

Conservative surgery for borderline ovarian tumors – emphasis on fertility preservation. A review

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Background: Borderline ovarian tumors account for 15-20% of all ovarian epithelial tumors. Since their original description in 1929, our knowledge of their natural history and molecular pathology has advanced most dramatically over the last two decades. This improved knowledge of BOT has permitted to drastically decrease the therapeutics of these tumors, which remains mostly surgical.

Method: We studied the available literature on surgical management of BOT accentuating the most important aspects on this topic: radical vs. conservative treatment, fertility preservation.

Results: Although there are conflicting reports about some of the aspects of surgical management of these tumors, since BOTs commonly affect women of reproductive age, who have not completed childbearing, have an excellent overall prognosis and the majority of them (approximately 50% to 85%) are stage I at diagnosis, conservative surgery (unilateral salpingo-oophorectomy or cystectomy) can be safely performed after comprehensive surgical staging, in order to preserve fertility.

Conclusion: Conservative surgery could be safely performed in young patients treated for BOT, provided that they are carefully followed-up.

Key words: borderline ovarian tumors, conservative treatment, fertility, recurrence, survival

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