

International Conference on

GYNECOLOGY AND OBSTETRICS



November 22-23, 2021 | Dubai, UAE

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Title: Clinical and Pathological Patterns of Non-Epithelial Malignant Ovarian Tumors (NEMOT) in Western Saudi Arabia

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Abstract **Objective**

To report a single-center experience in non-epithelial malignant ovarian tumors, by presenting different clinical and pathological characteristics, management and outcomes.

Method

We retrospectively reviewed electronic files of all female patients who underwent surgical procedure for NEMOT at the Gynecology Department. Data that was collected included: demographic and baseline anthropomorphic and clinical data; pathological characteristics including subtype, FIGO stage; management and follow up data including type of procedure, chemotherapy; and outcome data including residual disease, recurrence and last follow up status.

Result

Thirty-three women were diagnosed and followed for NEMOT during the study period; mean (SD) age=33.24 (17.72) years, range=4, 86 years. Granulosa cell tumor was the most frequent subtype diagnosed in 17 (51.5%) patients, followed by germ cell tumors 13 (39.4%). Majority patients were diagnosed at FIGO stage I (22, 66.7%) and with tumor grade 1 (23, 69.7%), while 8 (24.2%) were diagnosed with grade 3 tumors. Granulosa cell and Sertoli-Leydig cell tumors were diagnosed at older age (mean age=39.30 years) compared to germ cell tumors (23.92 years) and the difference was statistically significant (p=0.012). Two-third of the patients benefited from conservative surgery including oorphorectomy + staging, and 16 (48.5%) benefited from chemotherapy with BEP being the most common protocol (13, 39.4%) for germ cell tumors. Postoperatively, only 2 (6.1%) patients had residual disease. Recurrence and mortality were reported in one and 4 patients, respectively, resulting in recurrence rate=3.0% (95%CI=0.01%, 15.8%) and mortality rate=12.1% (95%CI=3.4%, 28.2%)



3D Printing and Medicine Annual Congress Las Vegas, Nevada, USA Colober 3-6, 2017

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Conclusion

The present series of NEMOT was predominated by sex cord-stromal cell tumors, which were diagnosed in patients with older age, while germ cell tumors were underrepresented, more consideration should be given to following up patients regarding fertility outcomes to provide more comprehensive evaluation of treatment success .

.Biography

Nisreen Anfinan has graduated from King Abdulaziz University, KSA. she is a professor at KAAU University, KSA She has over 50 publications in gynecology oncology

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