

DIAGNOSTICS AND SURGICAL TREATMENT OF THE COMPLICATED GALLSTONE DISEASE FOR PATIENTS WITH LIVER CIRRHOSIS

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Introduction: Concomitant liver cirrhosis is still one of the most difficult comorbidities that can increase the rate of unsatisfactory results in treatment of complicated gallstone disease. Absence of world's guidelines based on strong evidence, a great amount of complications, and difficulties during diagnostic process make treatment of complicated gallstone disease in patients with liver cirrhosis one of the most problematic situations in emergent hepatobiliary surgery.

Material and methods: During this study we analyzed the treatment of 79 patients with liver cirrhosis who had complicated gallstone disease who were treated in our department. Inclusion criteria for this investigation were complicated gallstone disease acute calculous cholecystitis, choledocholithiasis and Mirizzi syndrome. Patients condition were assessed using APACHE II system. Stage of cirrhosis rated with Child-Turcot-Pugh classification and MELD score.

Results: In all cases treatment was started in conservative way. In two patients (Child B) with acute calculous cholecystitis and ascites during diagnostic laparoscopy was diagnosed spontaneous bacterial peritonitis and treatment was continued in conservative way. In 66 patients (Child A 38, Child B -28) laparoscopic cholecystectomy was performed. In 2 cases were conversions to open procedure because of intraoperative bleeding and. Among 6 patients with findings of choledocholithiasis in 3 patients ERCP with lithoextraction and 3 open procedures were performed. In 1 case of Mirizzi syndrome laparoscopic cholecystectomy was supplemented with suturing of cholecysto-common hepatic duct fistula. In 1 case acute cholecystitis was verified only during autopsy (Child C).

Conclusion: Diagnostic process in patients with liver cirrhosis is very difficult because of altered hepatic function.

Key words: complicated gallstone disease, management

PARTICULARITĂȚILE TRAUMATISMULUI ASOCIAT ȘI MULTIPLU AL PACIENȚILOR ÎN ETATE

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Introducere: În legătură cu creșterea longevității a fost înregistrată și o creștere a traumatismelor în grupul persoanelor vârstnice.

Scopul: Optimizarea tacticii de tratament a pacienților de vârstă înaintată cu leziuni asociate și multiple.

Material și metode: În studiu au fost incluși pacienți vârstnici de peste 60 ani (n=46) cu leziuni închise ale toracelui, abdomenului, fracturi de bazin. Cauzele traumatismului: accidente rutiere - 78,26%, (n=36) catatraumatism - 21,73% (n=10).

Rezultate: În urma examinării complexe și a măsurilor de resuscitare, s-au efectuat intervenții chirurgicale paliative, urgente, puțin traumatice, în timp minim: drenarea cavității pleurale, imobilizarea fracturilor membrului. Fracturile bazinului din I lot de studiu (LSI, n=14) au fost tratate conservativ, după Volkovich. În al II-lea lot de studiu (LSII, n=32) pacienții au fost supuși osteosintezei precoce a oaselor bazinului cu dispozitiv de fixare externă. Starea generală a pacienților din LSI a fost mai gravă decât în LSII, datorită asocierii insuficienței poliorganice pronunțate, care s-a dezvoltat în urma acutizării bolilor cronice concomitente. Analiza rezultatelor tratamentului pacienților din LSI și LSII demonstrează că efectuarea doar a terapiei prin perfuzie-transfuzie a pierderilor de sânge și dereglărilor apărute este insuficientă. Acceptabilă și eficientă este combinația dintre terapia cu perfuzie și osteosinteza precoce a oaselor bazinului cu fixare externă. Utilizarea acestei tehnologii permite reducerea mortalității și îmbunătățirea rezultatelor tratamentului la pacienții vârstnici cu leziuni multiple și asociate, componenta dominantă a acestora fiind fracturile de bazin instabile.

Concluzii: Pacienților vârstnici cu traume mecanice severe, sunt recomandate intervențiile chirurgicale urgente paliative, simple, puțin traumatice, care permit efectuarea hemostazei primare, ameliorarea stării pacienților și continuarea intervențiilor necesare.

Cuvinte-cheie: traumatism asociat, pacienți vârstnici, fracturi de bazin

PARTICULARITIES OF ASSOCIATED AND MULTIPLE TRAUMA IN ELDERLY PATIENTS

Introduction: In term to increasing longevity, the number of elderly people rised up, with an increase of the trauma in this group.

Aim: Optimizing the treatment tactics of elderly patients with associated and multiple injuries

Material and methods: Patients, elderly over 60 years. (n=46) were included in the study with blunt chest and abdomen trauma, pelvic fractures. Causes of trauma: car accidents (n=36, 78.26%), fall from height (n=10, 21.73%).

Results: After full examination and resuscitation measures, palliative, urgent, less traumatic surgical interventions were performed, in minimal time, draining the pleural cavity, limb fracture immobilization. The fractures of the 1st group of study (GSI, n=14), were treated conservatively by Volkovich position. Early pelvis osteosynthesis with external device was performed in the 2nd group (GSII, n=32). The overall condition of patients in GSI was more severe than in GSII, due to the association of more pronounced polyorganic insufficiency, which developed as a result of chronic diseases. Analysis of the treatment outcome demonstrates that only infusion-transfusion therapy of blood loss is insufficient. A combination of limited infusion therapy with early pelvic osteosynthesis by external device is acceptable and effective. The use of this technology allows reduction of mortality and improved treatment outcomes in elderly patients with multiple and associated injuries, with dominant component being unstable pelvic fractures.

Conclusions: Elderly patients with severe mechanical trauma have been recommended palliative, simple, less traumatic, urgent surgical interventions. This allows to perform primary hemostasis, remove patients from the critical condition and continue necessary interventions.

Key words: associated trauma, elderly patients, pelvic fractures.