

Materials and methods. The study includes 9 patients, 8 male and one woman, age between 60 to 85 years, with a history of carcinomatous lesions in evolution from 7 to 12 years. All the lesions have dimensions between 5 and 7.5 cm, located in four cases in the external angle of the right eye, two at the upper eyelid and the external angle of the left eye, and, in one case, in the labellar region with extension at both eyes. In all of the 8 cases the intervention consisted in complete excision (with oncological limit restriction) and covering with regional flaps (in 3 cases Mustarde flap, in 3 cases association of frontal flaps and in 3 cases genian advancement flap, from which, one anchored in the zygomatic bone). All the reconstructive surgical interventions were performed in one operative time, only in two cases it was necessary the reintervention after three months for the sectioning of the conjunctival flap (for the eye protection). In all 8 cases the nodular form of the basal cell carcinoma was observed.

Results. The immediate postoperative evolution was good, without flap vascularisation problems. Long term evolution was good, with full reintegration of the flaps and a pleasant esthetic result. No recurrences were registered 18 months after the intervention.

Conclusions. The giant basal cell carcinoma, a rare form of disease, is most often diagnosed at advanced ages. On the face, excision determines the presence of large soft tissue defect. Sometimes the reconstruction represented a real challenge for the surgeon.

Key words: carcinoma, flap, soft tissue defect

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198. THE PARTICULARITIES OF THE MANAGEMENT IN PATIENTS WITH ASYMPTOMATIC AORTIC ANEURYSM ADMITTED AS EMERGENCY

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Introduction. Asymptomatic aortic aneurysm is one of the most important factor of morbidity and mortality in patients older than 50 years.

Aim of the study. To assess the particularities of the management in patients with aortic aneurysm and other comorbidities admitted as emergency in a clinical hospital.

Materials and methods. The retrospective study was performed on a group of 43 patients with aortic aneurysm admitted between June 2015 and October 2017.

Results. The patients included in the study were aged between 53 and 94 years, average age 73 years. Gender distribution: 30.23% female and 69.76% male. 72.09% of aneurysm were located on the abdominal aorta, 23.25% on ascending thoracic aorta, 11.62% on descending thoracic aorta. 6.9% of patients had multiple aortic aneurysms. Hypertension being the most common cardiovascular comorbidity, the most prescribed drugs were diuretics, beta-blockers, and conversion enzyme inhibitors. 69.76% of patients were treated with diuretic (37.20% with a loop diuretic, 13.95% with thiazide diuretic, 18.60% with a combination of diuretics). 58.13% received a betablocker. Only 30.23% of patients received the conversion enzyme inhibitor, the most common non-cardiovascular comorbidity being chronic kidney disease, found in 95.34% of cases. 41.86% of patients received platelet antiaggregant, 6.97% dual antiplatelet therapy, 18.60% oral anticoagulant and 11.62% antiplatelet therapy and oral anticoagulants. 30.23% received hypolipidemic medication and 11.62% received antidiabetic drugs. Broad spectrum antibiotics were prescribed in 39.53% of cases and bronchodilators in 34.88%, respiratory failure and infections being common comorbidities in these patients.

Conclusions. Chronic kidney disease as a common comorbidity in patients with asymptomatic aortic aneurysm indicates appropriate antihypertensive medication.

Key words: aneurysm, hypertension.