

pulmonar – 4 (4.1%), TEAP – 7 (7.15%).

Concluzii: Complicațiile postoperatorii specifice chirurgiei colonului sunt în mare parte caracteristice intervențiilor chirurgicale practicate în urgență, pe când cele generale determinate de terenul biologic al pacientului: vârstă, comorbidități, risc operator ASA.

Cuvinte-cheie: cancer colorectal complicat, tratament de urgență, complicații postoperatorii

EARLY POSTOPERATIVE COMPLICATIONS IN COLORECTAL CANCER OPERATED IN EMERGENCY

Introduction: Colorectal cancer operated in emergency, still has high rates of morbidity and mortality. The resection of the colon is a laborious, aggressive intervention with high risk of complications occurring both in the immediate postoperative period.

Objective: Determination of postoperative complications of complicated colorectal cancer operated in emergency.

Material and methods: Retrospective study of 98 patients with CCR operated in Emergency Hospital, between 2015-2017. Ratio M:F=1.1:1, mean age – 63.96 ± 1.34 years, with tumor localization : right sided – 25 (25.5%), transvers – 9 (9.18%), left sided – 64 (64.94%), (p<0.01). 22 (22.44%) patients were with intestinal obstruction (IO) and peritonitis, 9 (9.18%) of them – with perforation, operated within 8h; with IO – 25 (25.5%), over 8-24h; with partial obstruction – 43 (43%), bleeding – 8 (8.2%), over 2-5 days. Have been performed: primary anastomosis – 68 (69.38%), colostomy – 30 (30.61%).

Results: The total rate of postoperative complications was 65.3%. Complications common to abdominal surgery and specific for colon cancer were 20: anastomotic leak – 3 (4.4%), peristomal abscess – 2 (6.6%), stoma retraction – 2 (6.6%), stoma necrosis – 2 (6.6%), rectal stump leak – 1 (3.3%), parastomal evisceration – 1 (3.3%), laparotomic wound eventration – 3 (3.1%), laparotomic wound supuration – 6 (6.12%). General postoperative complications occurred in 44 cases, tanatogenesis being determined by: pneumonia – 6 (6.1%), MODS – 5 (5.1%), heart failure – 12 (12.2%), urinary infections – 10 (10.2%), pulmonary edema – 4 (4.1%), TEAP – 7 (7.15%).

Conclusion: Postoperative complications specific to colon surgery are largely characteristic for emergency surgery, while the general are determined of the patient's biological terrain: age, comorbidities, ASA risk.

Key words: complicated colorectal cancer, emergency surgical treatment, postoperative complications.

ROLUL MARKERILOR GENOMICI PREDICTORI AI CANCERULUI COLORECTAL: REVIEW AL LITERATURII

URSU A

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Introducere: Cancerul colorectal (CCR) reprezintă o problemă de sănătate publică, cu un impact semnificativ negativ asupra morbidității și mortalității populației de pe glob. Depistarea leziunilor incipiente prin implementarea unui program eficient de screening ar reduce morbiditatea și mortalitatea în CCR, ar economisi o parte importantă din resursele care ar fi cheltuite pentru tratarea pacienților aflați în stadiile avansate ale bolii.

Scopul: Prezentarea informațiilor recente privind rolul markerilor genomici în depistarea precoce a CCR.

Material și metode: Au fost utilizate bazele de date PubMed, Google Academic, Medline, Hindawi pentru a studia rolul unor markeri predictivi ai CCR prin analiza surselor literare ce au descris și testat diverse instrumente de predicție și diagnostic precoce pentru CCR.

Rezultate: Prin analiza bazelor de date au fost selectate 46 de articole: 15 – dedicate metodelor clinice de diagnostic, 10 – referitoare datelor specifice de laborator, 11 – privind secvențierea transcripților în sângele periferic și 10 – referitoare algoritmilor de screening. Astfel, s-au determinat corelații între manifestările clinico-endoscopice ale patologiilor colonului, predictoare ale neoplaziilor maligne. A fost demonstrată informativitatea markerilor genomici predictor ai CCR: CEA, CA 19-9, CA 242, CA 50, markerii moleculari, care contribuie la confirmarea precoce a diagnosticului și inițierea timpurie a tratamentului acestor neoplazii.

Concluzii: Acest review evidențiază eficiența corelării metodelor clinice și biologice în diagnosticul precoce al CCR, ceea ce ar reduce nivelul de morbiditate și mortalitate, cât și ar ameliora calitatea vieții supraviețuitorilor.

Cuvinte cheie: Cancer colorectal; Screening; Markeri genomici

THE ROLE OF PREDICTIVE GENOMIC MARKERS OF COLORECTAL CANCER: REVIEW OF LITERATURE

Background: Complicated colorectal cancer (CCRC) is a public health problem with a significant negative impact on morbidity and mortality. Detecting early lesions by implementation an effective screening program would save a significant part of the resources that would be spent to treat patients in advanced, incurable stages of the disease.

Objective of the study: Presenting recent information on the role of genomic markers in the early detection of CRC.

Methods and materials: PubMed, Academic, Medline, Hindawi databases have been used to study the role of CRC's predictive markers by analyzing literary sources which described and tested various predictive and early diagnostics tools for CRC.

Results: By analysis of the databases, 46 articles were selected: 15 on clinical diagnostic methods, 10 on specific laboratory data, 11 on transcription in peripheral blood of subjects and 10 on screening algorithms for early detection of CRC. Thus, there were determined the correlation between the manifestations of the pathologies of the colon and endoscopic clinical predictors of malignant neoplasia. The informativity of CRC predictive genomic markers has been demonstrated: CEA, CA 19-9, CA 242, CA 50, molecular markers, which have contributed to the early consolidation of diagnosis and early initiation of treatment of this neoplasia.

Conclusion: This review reveals the effectiveness of clinical and biological methods for early diagnosis of CRCs, which would reduce mortality and improve the life quality of survivors.

Keywords: Colorectal cancer; Screening; Genomic markers