

from 60 patients, 24(40%) were male and 36(60%) woman, the ratio right / left draw up 3,3:1,0. There was no significant difference between the ages of the CTS patients (mean 47.8 ± 11.80 yr) We found that in 58 healthy hands the USG studies show N%MN mean= $6,06\% \pm 10,80$. In according with stage of CTS in 60 hands the USG studies show N%MN mean: II: $31,57\% \pm 3,33$; III: N%MN mean= $49,64\% \pm 4,51$; IV: $79,59\% \pm 16,38$. Clinical evaluation of FA patients in the search for neuropathy is difficult since neuropathic symptoms are confused with arthrosis. Various physical maneuvers designed to stress the median nerve in the carpal tunnel may exacerbate the symptoms. Surgical interventions: in 52 cases was performed excision of the carpal ligament with median nerve decompression with/or without other surgical interventions., in 8 cases was performed incision of the carpal ligament with median nerve neurolysis and as an component of operation. Remote results were based on the Michigan Hand Outcome Questionnaire classified as good in 41 patients, satisfactory in 19 patients, results are greatly influenced by the basic pathology.

Conclusions: Therefore, the diagnosis of CTS in FA patients is difficult because of such clinical findings. If the narrowing percentage of the median nerve in the region of entrapment N%MN is higher $6,06\% \pm 10,80$, it confirm CTS diagnostic.

Keywords: Syndrome, carpal tunnel, fist arthrosis, arthrodesis.

209. PERCUTANEOUS NEPHROLITHOTOMY IN THE TREATMENT OF UROLITHIASIS

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Introduction: Percutaneous nephrolithotomy (PCNL) was proposed by W. E. Goodwin in 1955. This year, Goodwin made the first percutaneous pielostomie in hydronephrosis, and subsequently to propose this method for the surgical treatment of minimally invasive kidney stones. The first intervention was performed by Fernstrom and Johansson in 1975, extracting a kidney stone using an endoscope. Due to technical progress and improving technique, it was possible to improvement and reduce complications method with a success rate of about 98-99%.

Objective: Analysis of contemporary method of treatment of kidney stones by percutaneous nephrolithotomy, indications, contraindications and benefits of this method compared to open surgery, lithotripsy extracorporeal shock wave under reference study. Reviewing progress specialized surgical techniques and instrumentation that continues to improve PCNL as contemporary method of treatment of urolithiasis.

Material and methods: Percutaneous nephrolithotomy (PCNL) is a miniinvasive method of treatment of nephrolithiasis and/or ureteral lithiasis. The method consists of pointing an inferior or medium calyx, with further dilatation and creation of a path for lithotripsy and extraction of stone via the percutaneous path. In this study are analyzed the indications, contraindications, advantages and different authors opinion on NLP in lithiasic kidney surgery. The “stone free” rate is comparable with

the successes of open surgery. Nowadays this is one of the elective methods in treatment of nephrolithiasis and/or ureteral lithiasis.

Conclusions: Minimally invasive percutaneous approaches offer the benefits of reduced blood loss, rate decrease residual fragments and a return to normal activity of the patient faster. Regarding the rate of "stone free" in the literature showing a rate of about 85% with a 30% recurrence for proper stones larger than 2 cm. PCNL is an effective method of treatment of stones renoureterale. The advantages of the method are minimal trauma, decrease morbidity and length of hospital stay, postoperative complications rate decrease. Improving methods of intraoperative lithotripsy (ultrasound, laser, hydraulic) make PCNL be a method of choice in the treatment of kidney stones.

Keywords: nephrolithiasis, ureteral lithiasis, percutaneous nephrolithotomy, lithotripsy.

210. CONTEMPORARY ASPECTS OF TREATMENT OF NEPHROLITHIASIS - THE ADVANTAGES OF PERCUTANEOUS NEPHROLITHOTOMY

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Introduction: The stone disease is a major public health problem with increasing incidence and predominantly affecting active social segment (20-50 years). Nephrolithiasis determine through its complications a high rate of disablement (~ 11%) and decreases life expectancy in (5-20%) of cases. The aim of the study was to analyze current treatment strategies for patients with urolithiasis with more detailed evaluation of the benefits of percutaneous nephrolithotomy (PCNL).

Material and methods: For the study and realization of the purpose of this work were selected 116 bibliographical sources relevant to these issues. We reviewed data from the articles from (1980-2012) of medical data base research PubMed, EMBASE, HINARI. The search is based on National Clinical Protocol provisions "Urolithiasis in Adult" (2009, updated in 2011) and complies with the actual provisions of Guidelines of European Association of Urology and American Urological Association.

Results: After the analysis of special literature we found that, worldwide, in the treatment of urolithiasis, the most common are 4 ways: extracorporeal shock wave lithotripsy (ESWL), percutaneous nephrolithotomy (PCNL); retrograde ureteroscopy (URS) and "open" classical surgery. The most rational method to treat complex forms of urolithiasis is percutaneous nephrolithotomy by: the preservation and restoration of renal function with minimal damage, morbidity {transfusion of blood (5-53%), fever (12-64%), pneumothorax (12%), septic complications (2%)}, the decrease of hospitalization time (about 9.5 days) and increased patient quality of life (full recovery in 21 to 30 days). PCNL is safety and efficacy in use for stones management in various renal anomalies (horseshoe kidneys, solitary kidney, polycystic kidney); in large and staghorn calculi; in cases of spinal deformities; in compensated diabetes; including children and old people.

Conclusions: Nephrolithiasis is a major health and social problem. The most common methods in the treatment of urolithiasis are considered: ESWL, PCNL, retrograde (URS) and "open" classical