

(6,1%), 2 bazine afectate – 3 (2,2%) cazuri. Miniflebectomia izolată a varicelor în prezența refluxului safenian (tipul Pittaluga 3-4) a fost efectuată în 55 (53,2%) cazuri, în cazul axului safenian competent (tipul Pittaluga 1) – în 27 (22,1%) și în cazul refluxului în VSA (tipul Pittaluga 5) – în 30 (24,5%). Crosectomia nu a fost practică nici într-un caz. Durata medie a operației a constituit 38 min.

Concluzii: Experiența acumulată în Clinică susține raționalitatea includerii intervențiilor cu preservarea safeniană în arsenalul metodelor de tratament a pacienților cu MV. Cercetările ulterioare necesită axare pe precizarea indicațiilor către operație și evaluarea multidimensională a rezultatelor tratamentului.

Cuvinte cheie: Maladie varicoasă; Tratament chirurgical; Preservarea venei safene

PRESERVATION OF THE GREAT SAPHENOUS VEIN IN TREATMENT OF VARICOSE VEINS: BACKGROUND EXPERIENCE AND RESEARCH DIRECTIONS

Background: The standard approach for treatment of varicose veins (VV) includes definitive destruction of incompetent saphenous vein. In certain clinical and hemodynamic conditions, the isolated removal of varicose reservoir with preservation of saphenous trunk may represent the alternative strategy. Assessment of the results of these interventions is an important scientific and practical objective.

Aim of study was evaluation of our clinical experience in surgical treatment of VV with saphenous preserving and establishing of further directions for research.

Methods and materials: Retrospective study included 107 patients (131 limbs with VV), supposed to the clinical examination, imaging and operation with preservation of the saphenous vein.

Results: Mean patients age was 44.3 years, majority being females – 72.8%. Mean VV duration – 10.6 years. Left limb was affected in 58% of cases. Class C2 CEAP – 91 (69.4%), C3 – 35 (26.7%), C4 – 4 (3%), and C6 – 1 (0.7%) cases. Anatomic distribution: great saphenous vein – 89 (67.9%), accessory saphenous vein (ASV) – 31 (23.6%), small saphenous vein – 8 (6.1%), two veins – 3 (2.2%) cases. In presence of saphenous reflux (Pittaluga types 3-4) isolated miniflebectomy was performed in 55 (53.2%) cases, in patients with competent saphenous trunk (Pittaluga type 1) – in 27 (22.1%) and for reflux in ASV (Pittaluga type 5) – in 30 (24.5%) cases. Crosectomy was never performed. The mean operation time was 38 minutes.

Conclusions: Our experience supports the rationality of including saphenous preserving interventions in arsenal of curative methods for patients with VV. Further research should be focused on the refinement of indications for surgery and multidimensional evaluation of treatment results.

Key words: Varicose veins; Surgical treatment; Preservation of saphenous vein

RETROGRADE APPROACH FOR ENDOVASCULAR REVASCLARIZATION

YURETS S

Department of Vascular Surgery, Vinnytsia Regional Pyrogov Memorial Hospital, Ukraine

Introduction: Conventional antegrade vascular access for endovascular revascularization of ostial superficial femoral (SFA) or iliac arteries (IA) has a failure rate of up to 20% and requires special delivery and recanalisation devices. Thus the retrograde approach is necessary.

Aim of the study: To analyze own experience of safety and efficacy of ultrasound-guided retrograde popliteal and femoral access in patients with atherosclerotic lesions.

Material and methods: We retrospectively analyzed results of endovascular treatment of 32 patients with superficial femoral (SFA) or iliac arteries during the 2018-2019 years, whom retrograde approach was applied.

Results: 32 patient with SFA (12 patients) and IA occlusion (20 patients) underwent 16 popliteal access and 16 common femoral artery access. Arterial punctures were performed under ultrasound guidance. 6F introducer was used 26 times, 5F – 4 and 8F – 2 times respectively. Twice we used Straub Rotarex system. Revascularization was done by balloon angioplasty or stenting. Technical success of the procedure was achieved in all cases. Hemostasis was achieved by manual compression and subsequent 24-hour duration bandaging without closure devices. Radiation dose was lower and fewer devices usage was noted compared to the antegrade approach. There were no major complications. There was one incidence of calf vein thrombosis and two puncture site hematoma.

Conclusion: Ultrasound-guided retrograde popliteal and common femoral approach can be considered safe and highly effective for endovascular revascularization.

Keywords: retrograde approach, ultrasound guidance, revascularization.

CHIRURGIA CLASICĂ VERSUS LAPAROSCOPICĂ ÎN CANCERUL COLORECTAL. EXPERIENȚA UNUI CENTRU TERȚIAR: CLINICA CHIRURGIE 3 CLUJ-NAPOCA

ZAHARIE F¹, VALEAN D¹, MUNTEANU D¹, PUJA C¹, GRAUR F¹, MOCAN L¹, MOIS E¹, MOLNAR G¹, BODEA R¹, AL HAJJAR N¹

¹Clinica Chirurgie 3, Cluj-Napoca, România

Introducere: Cancerul colorectal este unul dintre cele mai frecvente cancere și cu tendință în creștere la nivel global. Majoritatea studiilor recente au demonstrat non inferioritatea și chiar o ușoară superioritate în abordul laparoscopic prin prisma rezultatelor obținute și a supraviețuirii la distanță.

Material și metode: Au fost selectate retrospectiv 2186 de cazuri din baza de date completată prospectiv a Clinicii Chirurgie 3 pentru perioada ian 2013-dec 2018 (6 ani). Din acestea s-au exclus 76 cazuri laparoscopie/laparotomie exploratorie, 154 cazuri colostomii,