

THE SIGNIFICANCE OF LONG-TERM INTRAARTERIAL CHEMOTHERAPY IN THE COMPLEX TREATMENT OF PATIENTS WITH MALIGNANT NONEPITHELIAL TUMORS OF MAXILLOFACIAL REGION.

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Our propose of this study: To study the role of long-term intra-arterial chemotherapy in the complex treatment of patients with malignant non-epithelial tumors of the maxillofacial region.

Material and methods. From 2000 to 2016y 117 patients were diagnosed with primary malignant nonepithelial tumors of maxillofacial region(MNET). 61.5% (72) men and women - 38.5 %(45). Patients' age ranged from 18 to 75 years. Osteosarcoma most often morphologically occurred in 34 (29%) patients. All 117 patients were divided into 4 groups. 1. 20 patients received LTIC with local UHF hyperthermia + radiation therapy followed by surgery in 13 patients. 2. 27 patients, LTIC + radiation therapy followed by surgery in 15 patients. 3. Control 52 patients, systemic intravenous chemotherapy + radiation therapy followed by surgery in 29 patients. 4. Control 18 patients underwent radiation therapy followed by surgery in 15 patients. T1a and T1b accounted for 29 (24.8%) patients, and tumors with T2a and T2b stages accounted for 88 (75.2%) patients. For LTIC, the following scheme was used: doxorubicin, cisplatin, and also cyclofasfan, only intramuscularly. Radiation therapy was performed at ROD 3 Gray per day, SOD 40 Gray. Survival rates were assessed using the Kaplan E.L. and Meier, R. (1958), version of SPSS-16.

Results. Results showed that first group in 85% and in the 2nd group in 84% - the patients had an objective (full + partial) effect. In the third group, 71% of patients had an objective effect on treatment. Stabilization of the tumor was noted in the 1st in 5%, in the 2nd group - 11.1% - and in the 3rd group in 23% of patients. Progression was most noted in group 3 in 5.7% of patients. When studying the survival rate in the 1st group of patients, the overall 3-year cumulative survival rate was 70.5%, and the 5-year survival rate was 61.5%. In group 2, these indicators were 73.2 and 60.0%, in group 3 - 61.3 and 48.3%, and in group 4 - 47.1 and 33.3%, respectively ($p < 0.060$). Higher rates were noted in the 1st and 2nd groups of patients who received intra-arterial chemotherapy for a long time with and without local UHF hyperthermia.

Conclusion. Patients who received neoadjuvant (LTIC), the direct effect of treatment were noted more than in patients of groups 3 and 4 who received traditional methods of treatment.

When comparing the treatment results of the 1st and 2nd groups with the patients of the 3rd group, the overall 5-year survival rate in the 1st group was 1.27 times, and in the 2nd group, 1.24 times more. Compared with the 4th group, this survival rate was 1.84 times and 1.80 times higher, respectively.



Before treatment



After treatment