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Blood vessel invasion and inflammatory stromal at the invasion front as additional significant prognostic factors in surgically treated patients with cervical carcinoma

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Introduction: The objective of this study was to evaluate the prognostic significance of 23 clinical and histopathological variables in relation to disease-free (DFS) and overall survival (OS) in patients with early stage cervical carcinomas.

Methods: A retrospective analysis of 237 patients with cervical carcinoma, undergoing radical hysterectomy and postoperative irradiation between 1988 and 1997 was conducted. The operative specimens were subjected to detailed and uniform histopathological work-up. The patients were staged according to the postoperative TNM classification of UICC (1997) guidelines. Mean follow-up time was 57 (18–124) months.

Results: The 5 and 10-year OS rate was 80.8%, while DFS rates at 5 and 10 years were 76.8% and 75.5%, respectively. In multivariate analysis, blood vessel invasion, pelvic lymph node metastases, tumor diameter, inflammatory stromal reaction at the invasion front, and minimum thickness of uninvolved cervical stroma/parametrial extension, were independent and significant variables. The prognostic index, as an indicator of the patient's place in the prognostic spectrum, defined by the Cox regression model, was able to categorize the patients into three distinct risk groups. The 5-year DFS and OS rates of the low-, intermediate-, and high-risk groups were 97.5%, 86.3%, and 43.8%, vs. 98.8%, 84.5%, and 45.3%, respectively ($P < 0.0001$).

Conclusions: The prognostic index could be a sound basis for an appropriate planing of the following therapeutical strategy for the surgically treated patients with cervical carcinoma. The postoperative TNM classification should be modified, incorporating the blood vessel invasion and the inflammatory stromal reaction at the invasion front, as additional significant prognostic factors.

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The correlation of apoptotic index with p53 and bcl-2 expressions in ovarian carcinoma

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Introduction: It is well documented that programmed cell death (apoptosis) plays a critical role in tumor growth. We therefore aimed to study the apoptotic process by means of apoptotic index (AI), and apoptosis regulatory protein expressions.

Methods: Fifty ovarian carcinoma cases operated between 1990 and 1997 were included in the study. Clinical records were reviewed to obtain information about patients' age, surgical stage, and follow-up. Apoptotic cells were detected in paraffin sections with an in situ hybridization technique (Apoptotec®/Cell Death Assay System, Enzo). AI was calculated by counting positive cells among 1000 tumor cells. p53 and bcl-2 proteins were analyzed im-

munohistochemically using a streptavidin-biotin-peroxidase technique. Cox's regression analysis was used to build a multivariate model for survival to identify independent prognostic factors.

Results: Median value for AI was found as 2.48 and cases were classified accordingly as high AI (>2.48) or as low AI (<2.48) group. p53 protein expression was positive in 20 cases with low AI and 13 cases with high AI whereas bcl-2 expression was positive in 13 cases with low AI and 11 cases with high AI. Median survival was 71 months in the low AI group, and 72 months in the high AI group which was not statistically significant. Multivariate analysis showed that AI did not have prognostic value as an independent factor.

Conclusion: Although apoptosis plays an important role in ovarian cancer, it does not seem to act as an independent prognostic factor. The lack of statistically significant correlation between p53 and bcl-2 and apoptotic index suggests that other genes are involved in the molecular mechanisms underlying apoptosis.

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Morphometric changes in the stromal and vulvar epithelium and the relation with ageing

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Introduction: Senescence is a process that modifies the vulvar mucosa, with changes that varies from vulvar atrophy to carcinoma. The aim of this study was to verify the morphometric changes in the normal vulva of postmenopausal women.

Material and methods: five patients with menopause (age varying between 55 and 82 years old) were compared with the 5 premenopausal patients from the control group (age ranging from 18 to 46 years old). Biopsies from the vulvar epithelium were studied and by morphometric means it were measured the epithelium thickness, the pilo-sebaceous apparatus and the sweat glands. 40 measurements were obtained in each item, in a microscopic immersion view (1250 \times)

Results: we observed that: 1 – the thickness of the epithelium was about 50% less that in the control cases; 2 – the diminishing of the epithelium thickness was statistically greater in the stratum spinosum layer; 3 – the conjuntival fibres appear in greater number, but shorter and compacted; 4 – the blood capillaries are fewer and with a lesser diameter; 5 – the pilo-sebaceous apparatus are fewer and with a smaller volume; 6 – the sweat glands appear in a few number and with a greater diameter.

Conclusions: The morphometry showed that not only the vulvar epithelium suffers atrophy, but also all the adnexae and stromal fibres of the vulvar mucosa in the elderly patients.

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Five cases of uterine (two intraligamentary) lipomatous tumours with immunohistochemical features

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