coledocojejunostomie termino-laterală cu ansa izolată în Y a la Roux. În SB de tipII la 80(37,56%) cazuri s-a efectuat coledoco- și hepaticojejunostomie pe ansa izolată în Y a la Roux, În 62(29.11%)observații cu SB tipIII am realizat hepaticojejunostomie termino-laterală pe ansa izolată în Y a la Roux cu o protejare transanastomotică separată a canalelor hepatice. În SB tip IV la 13(6.1%) pacienți restabilirea fluxului biliar în tractul digestiv s-a soluționat cu bihepaticojejunostomie pe ansa izolată a la Roux cu drenarea transanastomotică a ambilor canale hepatice. Derivațiile pe parcursul ultimilor 4 ani sau realizat cu suturi atraumatice doar într-un singur plan. Letalitatea postoperatorie 6(2.82%)cazuri.Concluzii: Tratamentul chirurgical al SB a CBE este în raport direct cu nivelul și tipul afectării. Optimale sunt derivațiile pe ansa izolată a la Roux realizate într-un plan de sutură atraumatică, ce exclude totalmente refluxul digestiv în arborele biliar și previne stenozele postoperatorii la distanță.

## DIAGNOSIS AND SURGICAL APPROACH BENIGN STRICTURES OF EXTRA-HEPATIC BILIARY DUCTS

Introduction The diagnosis and surgical approach in benign strictures (BS) of extrahepatic biliary ducts (EBD) represents a difficult and current page of biliary surgery. Material and methods During the period 1980-2010 in surgical clinic II were treated 213 patients with BS of EBD. The clinical evaluation of patients included: 1) etiopathogenic diagnosis establishing; 2) biliary tree decompressing preoperatively; 3) surgery reconstructing. The diagnosis algorithm of BS of EBD had been included a few consequence steps: I step–biochemical testing, US; II step- bile tree contrasting directly by ERCPG, or CT, or cholangiofistulography. In cases of difficulties in diagnosis was performed MRI in regimen of cholangiography. Preoperative preparing was realized via mini-invasive decompression of biliary tree (nazo-biliary drainage(9.39%), percutaneous transhepatic hepatostomy(14.8%) or stunting endoscopical(8.45%)), antibacterial treatment, detoxification and correction of hepatic function.Result Surgical treatment of BS of EBD was in direct ratio with the level of localization. For BS of type I-58(27.23%) cases was optimal termino-lateral choledochojejunoanastomosis on the Y loop by Roux. In situation of BS of type in 80(37.56%) cases was performed choledocho- and hepatica-jejunostomy on the Y loop by Roux. In 62(29.11%) cases of BS of type III was realized termino-lateral hepaticojejunostomy on the Y loop by Roux and transanastomotical separate drainage of biliary ducts. In BS of type IV in 13(6.1%) cases the restoring of bile flux in digestive tract was realized via bi-hepaticojejunostomy on the loop by Roux with transanastomotic's drainage of hepatic ducts. The derivations during the last 4 years were effectuated with atraumatic sutures only in a single plan. Conclusions Surgical treatment of BS of EBD is in direct ratio with the level and type of affection. The optimal solution is derivation on the loop by Roux with complete exclude digestive of reflux in biliary tree

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**A3**

# EVALUAREA POSTOPERATORIE A REZULTATELOR IMEDIATE ŞI LA DISTANȚĂ ÎN TRATAMENTUL STRICTURILOR BENIGNE ALE CĂILOR BILIARE EXTRAHEPATICE

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Introducere. Impactul rezultatelor postoperatorii ale stricturilor benigne (SB) ale căilor biliare extrahepatice (CBE) constituie o problemă clinică nerezolvată pe deplin. Materiale și metode. Pe parcursul anilor 1980-2010 în Clinica 2 Chirurgie au fost tratați 213 pacienți cu SB a CBE. Evaluarea clinică postoperatorie de perspectivă includea:1)latura psiho-afectivă;2) latura socială; 3)starea funcțională a sistemului hepato-biliar, apreciat pe baza testelor funcționale a ficatului, sonografiei, iar în cazurile suspecte sonografic la obstrucție mecanică efectuăm colangigrafia prin rezonanță magnito-nucleară și scintigrafia secvențială hepato-biliară. Rezultate. Evaluarea rezultatelor la distanță a fost posibilă pe un lot de 162(76,06%) de pacienți, unde am delimitat pacienții în 3 grupe : 1-ul grup a inclus 123(75,93%) de pacienți cu rezultatele bune; în grupul doi-28(17,28%) de pacienți cu rezultate satisfăcătoare; grupul trei -11(6,79%) pacienți cu rezultate nesatisfăcătoare. Rezultat bun a fost fixat la pacienții cu reabilitare complectă somatică, psihologică, socio-familială și funcțională a sistemului hepato-biliar. În grupul doi am stabilit în dimensiunea somatică persistența durerilor periodice la 22 (13,58%) de pacienți, a semnelor dispeptice la 18 (11,11%) bolnavi. Sonografic s-a stabilit doar semne de hepatomegalie în 14 (8,64%) cazuri. Grupul trei s-a manifestat prin apariția icterului obstructiv și angiocolitei. În 4 cazuri a debutat icterul mecanic motivat de calculul firului de sutură a liniei de anastomoză. Am recurs la revizia anastomozei cu hepaticolitotomie. Alții 6 pacienți au prezentat tabloul de icter mecanic tranzitoriu, motivat de strictura gurii de anastomoză. Am efectuat rehepaticostomie cu ansa exclusă în Y a la Roux, cu drenare separată a ambelor canale hepatice. Și în ultimul caz a fost prezent refluxul entero- biliar cu evaluarea unei colangite de reflux. Situația motivat de ansa jejunală a ansei Roux sub 60cm, ce a necesitat o reconstrucție în ansă cu brațul de 80cm. Evoluția clinică în toate cazurile a fost satisfăcătoare. Concluzii. Aplicarea unui program unic de evaluare postoperatorie asigură îmbunătățirea considerabilă a rezultatelor tratamentului chirurgical, cât și lichidarea efectivă și calitativă a complicațiilor survenite în perioada tardivă.

## POSTOPERATIVE ASSESSMENT OF IMMEDIATE AND AT DISTANCE RESULTS IN THE TREATMENT OF BENIGN STRICTURES OF EXTRAHEPATIC BILE DUCTS

Introduction. The postoperative results' impact of benign strictures (BS) of the extrahepatic biliary tract (EBT) isn't a fully solved clinical problem. Materials and methods. There were treated 213 patients with BS of EBT during the 1980-2010 years in the 2nd Surgical Department. The perspective postoperative clinical evaluation included: 1) psycho-emotional side, 2) social side, 3) functional status of the hepato-biliary system, appreciated by liver functional tests, sonography, and in sonography suspect cases of mechanical obstruction, colangiography through nuclear magnetic resonance was perform and sequential hepatobiliary scintigraphy.Results. The evaluation of results at distance was possible on a lot of 162 (76.06%) patients, where the patients were separated into 3 groups: the 1st group included 123 (75.93%) patients with good results, the 2nd group -28 (17.28%) patients with satisfactory results, and the 3rd group -11 (6.79%) patients with unsatisfactory results. Good results were found at patients with full somatic, psychological, socio-familial and functional of the hepato-biliary system rehabilitation. In group two we found in the somatic dimension regular pain

persistence at 22 patients (13.58%), dyspeptic signs at18 patients (11.11%). Sonographically were established only signs of hepatomegaly in 14 cases (8.64%). Group three was manifested by obstructive jaundice and angiocholitis. In 4 cases made its appearance the mechanical jaundice motivated by the calculation of the suture wire of the anastomosis line. Another 6 patients presented obstructive transitory jaundice picture, motivated by stricture of the anastomosis mouth. We made rehepaticostomy with the loop excluded in Y a la Roux, with separate drainage of both hepatic channels. In the last case was present the entero-biliary reflux with the evatuation of reflux cholangitis. The situation motivated by the jejuna of the Roux loop under 60 cm, what required a reconstruction loop with the arm of 80cm. The clinical evolution in all chases was satisfactory. Conclusions. The application of a unique program of postoperative evaluation provides a considerable improvement of surgical treatment's results as effective and qualitative liquidation of the complications occurred during the tardy period.

**A4**

# КОМБИНИРОВАННЫЕ ПОВРЕЖДЕНИЯ ЖЕЛЧНЫХ ПРОТОКОВ И СОСУДОВ ВО ВРЕМЯ ХОЛЕЦИСТЭКТОМИИ. ДИАГНОСТИКА И ХИРУРГИЧЕСКОЕ ЛЕЧЕНИЕ

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Актуальность. Повреждение желчного протока является тяжелым и опасным для жизни осложнением холецистэктомии, частота которого с внедрением в клиническую практику лапароскопической холецистэктомии выросла до 0,5 - 1,4%. Еще более угрожающим является комбинированное повреждение внепеченочных желчных протоков и сосудов, которое считают главной причиной высокой частоты неудовлетворительных результатов лечения и летальности. Цель данного исследования состояла в том, чтобы оценить влияние сочетанноей окклюзии ветвей печеночной артерии на клиническое протекание повреждений желчных путей и результаты хирургического лечения пациентов.Результаты: В I группе больных у 19 пациентов (73,1%) повреждения отмечены при открытой холецистэктомии и у 7 (26,9%) при лапароскопической, во II – у 21 (70 %) и 9 (30%) соответственно. Интраоперационно повреждение желчного протока было обнаружено в 6 (23,1%) случаях. Сочетанныее повреждения ветвей печеночной артерии в раннем послеоперационном периоде (до 7 суток) диагностированы у 4 больных (15,4%), у 22 (84,6%) - в сроки от 8 до 432 суток. Статистически достоверных различий в частоте высоких повреждений желчных протоков Bismuth III и IV между группами больных не установлено ( 69,3% и 63,3% соответсвенно, p=0,85). В группе сравнения основным методом операции была высокая гепатикоеюностомия. Одиночные абсцессы печени ликвидированы с помощью чрескожной пункции или дренирования под контролем ультразвукового исследования. В группе больных с комбинированными повреждениями желчных протоков и сосудов спектр операций был более широким. У 2 больных предприняты попытки восстановления артериального кровотока с последующим реконструктивным вмешательством на желчных протоках. У 16 больных благодаря развитию артериальных коллатералей и восстановлению кровоснабжения контралатеральной доли печени желчеооток восстановлен путем формирования гепатикоеюноанастомоза. У 8 больных в связи с некрозом и абсцедированием выполнены различные по объему резекции печени. Послеоперационная летальность в I группе больных – 3,9% (1 больная). Неудовлетворительные результаты отмечены у 3 (11,5%) пациентов: спустя 8 лет у одного больного после гепатикоеюностомии с чреспеченочным дренированием развился цирроз печени, у 2 больных - атрофия правой доли печени. Во II группе больных летальных исходов не было. Положительные результаты получены у 28 (93,3%) больных, неудовлетворительные – в виде рецидивирующего холангита на фоне цирроза печени – у 2 (6,7%). У 15 (57,7%) больных с комбинированными развились ишемические некрозы печени с абсцедированием, что достоверно чаще, чем у больных с изолированными повреждениями желчных протоков (2 - 6,7%) (p < 0,05). У 18 (69,2%) больных благодаря развитию адекватного коллатерального кровоснабжения окончательным методом коррекции стало реконструктивное вмешательство на желчных протоках, а у 8 (30,8 %) – потребовалось выполнение различной по объему резекции печени в связи с ее абсцедированием.

# COMBINED BILIARY AND VASCULAR INGURY DURING CHOLECYSTECTOMY. DIAGNOSTIC AND SURGICAL TREATMENT

Aims: Combined biliary and vascular injury during cholecystectomy is more dangerous complication comparing to the isolated bile duct damage. The aim of the study is to es-timate of the effect of the concomitant vascular injuries on the clinical development of isolated iatrogenic biliary injuries and treatment outcome. Methods: Between January 1984 and May 2010, there were 56 patients with iatrogenic biliary tract injury. 26 pa-tients had concomitant biliary and vascular injury (BVI group), and the remaining 30 patients had isolated biliary tract injury (IBTI). Results: There was no striking discrep-ancy in the rate of high level bile duct injury instances (Bismuth III and IV ) ever estab-lished between the two groups of patients (69,3% and 63,3% respectively, p=0,85). The main operation in the IBTI group was high hepaticojejunostomy. Single liver abscesses managed by transcutaneous puncture or drainage under ultrasound surveillance. In two patients BVI group, the measures were taken to restore the arterial flow alongside with the consecutive hepaticojejunostomy. Owing to hepatic artery collaterals development 16 (61,5%) patients resumed hepatic artery flow and underwent hepaticojejunostomy as a result only. Eight patients (30,8%) were operated variously liver resection for necrotic and abscessed alterations of the liver. The postoperative mortality rate constituted 3,9% (1 patient) in BVI group. Three patients (11,5%) have presented with unsatisfactory results - liver cirrhosis (1) and right hepatic lobe atrophy (2). The IBTI group has had no deaths. The satisfactory results were obtained in 28 patients (93,3%), unsatisfactory - in 2 patients (6,7%) with recurrent cholangitis. Conclusions: Bile duct and hepatic artery injury in 15 cases (57,7%) have led to ischemic necrotic alterations with abscess formation which appear to have occurred more frequently in this group as opposed to patients with IBTI (2 - 6,7%) (p<0.05). Eighteen patients (69,2%) as a result of adequate collateral hepatic blood supply development have undergone exclusively biliary reconstructive surgery, in 8 patients (30,8%) there has been a need in liver resection. After the differentiation in surgical treatment the results in patients with IBTI and BVI did not have significant difference: positive results were achieved in 93,3% and 84,6% cases respectively (p>0,05).