

Results: 37 patients underwent endoscopic papillectomy, including 16 men and 21 women. Median age: 54 years (26-73). The average time of surgery was 85 minutes. In 26 cases, the removal of the adenoma was performed "en bloc" (59.5%). In 11 cases, due to the presence of lateral spread of the tumor, fragmentation was performed (40.5%). Pancreatic stenting was successful in 31 patients (83.7%). Stenting of the common bile duct in 9 patients (24.3%). In all cases there was R0 resection. Morbidity included bleeding in 8 patients (21.6%), 2 cases of intraoperative perforation (5.4%), one of them was conservatively treated. The other was operated in volume: laparotomy, suturing a perforation, drainage of the abdominal cavity. In 2 patients, the postoperative period was complicated by cicatricial stenosis of the bile duct opening (5.4%). The ERCP with the stenting of the common bile duct was performed. No death occurred.

Conclusions: Endoscopic papillectomy is characterized by lower morbidity and mortality and a shorter period of hospitalization. Compared with surgery, endoscopic ampullectomy appears to be a preferred treatment modality for small benign ampullary tumors with high success rate of tumor eradication.

Keywords: Endoscopic papillectomy, tumors of the ampulla of Vater

ENDOSCOPIC TUNNEL DISSECTION AND ITS ROLE IN THE TREATMENT OF GASTROINTESTINAL STROMAL TUMORS OF THE STOMACH

SHISHIN K¹, NEDOLUZHKO I¹, CHVOROVA I¹, SHUMKINA L¹

¹A. S. Loginov Moscow Clinical Scientific and Practical Centre, Moscow, Russia

Background: To determine the effectiveness of submucosal tunnel dissection in patients with gastrointestinal stromal tumors.

Methods and materials: Since March 2014 24 patients were operated with gastrointestinal stromal tumors with a tunneling method. 27 tumors were removed. Among patients there were 3 men and 21 women. The average age of patients was 62,8 years old. Among operated there were as patients with first identified tumors, as patients who were under a doctor's care for a long time about submucosal tumors. Surgical indication for these patients was a negative dynamics according to endosonographies in the form of increasing the size of the tumor and the change of structure. The average size of tumor was 19 mm. The nature of operation is in the formation of tunnel in submucosa through mucous membrane's incision and enucleation of tumor with protecting the integrity of capsule.

Results: All surgeries were carried out endotracheal anesthesia. Intraoperative carboxyperitoneum occurred in 4 patients, it was contained by abdominal decompression with the help of verres needle. No other intraoperative complications were observed. Based on IHC test, nine removals of neoplasms of the stomach were low-grade gastrointestinal stromal tumors, seven tumors were related to intermediate group. Sex tumors, including small tumors of multiple lesions, were leiomyomas. Two patients refused from spending IHC test.

Conclusion: Endoscopic tunnel operations are technically feasible and can be used in the surgical treatment of small submucous tumors of myogenic origin. The introduction of minimally invasive methods is based on the observation that small gastrointestinal stromal tumors are limited to fibrous capsule and through this don't metastasize in lymph nodes. Oncological evidence is based on the absence of recurrence and progression of the disease over the observation period. Besides, a minimal access significantly reduces the number of complications and a period of patients' rehabilitation after operation.

Keywords: Gastrointestinal stromal tumor; Endoscopic tunnel dissection

ENDOSCOPIC VACUUM THERAPY FOR TREATMENT OF UPPER GASTROINTESTINAL ANASTOMOTIC LEAKAGES: FIRST EXPERIENCE

SHISHIN K¹, NEDOLUZHKO I¹, SHUMKINA L¹, KURUSHKINA N¹, PYATAKOVA A¹

¹A. S. Loginov Moscow Clinical Scientific and Practical Centre, Moscow, Russia

Background: Surgical interventions on the esophagus belong to the group of "high risk" operations, as they can lead to such formidable complications as insolvency, bleeding and the formation of postoperative fistulas and strictures. The results of systematic analysis of the largest series of clinical cases published in the last 20 years show the incidence of postoperative anastomotic leakage about 3% after open and 2.1% after laparoscopic surgery without significant differences determined by the type of surgical access. However, analysis of the cumulative world experience shows the average incidence of anastomotic leakage at the level of 7-8%. These reports suggest that postoperative mortality rates in this patient group reach 30% and have no significant improvement toward reduction. Aggressive approaches to the treatment of patients with traditional surgical interventions lead to an increase in mortality from 20 to 64%, which determines the use of minimally invasive technologies as a priority. Since 2006, a new method of endoscopic vacuum therapy in management of anastomotic leaks has become available in clinical practice.

Methods and materials: From March 2015 to March 2018, anastomotic leakage of the esophagus was diagnosed in 12 patients (5 women, 7 men), including 9 patients with failure of esophagogastric anastomosis, 3 patients with failure of esophagojejunal anastomosis. The average age was 67.5 years. Size of anastomotic perforation ranged from 0.8 to 3 cm. Strategy of treatment for all patients include adequate nutritional support by enteral feeding through the nasogastric tube, parenteral administration of combined nutrients, enterostomy, or a combination of several methods. Early antibiotic therapy is necessary for the prevention and treatment of already developed mediastinitis and septic complications. The complications were detected on the 1-7 days after surgery. Anastomotic leak was confirmed by radiological and endoscopic methods. Endoscopic vacuum therapy was performed on the day of leakage detection (2-4 days after the surgery). Thus no additional sanitation and draining interventions were required due to early diagnosis and adequate drainage of the anastomosis area.

Polyurethane spongy system, slightly smaller diameter or corresponding to the diameter of the esophagus, was mounted on a