Abstract. Problems of diagnostics and radical treatment of extra-organanl tumors of retroperitoneal cavity, pelvis and presacral area are difficult part of modern oncology and oncosurgery. In common cases these patients are treated in different medical institutions i.e. urological and gynecological clinics. Inadequate examination of patients and neglect standards of diagnosis of cancer patients lead to the installation of inadequate diagnoses and treatment strategies accordingly incorrect. Resection of the retroperitoneal cavity and pelvis requires high skills and specific skills in this area. Given the fact that the surgical treatment of tumors of this localization used different approaches, it was necessary to determine the most optimal one. The purpose of this research is to improve the results of diagnosis and treatment of inorganic pelvic tumors by assessing the effectiveness of a new method of surgical treatment.

Keywords: diagnostics, radical treatment, tumor, pelvis, oncology, oncosurgery.

Actuality
Problems of diagnostics and radical treatment of extra-organanl tumors of retroperitoneal cavity, pelvis and presacral area are difficult part of modern oncology and oncosurgery. In common cases these patients are treated in different medical institutions i.e. urological and gynecological clinics. Inadequate examination of patients and neglect standards of diagnosis of cancer patients lead to the installation of inadequate diagnoses and treatment strategies accordingly incorrect. Thus, operations are palliative, since resection of the retroperitoneal cavity and pelvis requires high skills and specific skills in this area. Also not rarely observed a large number of postoperative complications with damages of large intestine, urinary tract, genitals, and others.

After analyzing the diagnosis and treatment of inorganic pelvic tumors in the last 20 years in our hospital, and based on the experience of numerous clinics, we identified a number of issues that requires a solution. It mainly concerns the appropriateness and necessity of the use of modern methods of radiation diagnosis in patients with tumors of the pelvis. It was necessary to give the answer the problem of preoperative verification of the tumor. Given the fact that the surgical treatment of tumors of this localization used different approaches, it was necessary to determine the most optimal one. Particular interest is the ways of plastic pelvic floor after removal of extensive pelvic tumors.

Inorganic tumors of pelvic and presacral area occupy about 12% of all inorganic tumors of abdominal cavity. The clinical course of these tumors appears topographic anatomy of the specified area. The proximity of the urogenital tract (uterus with appendages, seminal bubbles and vas deferens, bladder, urethra) and rectum reflected on clinical pelvic tumors. Most often, patients are admitted to doctors in violation of the above-mentioned bodies and quite long and unsuccessfully treated by urologists, gynecologists, proctologists. Dimensions pelvic tumors sometimes grow large with compression of the abdominal cavity. Diagnosis of pelvic tumors and presacral area based on data from the clinical course of the disease, patients are seen per vaginum, per rectum. Instrumental methods: ultrasonography of pelvic CT, MRI, MSCT, rectoscopy, irrigoscopy, trans-rectal-sonography are effective.

Main treatment of inorganic pelvic tumors and presacral area is considered to be surgical. In consideration of topography of the pelvic organs, causing a lot of controversy choice of approaches in surgical treatment. There are the following accesses:
2. Parasacral with resection of the coccyx (position Trendelengburga).
3. Perineal on the left or on the right side of the patient.
5. Transanal.

Each of these approaches has their indications, contraindications and disadvantages. However, an evidence-based definition of the indications and contraindications when choosing surgical access surgery pelvic tumors has not yet been developed. Depending on the particular school's commitment to one of these approaches, and that is considered dominant. Equally important is the question of how to complete the surgery with combined crotch or removing tumors. If you violate the integrity of the pelvic floor in the postoperative period may have a host of complications, such as cystocele, rectocele, anal sphincter insufficiency.

For the prevention of the above complications with completion of the operational benefits necessary to conduct surgical correction, i.e. holds the plastic of pelvic floor. This question remains to be debated and also needs to be addressed.

**The purpose** of this research is to improve the results of diagnosis and treatment of inorganic pelvic tumors by assessing the effectiveness of a new method of surgical treatment.

**Material and methods**

From 2011 to 2014 years in the Department of Coloproctology at National cancer research center examined and treated 40 patients with inorganic pelvic tumors. The age of patients ranged from 2 to 64 years (average 45.5). In the study of regional affiliation of patients, the largest amount requested from the Ferghana region (7 patients). Patients were examined according to the protocol number 1, which included along with traditional methods of ultrasonography, CT, MSCT in angiographic mode, trephine biopsy of the tumor. The criteria for selection were the location of the tumor in the pelvic cavity and presacral area neoplasm verified diagnosis and lack of severe comorbidity. Operative technique consisted of synchronous abdominal-perineal method of tumor removal of pelvic and perineal access laparotomy. After removal of the tumor was performed through the perineum strengthening levator-plastics (rear, front or side)

The obtained results and their analysis

In 18 patients (45%) of 40 patients operation performed by double-team methods (Table 1).

<table>
<thead>
<tr>
<th>No.</th>
<th>Character operations</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Simultaneously double-team abdomino-perineal resection of pelvic tumor.</td>
<td>18</td>
<td>45</td>
</tr>
<tr>
<td>2</td>
<td>Laparotomy, removing tumor of pelvis.</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>3</td>
<td>Explorative laparotomy</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>40</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

In 20 cases, the tumor to remove pelvic laparotomy access. In studying the nature of surgical procedures in 24 patients (60%) produced a standard lumpectomy of pelvis. In the remaining 14 patients (35%), along with removal of pelvic tumor resection of the rectum with bringing down the sigmoid colon in the anal canal and the formation of sigma-anal anastomosis in 4; 2 patients produced hysterectomy with appendages; 3 patients resection of the bladder; 3 patients resection of the ureter urethra overlay urethro anastomoses; 1 patient resected small intestine; resection of the posterior wall of the vagina was performed in 2 patients. In 2 cases due to tumor invasion into the bowel surgery, along with the removal of the pelvic tumor, over the imposition of preventive colostomy due to technical difficulties. In 1 patient, along with removal of the tumor produced pelvic reconstructive surgery with colostomy closures. In two cases (5%) operation was Exploratory character so marked tumor invasion in the great vessels, and pelvic bones. Operation in these cases, a biopsy of the tumor was complete.

Duration of surgery interventions during double-team averaged $180 \pm 15.4$ min during laparotomy only on average about $120 \pm 20.2$ min. Blood loss averaged $350 \pm 20.4$ ml.

Infiltration or tumor invasion into adjacent pelvic structures were indications for combined and expanded operations.

When analyzing the results of morphological studies (Table 2) remote macropreparations found 7 species formations pelvis. The most frequently encountered fibrosarcoma (22.5%), fibromatosis (20%) and neurogenic sarcoma (17.5%). In fewer diagnosed adenocarcinoma (5%).
Table 2

<table>
<thead>
<tr>
<th>No.</th>
<th>Morphology of tumors</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Fibrolipoma</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>Fibromatosis</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>3</td>
<td>Teratoma</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Neurogenic sarcoma</td>
<td>7</td>
<td>17,5</td>
</tr>
<tr>
<td>5</td>
<td>Angiosarcoma</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>6</td>
<td>Adenocarcinoma</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Fibrosarcoma</td>
<td>9</td>
<td>22,5</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>40</td>
<td>100</td>
</tr>
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</table>

Along with the traditional diagnostic methods widely used modern world radiological techniques that allowed demonstrate the presence inorganic pelvic tumors and their relationship to adjacent structures. Below we want to provide data of their own observations ultrasonography, MSCT in angiographic mode, CT.

Patient A., 36 years old, № CR 3265 admitted to the Department with a diagnosis of inorganic pelvic tumor. Patient, the following types of research:

1. **Doppler ultrasound:** pelvic tumor in size of 96x63x76 cm

![Doppler ultrasound image](image1)

2. **MRI of pelvis:**

![MRI of pelvis image](image2)
3. Multislice computed tomography: Tumor is fed by the right internal iliac artery.

Based on the studies diagnosed as inorganal pelvic tumors and produced surgery - abdominal-perineal resection with pelvic side levator-plastics. The postoperative period was smooth. Histology remote macropreparations: abdominal fibromatosis

Conducting levator-plastics (front, back, side) allowed seal the pelvic cavity after tumor removal and in any case did not come as a complication of loss of internal organs of the perineal wound.

When analyzing sphincterometry indicators before and after surgery indicated no change after one of the options plastics pelvic floor. As can be seen from the table number 3 in 18 patients (Table 3), who made with plastic surgery of the pelvic floor, the value of the contractility of the closing apparatus of the rectum is not affected and remains as before surgery.

<table>
<thead>
<tr>
<th>No.</th>
<th>Indices of sphinctrometry before operation in mA N=18</th>
<th>Indices of sphinctrometry before operation in mA N=18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In rest</td>
<td>In tension</td>
</tr>
<tr>
<td>1</td>
<td>40,4±4,5</td>
<td>52,1±3,2</td>
</tr>
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</table>

Indicators and a one-year study of the three-year survival, recurrence and metastases yielded the following results. In 14 patients verified morphologically benign process. Recurrence of the disease in this group of patients we have not mentioned.

Patients with various types of sarcomas (angiosarcoma, neyrosarkoma, fibrosarcoma) are under medical supervision. One of them relapsed pelvic tumor. About what the patient twice re-operative treatment in the amount of abdominal-perineal tumor removal. In two patients after cytoeductive tumor removal pelvic, marked by continued growth of the tumor and these patients receive palliative chemotherapy courses. Postoperative mortality was not observed. One-year survival was 95%, 2-year survival rate for 2013 was 87%.

Thus, the developed method of abdominal-perineal removal of the tumor and the pelvic area presacral, a radical method of surgical treatment of tumors of this localization. Lack of indicators of postoperative mortality and functional complications comprehensible indicators one-year and three-year survival rates indicate a high efficiency of the proposed method. However, this treatment can be recommended only in specialized centers, since it is necessary to have two teams of skilled surgeons for synchronous operation.

**Conclusions:**
1. Necessity inorganal condition to diagnose pelvic tumors is holding transanal, transvaginal (women) ultrasonography, MSCT in angiographic mode, morphological studies.
2. Conducting combined method of surgical treatment with simultaneous plastic pelvic floor does not increase the number of postoperative complications, blood loss and operative time compared with traditional methods of surgery.
3. Satisfactory performance closing apparatus of the rectum after the combined method of surgical treatment can be recommended as a method, the method of choice in patients with inorganal pelvic tumors.
References: