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Ovarian cancer: three-step surgical approach. Early detection of ovarian cancer has been an evolving story of the past 15 years. In fact, innovative techniques, such as transvaginal and laparoscopy, have been developed in order to reduce the morbidity of this disease and to increase the chance of success. The aim of this study was to evaluate the feasibility and effectiveness of a 3-step approach for ovarian cancer that combines preservation of ovarian function, fertility, and avoidance of non-optimal surgical approaches. Between January 1997 and December 2000 we performed 77 explorative laparoscopies, 29 diagnostic, and 55 operable procedures in 88 women of reproductive age (median age 37 years, range 19-42 years) with ovarian tumours. Criteria for inclusion in this study were an enlarged adnexa, abdominal discomfort, adnexal pain with suspected ovarian origin, pregnancy, or breast feeding. Diagnostic laparoscopy (DL) was performed to confirm the suspected diagnosis, plan further treatment, and stage the tumour. If necessary, a histologic diagnosis was established with the aim to perform a laparotomy. In this case, the following laparotomy was performed (LO); in those cases, where the laparotomy was planned at the diagnostic laparoscopy, the use of adhesiolysis and the application of uterine manipulators were allowed. The surgical staging procedure including infracolic omentectomy, peritoneal cytology, pelvic and aortic lymphadenectomy, total or partial oophorectomy, peritoneal biopsies and appendicectomy was performed. The three steps were combined sequentially, e. g. the laparoscopy was completed by the laparotomy. The same patient acted as her own control, first as diagnostic laparoscopy; then with laparotomy and finally with the laparoscopy as final procedure. The common criteria for the final diagnosis (histology and staging) were compared with the diagnostic, laparotomy and laparoscopic findings. Most patients with pelvic masses (n = 58, 69.9%) underwent diagnostic laparoscopy, while the rest (n = 30, 34.5%) had the diagnosis established by laparotomy. By applying a three-step surgical approach including laparoscopy for the diagnosis, laparotomy for the surgical treatment and laparoscopy for the final stage, we are able to diagnose ovarian cancer with a diagnostic accuracy of 94. 3da54e8ca3

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