



TUMORS OF THE REPRODUCTIVE SYSTEM - AT THE JUNCTION OF ONCOLOGY AND GYNECOLOGY (LITERATURE REVIEW).

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Oncology (from the Greek $\acute{o}\gamma\kappa\omicron\varsigma$ - severity, burden, and $\lambda\acute{o}\gamma\omicron\varsigma$ - teaching) is a branch of medicine that studies benign and malignant tumors, mechanisms and patterns of their occurrence and development, methods of their prevention, diagnosis and treatment [1, 2, 3, 13, 15, 21].

There are many forms and variants of the course of cancer [4, 5, 6, 10, 11, 21, 22]. Although patients often perceive oncodiagnosis as a sentence, not all, even malignant, tumors lead to death. Modern studies have demonstrated that cancer cells and micro-tumors regularly occur in every person in the body, which die and resorb under the influence of the antitumor immunity system [1, 7, 8, 9, 12, 14].

Oncogynecology (gynecological oncology) is one of the sections of oncology located at the junction of oncology and gynecology. The subject of study is gynecological cancer - the cumulative designation of benign and malignant tumors of the female reproductive system, which include, in particular: vaginal cancer, cervical cancer, endometrial carcinoma, ovarian cancer, breast cancer, vulvar cancer.

The aim of the study is to retrospectively analyze the literature data on ovarian tumors.

Discussion. Malignant tumors of the reproductive system are the most common among oncological diseases in women [1, 2, 3, 5, 13, 15, 22, 23]. Their total share exceeds 35%. According to the International Agency for Research on Cancer, more than 165 thousand primary patients with ovarian neoplasms are registered annually in the world [4, 6, 7, 8, 9, 10, 21]. In the world, ovarian tumors occupy the 7th place among the total oncological morbidity (7%) and the 3rd place among gynecological tumors, after malignant tumors of the endometrium and neoplasms of the cervix [3, 6, 7, 8, 11, 12, 13, 15].

Expansion of the arsenal of modern research methods in oncology makes it possible to diagnose the initial forms of tumor pathology of the sexual sphere in young patients [5, 6, 16, 21, 23].

The most informative diagnostic method in oncology is undoubtedly histological examination [1, 4, 7, 8, 10]. According to the International Histological Classification of Ovarian Tumors, a borderline tumor is a form of epithelial tumor intermediate between morphologically clearly benign and malignant. It carries some signs of malignancy in various combinations: stratification of epithelial cells, formation of multilayer solid structures, mitotic activity and nuclear atypism, which does not exclude the possibility of metastasis to the greater omentum and leads to disease progression even after 5-10 years [17, 19, 20, 23]. At the same time, there is no obvious invasion of the adjacent stroma. The following

morphological types of borderline tumors are distinguished: serous, mucinous, endometrioid, clear cell (mesonephroid), Brenner tumors and mixed (serous-mucinous).

It is rather difficult to identify objective morphological criteria between borderline and malignant forms of tumors [1, 2, 3, 13, 15, 21]. Thus, one of the criteria for differential diagnosis can be the mitotic index and the stromal-epithelial ratio [4, 6, 11, 12, 14, 16, 17]. It has been established that in some cases ovarian tumors, which are histologically regarded as borderline, have signs of malignant transformation during immunohistochemical and cytogenetic studies. In recent years, an attempt to determine which factors can serve as prognostic for the recurrence and metastasis of borderline ovarian tumors has been of great interest [16, 17, 18, 19, 20, 23].

According to world indicators, ovarian tumors are consistently among the leading causes of death in oncology, inferior to breast, stomach and lung cancer [4, 5, 7, 9, 14]. The mortality rate of ovarian cancer patients in the first year after diagnosis is 35%, and the five-year survival rate does not exceed 30-35% [1, 8, 9, 13, 15, 16].

The high mortality rate from ovarian cancer, in addition to the increasing incidence rate, is mainly due to the imperfection of early diagnosis and prevalence (60-80%), by the time of diagnosis, stage III-IV of the tumor process, which in turn largely determines the low effectiveness of existing treatment methods [2, 6, 11, 13, 14, 15]. According to the International Federation of Obstetricians and Gynecologists, covering 10,912 observations of ovarian cancer from 100 cancer centers in the world, by the beginning of primary treatment, 64% of patients already have late stages of the disease, while the five-year survival rate does not exceed 40-45%, and with stage III-IV it ranges from 5 to 24% [6, 8, 10, 21, 22, 23].

Conclusion. In this regard, the development of effective methods for diagnosing early forms of ovarian cancer, obtaining maximum information about the tumor process are urgent tasks of modern oncogynecology aimed at optimizing the treatment of ovarian cancer, implementing full-fledged medical and social rehabilitation, providing a woman with a satisfactory "quality of life" [4, 6, 9, 11, 12, 14, 22, 23].

Providing high-level assistance is feasible only within the framework of the integrated application of personalized and multidisciplinary approaches [8, 9, 10, 12, 17]. Further studies of the use of restorative "technologies," the development of the legislative framework, and the modernization of the existing system of rehabilitation care are needed [10, 13, 14, 15, 22, 23].

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