



Valid and complete data on endometrial cancer in the Danish Gynaecological Cancer Database

Caroline S. Juhl^{1,2}, Estrid S. Hansen³, Claus K. Høgdall⁴ & Gitte Ørtoft²

INTRODUCTION

It is a comparative register study designed for data validation of surgery, pathology and recurrence for endometrial cancer in the Danish Gynaecological Cancer Database (DGCD) in the 2005-2009 period. The main outcomes were completeness of the data registered in the DGCD, agreement concerning data reported and comparability between the DGCD and a definite reference.

MATERIAL AND METHODS

DGCD data on women with endometrial cancer or adenomatous hyperplasia supplemented with patient charts for data on recurrence were retrieved and compared with a definite reference (the pathology report and clinical journals).

RESULTS

The completeness of data on pathology and surgery reported to the DGCD was 97.3%. The comparability between the DGCD and the definite reference was 94.4%. The agreement for the reported data in the DGCD was 88.3%. For recurrence, the comparability was 94.5% and the agreement was 71.6%. Completeness could not be determined due to the design of the database, where recurrence is composed of optional variables only.

CONCLUSION

The data on endometrial cancer registered in the DGCD regarding surgery and pathology are valid and complete, and they provide a solid base for research. Due to the relatively infrequent incidence of recurrences, and the fact that these are rarely entered into the database when they do occur, agreement concerning recurrence is low. Based on this study, the DGCD cannot alone provide information on recurrence that will give a reliable foundation for research.

FUNDING: Funding was provided by the Health Research Fund of the Region of Central Jutland and the Department of Gynaecology and Obstetrics, Aarhus University Hospital.

TRIAL REGISTRATION: not relevant.

CORRESPONDENCE: Caroline Sollberger Juhl. E-mail: caroj77@yahoo.com

CONFLICTS OF INTEREST: See www.danmedj.dk.

REFERENCE: Dan Med J 2014;61(6):A4864

FROM: ee www.danmedj.dk



Good results after laparoscopic marsupialisation of simple liver cysts

Christian Lolle Noerregaard & Alan Patrick Ainsworth

INTRODUCTION

Large simple liver cysts often tend to be symptomatic with pain being the most common symptom.

MATERIAL AND METHODS

This was a retrospective study of patients who had intended laparoscopic surgery for liver cysts between December 2007 and December 2012 at a single institution.

RESULTS

A total of 31 patients (27 women, four men) had surgery. The median age was 61 years (range 27-81 years). The diagnosis was based on the findings at computed tomography (CT) in 15 patients (49%), at ultrasonography in 11 (35%), at both CT and ultrasound in four (13%) and at magnetic resonance imaging (MRI) in one (3%). Indication for surgery was upper abdominal pain (n = 27) and abdominal discomfort (n = 4). The laparoscopic approach was successful in 29 patients (94%). The two conversions to open surgery were necessary due to peritoneal adhesions. The median postoperative hospital stay was one day (range 1-14 days). Histological evaluation revealed 29 non-neoplastic cysts (94%) and two cyst adenomas (6%). Two patients had minor postoperative complications, but none needed re-operation. There was no 30-day mortality. The median follow-up time was 28 months (range 1-60 months). At follow-up, 26 patients (84%) were symptom-free. Of the five patients with re-occurrence of symptoms, three had a re-operation. The remaining two refrained from new surgery.

CONCLUSION

Laparoscopic marsupialisation of simple liver cysts has a high success rate in terms of pain relief, and it is a safe procedure with a short postoperative hospital stay.

FUNDING: not relevant.

TRIAL REGISTRATION: Study reported to Danish Data Protection Agency via Region of Southern Denmark (case no. 13/8542).

CORRESPONDENCE: Alan Patrick Ainsworth. E-mail: alan.ainsworth@dadlnet.dk

CONFLICTS OF INTEREST: Disclosure forms provided by the authors are available with the full text of this article at www.danmedj.dk.

REFERENCE: Dan Med J 2014;61(6):A4866

FROM: Department of Surgery, Odense University Hospital