



HUDSON RADICAL PROCEDURE: A 6-YEAR EXPERIENCE OF AN ESGO CERTIFIED CENTER IN ADVANCED OVARIAN CANCER SURGERY.

Α ΧΕΙΡΟΥΡΓΙΚΗ ΚΛΙΝΙΚΗ ΑΠΘ ΝΟΣΟΚΟΜΕΙΟ ΠΑΠΑΓΕΩΡΓΙΟΥ ΘΕΣΣΑΛΟΝΙΚΗΣ
Α ΜΑΙΕΥΤΙΚΗ ΓΥΝΙΚΟΛΟΓΙΚΗ ΚΛΙΝΙΚΗ ΑΠΘ

INTRODUCTION

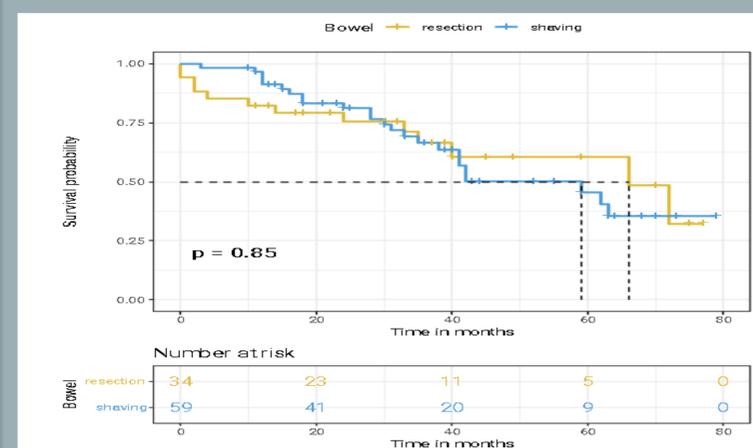
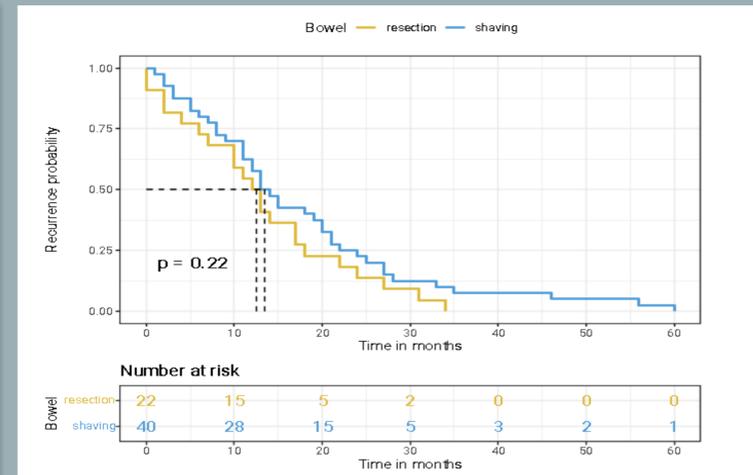
Hudson first described the procedure that includes en-block removal of ovarian tumor fixed in the pelvis with the whole of the pelvic peritoneum and invaded surrounding structures. However, sometimes shaving of the rectosigmoid serosa with the removal of the peritoneum of the entire pouch of Douglas is not enough to achieve complete debulking and en-block rectosigmoid removal (modified Hudson) is needed. This study aims to investigate the impact of bowel surgery on the survival of patients with advanced ovarian cancer, where otherwise zero residual disease would not be possible.

CASE PRESENTATION

Hudson first described the procedure that includes en-block removal of ovarian tumor fixed in the pelvis with the whole of the pelvic peritoneum and invaded surrounding structures. However, sometimes shaving of the rectosigmoid serosa with the removal of the peritoneum of the entire pouch of Douglas is not enough to achieve complete debulking and en-block rectosigmoid removal (modified Hudson) is needed. This study aims to investigate the impact of bowel surgery on the survival of patients with advanced ovarian cancer, where otherwise zero residual disease would not be possible.

DISCUSSION

93 patients met the inclusion criteria to be included in the final analysis. Patients were categorized into two groups: Group A (34 patients) rectosigmoid resection and Group B (59 patients) shaving serosa of rectosigmoid. There was no statistically significant difference in age, BMI, comorbidities, CA-125 pre-operative value and intraoperative blood loss between the two groups. On the other hand, patients with rectosigmoid resection had a significantly higher surgery duration, ICU admission, rate of postoperative complications and hospital stay. When comparing the type of surgery, rectosigmoid resection rate was significantly higher during primary compared to interval debulking surgery. Concerning survival rates, there was no significant difference in progression-free (p=0.22) and overall survival (p=0.85) between resection and shaving of the rectosigmoid.



Petros Bangeas General Surgeon
Assistant Professor of Surgery AUTH
pbangeas@gmail.com

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