OBJECTIVE: Borderline ovarian tumors account for %10-20 of all epithelial ovarian carcinomas and often occur in reproductive age. The treatment has to be individualized according to the fertility request of the patients. The aim of this study is to evaluate the clinical and reproductive outcomes of patients who underwent fertility sparing surgery.

MATERIALS AND METHODS: All patients diagnosed as borderline tumor of the ovary from 2004 to 2012 were reviewed from the hospital records and patient charts retrospectively. Patients under the age 40 receiving fertility sparing surgery was evaluated about the reproductive and clinical outcomes. Preservation of the ovarian function and uterus was defined as fertility sparing surgery.

RESULTS: Twenty eight patients under the age 40 with borderline ovarian tumors underwent fertility sparing surgical procedures. Cystectomy, cystectomy and lymphadenectomy, unilateral salpingo-oophorectomy (USO), USO+ lymphadenectomy were 8(28.6%), 5(17.9%), 13(46.4%) and 2(7.1%) respectively. Median follow up time was 42 ± 28.1 months. At the follow up period 2 (7.1%) developed recurrence at the 35. and 36. months respectively. Among the 28 patients 1 (3.6%) was pregnant at the time of surgery and pregnancy continues up, and 5 (17.9%) became pregnant during the follow up period, delivered healthy newborns.

CONCLUSION: Fertility sparing surgery may be a first choice for the treatment of borderline ovarian tumors in patients who wish to preserve fertility.