had lymph node metastases.

Conclusions: The decision to perform lymphadenectomy should be reconsidered when performing surgical staging in patients with well-to-moderately differentiated clinically stage 1 epithelial ovarian carcinoma. Additional studies with larger samples are needed for exact conclusion.