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POSSIBILITY OF USING BIOCHEMICAL AND HEMATOLOGICAL PARAMETERS IN EVALUATING ADNEXAL MASSES

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Current diagnostic approach to adnexal masses (medical history, clinical examination, transvaginal sonography, tumour markers) does not provide an accurate prediction for potential malignancy. There is a possibility of using hematological and biochemical parameters (platelets count, neutrophil/lymphocyte ratio, platelet/lymphocyte ratio, platelet distribution width, level of C-reactive protein) in predicting ovarian malignancy. A retrospective study was conducted. Analysis of aforementioned parameters was performed in patients with histopathologically verified benign/malignant ovarian tumours. CRP levels, total count of granulocytes, and total count of platelets were statistically significantly higher in patients with malignant changes (p < 0.001, p = 0,001, or p = 0.023). Total lymphocytes count was statistically significantly lower in patients with malignant changes (p < 0.001). Platelet count was statistically significantly higher in patients with stage III (p = 0.011). PI/LY ratio was statistically significantly higher in patients with stage III (p = 0.011). 0.043). CRP was statistically significantly higher in stage III (p < 0.001). Lymphocyte count was statistically significantly lower in stage III (p < 0.001), and granulocyte count was statistically significantly higher in stage III (p = 0.001). Platelet count was statistically significantly higher in stage III (p = 0.001). MPV was statistically significantly lower in stage III (p = 0.031). Pl/Ly ratio was statistically significantly higher in patients with stage III (p = 0.044). Analyzed biochemical and hematological parameters are of limited utility in differentiating benign from malignant ovarian masses. Elevated levels of C-reactive protein, neutrophils and platelets suggest potentially malignant ovarian masses. Analyzed biochemical parameter (high levels of C-reactive protein, reduced lymphocyte count, increased granulocyte count, increased platelet count, increased PLR, as well as lower MPV values) may suggest advanced malignancy.

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