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RATIONALE FOR CHOICE OF LYMPHODISECTION TACTICS IN PATIENTS WITH UTERINE BODY CANCER

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Relevance: the last 30 years in Eastern Europe, uterine cancer ranks second in the structure of oncogynecological pathology, and the annual increase in morbidity is estimated at 2-7% [V.M. Merebashvili, 2007; V.N. Sagaidak, 1992; A.F. Urmancheeva, 2001]. Cancer of the uterine body ranks seventh in the world structure of the incidence of oncogynecological pathology, and in the structure of the incidence of cancer in the female population in the CIS - third place [M. I. Davydov, 2007]. Unsatisfactory statistical data pose a pressing issue to the modern scientific community of rationalization of treatment methods and, in particular, approaches to the choice of lymph dissection.

Aim of the study: to determine on the basis of modern literature data the optimal amount of lymph dissection in patients with uterine cancer.

Materials and methods: analysis of literature on the topic. Sources used: PubMed, Medline, Scopus, Elsevier, Google Scholar.

Результати: According to the classical literature, metastatically affected lymph nodes at the time of surgery are enlarged in approximately 10% of patients with uterine cancer [Creasman W.T., 1987]. Thus, the study of randomly selected lymph nodes is uninformative from a diagnostic point of view.Класичні дослідження метастазування свідчать про те, що частота ураження регіонарних тазових лімфатичних колекторів у хворих на рак тіла матки I клінічної стадії

яка діагностується у 65-70%, складає близько 9%, а поперекових - 5% [W.T. Creasman,1987].

At the same time, the total removal of pelvic and lumbar lymph nodes in patients with uterine cancer in 20% of cases entails complications, and a significant part of them can be regarded as severe complications [A.G. Solopova, 2019, A.V.].

Based on the described data, selective pelvic lymph dissection is potentially the most gentle diagnostic and therapeutic intervention in those patients with uterine cancer who have not been confirmed to be affected by regional lymph nodes.

However, the data of modern randomized trials show that previously confirmed damage to the pelvic and / or lumbar lymph nodes is an indication to expand the scope of intervention - it is necessary to perform extirpation of the uterus with appendages, which must be supplemented by the widest possible pelvic and lumbar lymphadenectomy.

However, it is worth remembering about possible errors in the diagnostic process at the preoperative stage, as well as the fact that about 90% of metastases in lymphatic collectors can be recorded only by detailed histological examination, which, combined, may lead to insufficient radical surgery. , incorrect staging and, accordingly, wrong tactics of treatment of the patient [W.T.Creasman, 1987]

Therefore, based on the above results, we can draw the following **conclusions**:

- Selective lymphadenectomy is potentially the optimal method of lymph dissection in patients with uterine cancer without confirmed pelvic or lumbar metastases.

- Due to the fact that most metastases can be detected only by detailed histological examination, it is advisable to perform selective pelvic lymphadenectomy, even in doubtful cases to maximize the possibility of surgical treatment in patients with uterine cancer.

- The presence of confirmed metastatic lesions of regional lymph nodes is an indication for the widest possible both pelvic and lumbar lymph node dissection.

- Further research is needed to substantiate the advantages and disadvantages of certain lymphadenectomy techniques in patients with uterine cancer.

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