

Cuvinte cheie: disfuncție cognitivă postoperatorie, calitatea vieții, testare neurocognitivă, chirurgie abdominală.

QUALITY OF LIFE IN PATIENTS WITH POST- SURGICAL COGNITIVE DYSFUNCTION 6 MONTHS AFTER ABDOMEN INTERVENTIONS: PROSPECTIVE, COHORT STUDY

Introduction: Postoperative cognitive dysfunction (POCD) is a complication induced by anaesthesia, surgery and the hospital environment, with the contribution of specific risk factors, characterized by the transient reduction of cognitive performance (reasoning, attention, memory). The prevalence of POCD varies from 6% to 40%, according to age of patient, type and extent of intervention. The impact of POCD on early and late postoperative morbidity as well as on quality of life is not yet quantified.

Material and methods: Prospective cohort study. Research ethics committee review, signed informed consent. Enrolled 161 ASA I-II patients, undergo elective abdomen surgery (cholecystectomy, herniotomy). Preoperative and postoperative on day III neurocognitive testing (MMSE, DCT, DSST, RCST, Wechsler tests). After 6 months, in 63 patients QOL (SF36) was evaluated.

Results: Age = 45.7 (95CI: 43.6-47.9) years, BMI = 28.0 (95CI = 26.7-29.3) kg/m², duration of intervention = 76.0 (95CI: -87.0). Relevant data for QOL without POCD vs. with POCD (mean ± DS [alpha-Cronbach]): general health (75.0 ± 14.1, [0.47] vs. 55.0 ± 21.2, [0.76] (75.0 ± 17.7, [1.0] vs. 56.3 ± 8.8, [0.0]); emotional dimension (100.0 ± 0.0, [NA] vs. 83.3 ± 23.6, [0.0]), physical dimension (100.0 ± 0.0, [NA] vs. 53.0 ± 37.5; [0.89]).

Conclusions: POCD has a negative impact on the person's QOL at 6 months after the surgery and appears to reduce overall health, socializing capacity, physical and emotional dimensions.

Key words: postoperative cognitive dysfunction, quality of life, neurocognitive testing, abdominal surgery.

TROMBOZA VENOASĂ PROFUNDĂ PE DURATA SARCINII ȘI POSTPARTUM: PARTICULARITĂȚI CLINICE ȘI EVOLUTIVE



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Introducere: Tromboza venelor profunde (TVP) a membrelor inferioare dezvoltată pe parcursul sarcinii sau postpartum are o incidență de 0,5-1 cazuri la 1000 nașteri; reprezentând un factor important ce sporește morbiditatea și mortalitatea maternă.

Scopul: Studiarea particularităților clinice, imagistice și evolutive ale TVP survenite pe parcursul sarcinii sau lăuziei.

Material și metode: Studiul a cuprins 21 paciente cu TVP confirmată prin duplex scanare. În toate observațiile a fost inițiată medicația anticoagulantă în asociere cu compresia elastică. În cazurile dificultăților de vizualizare la examenul imagistic primar sau progresării manifestărilor clinice pe fundalul tratamentului duplex scanarea a fost repetată peste 3-5 zile.

Rezultate: Vârsta medie a pacientelor – 30,7 ani. TVP a fost depistată la primipare – 7 cazuri, pe durata celei de-a doua sarcini – 9, la gravidele cu a treia sarcină – 4 și, într-un caz, pe durata celei de-a patra sarcini. TVP în antecedente au indicat 3 (14,2%) paciente. Tromboza a survenit în trimestrul I al gestației la 4 (19%) paciente, al II-lea – 4 (19%), al III-lea – 8 (38%) și postpartum – 5 (23,8%). Afectarea extremității stângi s-a înregistrat în 16 (76,2%) cazuri. Localizarea TVP: vv.tibiale – 4 cazuri, v.poplitee – 2, v.femurală – 2, v.femurală comună – 2, vv.ilice – 9, v.cavă inferioară – 2. Duplex scanarea repetată a evidențiat progresarea trombozei spre segmentul anatomic venos proximal (n=2; 9,5%) sau extinderea în sens descendent (n=2; 9,5%).

Concluzii: TVP se poate dezvolta în orice trimestru al sarcinii, precum și postpartum; având sediul inițial mai frecvent în regiunea iliacă sau tibială și potențial de progresare chiar și pe fundalul anticoagulării inițiale adecvate.

Cuvinte cheie: Tromboza venoasă profundă; Sarcina; Perioada postpartum

DEEP VEIN THROMBOSIS DURING PREGNANCY AND THE POSTPARTUM PERIOD: CLINICAL AND EVOLUTIONAL FEATURES

Background: Deep vein thrombosis (DVT) of lower extremities developed during pregnancy or postpartum period has an incidence of 0.5-1 cases per 1.000 births and represents an important factor which increases maternal morbidity and mortality.

Aim of study: To highlight clinical, imaging and evolutional peculiarities of DVT occurring during pregnancy or postpartum period.

Methods and materials: The study included 21 female patients with DVT confirmed by duplex scanning. Anticoagulants in association with elastic compression were initiated in all cases. In the event of difficult viewing during primary imaging exam or worsening of clinical manifestations despite treatment, duplex scanning was repeated after 3-5 days.

Results: Average age of patients was 30.7 years. DVT was identified in primiparous women – 7 cases, during the second pregnancy – 9, in women with a third pregnancy – 4, and, in one case – during the fourth pregnancy. Previous history of DVT was indicated by 3 (14.2%) patients. Thrombosis occurred during the first trimester of gestation in 4 (19%) patients, II-nd – 4 (19%), III-rd – 8 (38%), and postpartum – 5 (23.8%). Involvement of the left limb was registered in 16 (76.2%) cases. Localization of DVT: tibial vv. – 4 cases, popliteal v. – 2, femoral v. – 2, common femoral v. – 2, iliac vv. – 9, inferior vena cava – 2. Repeat duplex scanning pointed out the progression of thrombosis to proximal venous segment (n=2; 9.5%) or downward extension (n=2; 9.5%).

Conclusion: DVT can develop during any trimester of pregnancy as well as postpartum; being initially localized more frequently in iliac or tibial veins and having potential to progress even despite of appropriate initial anticoagulation.

Keywords: deep venous thrombosis, pregnancy, postpartum period