

Basic Principles of Diagnostic of Extra-organ Small Pelvis Tumors

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Abstract

Clinics, diagnostics and surgical treatment of extra-organ small pelvis tumors is one of the most acute problems of the oncology. The main signs of extra-organs tumors of the small pelvis reveal in their pressing the adjacent organs what would cause pain in and dysfunction of the latter. All these would create difficulties and sometimes even unsolvable problems during their diagnosing. We have studied 24 patients with extra-organ small pelvis tumors. Clinical investigation showed bleeding from the rectum in 4 (15%) of the cases, pus in 3 (12%) cases, constipation in 5 (17%), and 3 (12%) patients were urgently operated on. District presentations were determined in 7 (28%) cases, fistula in perianal space and festering of the tumor in 5 (20%) cases while neuralgia was found in 2 (8%) cases. As it was found out, 7 (28%) of the patients first addressed to a proctologist, 6 (21%) - to an abdominal surgeon, 5 (17%) - to an urologist, 3 (12%) - to a gynecologist, 2 (8%) - to a soft tissues specialist, 2 (8%) - to a neuropathologist. Nevertheless, 21 (90%) of the above cases remain without exact diagnosis.

Keywords: *small pelvis, soft tissue tumors, rectoscopy, irrigoscopy, computed tomography, RM imaging*

Introduction

The term "extra-organ small pelvis tumors" generally comprises soft tissue tumors. The soft tissue tumors, in turn, include fibrous, fat, muscle, vascular, lymphatic, synovial, mesothelial, nervous, mesenchymal, neoplasm of extragonadal genesis i.e. teratomas or germinal tissues. As far as their rareness, the above nosologies are less known to clinicians, accordingly often mistreated and diagnostics of extra-organ small pelvis tumors is difficult. The above difficulties arise mainly from the specific location of the tumors, asymptomatic and often non-specific disease course, similarity to clinical signs characteristic for other disorders, imperfect and inconsequent use of diagnostic methods.

The aim of study is:

- to determine early symptoms of tumors generated beyond organs of the pelvis minor through use of complex research methods;

- to assess the role each of the methods revealing the above pathology;

to introduce up-to-date radiological research methods (such as computer tomography, nucleic magnetic resonance etc.);

- to evaluate the importance of each diagnostic method at early stage of the disease.

Material and Methods

Total of 24 (6 women - 25% and 18 men - 75% aged from 25 to 70) patients with extra-organ small pelvis tumors have been treated at Colo-Proctological Chair of the Tbilisi State Medical University within the period of 1984-2002. All the patients with extra-organ small pelvis tumors were hospitalized on the revealed clinical signs and disease deterioration stage. 22 cases (88%) revealed primary defects while 3 (12%) were recurrent cases.

The distribution of the cases by histopathologic genesis was as follows: Teratomes - 5, teratoblastoma - 1, fibroleiomyoma - 1, myxosarcomas - 2, fibro sarcoma - 1, chondroblastomas - 4, hemangiopericytoma - 1, carcinoma of alveolar origin - 1, synovioma - 2, lymphoma - 2, atheroma - 1, epidermoid and dermoid cyst - 3. For the purpose of diagnostics of extra-organ small pelvis tumors, all the patients, according to the signs displayed, underwent the following procedures: digital rectal examination; rectoromanoscopy, colonoscopy and irrigoscopy; radiological examination of the pelvis minor; fistulographia (in case of fistula); biopsy examination (if available) etc. The role of computed tomography and nucleic magnetic resonance, the investigation methods that for the last decade have found wide use for diagnostics of different diseases have been almost unknown at investigation of extra-organ small pelvis tumors. It should be mentioned that general profile (multi-discipline) physicians who examine patients by only digital rectal and rectoscopy methods what is quite insufficient for proper diagnostics.

Discussion

Digital rectal investigation of rectum is widely recognized as one of the most effective examination methods. It makes for localizing the tumor, determining its surface, shape, consistence and sometimes even the linkage between its upper and lower poles and the surrounding tissues as well as for measuring the pressure it has upon rectum and other organs etc.

Another method playing vital role in diagnostics of extra-organ small pelvis tumors is rectoscopy. It enables to determine the above pathology in 14 (59%) cases. Compression of tumor upon rectum was detected in 16 (67%) cases. A number of cases displayed signs of inward compression upon the rectum tumor. Localization of the tumor, determination of its surface, shape and size as well as evaluation of its pressure on rectum was performed through irrigoscopy investigation method used in 20 (80%) cases.

Radiological investigation made it possible to exclude any damage, pressure, destruction, sclerosis etc, in the bones of small pelvis- in 18 (75%) cases. An inadequate contrast range (insufficient scale of gradation) of soft tissues will serve as the most evident sign pointing to

existence of a tumor i.e. a dark patch. Nevertheless, in 4 (17%) cases, the above method proved to be one of the most informative for diagnostic of small pelvic chondroma.

In those cases when tumors extra-organ small pelvis tumors were aggravated by fistula 3 (12.5%) of the cases, contrast fistulography as a selective investigation method was used. It makes possible to localize the tumor and determine its surface, shape and size.

In case of drained ischiorectal prescalemic tumor in buttocks area, the diagnosis was defined through use of biopsy method. This most informative method makes it possible to verify the tumors localized as a result of usage of other investigation methods.

Computed tomography and nucleic magnetic resonance are investigation methods distinguished by their informative ness and non-invasiveness. They are widely used for verifying presence of tumor in the cavity of pelvic minor and for specifying its shape, size, location and its interrelationship with small pelvic organs and other anatomic structures. As soon as the above procedures are accomplished, a treatment method as well as surgical intervention tactics and scale may be specified. The above methods were used for diagnostics of 5 (17%) patients. In all the cases, presence and topical diagnostics of tumor non-organic in pelvic minor was confirmed what played decisive role in specifying surgical intervention tactics.

In one case, MR imaging investigation was performed what laid a basis for determination of festering teatime and destruction of the 4th-5th cockerel vertebrae. Morphological investigation of the tumor ablated during the operation that followed drainage of the abscess, resulted in chondroblastoma diagnosis. At present, the patient is under observation. Relapse has not been observed.

Results and Conclusions

Thus, the extra-organ small pelvis tumors represent rare nosological cases, the early diagnostics of which occurs to be very difficult as the signs of the disease would become evident when the tumor is already of certain size thus putting pressure upon adjacent tissues and organs. In the clinical proceeding of the disease, 3 stages can be defined: insidious onset, signs revealing, and deterioration stage.

As for disease complications, the most frequent are: festering of the tumor, appearance of fistula, intestinal constipation, difficulty during urination, neuritis and neuralgia of coccygeal vertebrae and malignant growth in the cases of teratomas. Selection of diagnostic methods and their consequent usage should be based upon study of the clinical proceeding of the disease and the variety of syndromes in each case revealed.

In all the cases of tumor in small pelvic, nucleic magnetic resonance and computed investigation are quite advisable since they are the only types of

examination to define exact topics and the scale of surgery treatment.

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Главные принципы диагностики неорганных новообразований малого таза

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РЕЗЮМЕ

Диагностика неорганных новообразований малого таза (ННМТ) из-за скудной симптоматики крайне затруднена и представляет одну из самых актуальных проблем современной онкологии. ННМТ проявляются в период, когда достигают значительных размеров, главным образом признаками сдавления смежных органов, кровотечением и т.д. и поэтому диагностируются поздно. Для распознавания и уточнения диагностики необходим комплекс различных методик. С целью выяснения клинической симптоматики и определения разрешающих возможностей диагностических методик нами изучены данные 24 больных с неорганными новообразованиями малого таза за период с 1984 по 2002 г.г. Мужчин - 18 (75%), женщин - 6 (25%). Первичных больных - 22, с рецидивами - 3. Возраст больных варьировал от 25 до 70 лет. Во всех случаях ННМТ для уточнения топике и определения масштаба лечения целосообразно проводить КТ и МРТ.

Ключевые слова: *опухоли мягких тканей, малый таз, иригоскопия, ректоскопия, компьютерная томография, ядерный магнитный резонанс*