

Material and methods: Between 2010-2013 in Surgical Clinic number 2 from the Emergency County Hospital of Tirgu-Mures, Romania have been hospitalized and surgical treated a number of 30 patients (20 women and 10 men) who underwent LSG. Demographic features including age and sex, preoperative blood biochemistry, body mass index (BMI) before and after operation, duration of hospital stay, morbidity, mortality and complications were analyzed.

Discussion results: The average age of the patients was 44.4 years, the youngest was 20 and the oldest was 62 years old. Their average BMI was 46.06 kg/h² with a minimum of 44.94 kg/h² and maximum of 60.6 kg/h². We used the ANOVA test to see the weight evolution of the patients and we obtained significant differences with a $p < 0.05$ while comparing the original weight (G0) and the one at 3, 6, 9 and 12 months after surgery (G3, G6, G9 and G12). Analyzing the comorbidities before surgery we concluded that out of 27 patients, 81.5% (22) were suffering of hypertension and after 12 months 77.3% of them got normal values. Joint pain went away for 16 out of 18 patients. Out of 7 patients with diabetes mellitus 6 were in remission after 1 year.

Conclusion: In this study, we obtained similar results with other experienced medical centers which led us to consider bariatric surgery as a standard and stand-alone procedure in our unit.

Key words: Bariatric surgery, laparoscopic sleeve gastrectomy, obesity

153. COMPARISON OF ULTRASOUND DIAGNOSTICS AND LAPAROSCOPIC FINDINGS IN CASE OF ACUTE ABDOMINAL PAIN IN GIRLS

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Introduction: One of the most common reason for a visit to an emergency department of the girls of all ages is abdominal pain. Abdominal pain can develop due to many etiologic factors – both acute and chronic. However, several conditions need to be evaluated and treated in pressing manner, as they Associate with high morbidity and mortality.

Aims: To compare ultrasound and laparoscopic findings, and to evaluate the role of early laparoscopy management of abdominal pain in girls in a prospective, randomized, single-institution trial.

Materials and methods: The analysis of ultrasound diagnostics effectiveness of acute abdominal diseases Associated with abdominal pain inpatient girl age from 3 to 17 years in Odessa Regional Children's Clinical Hospital has been performed. 171 patients were enrolled in the analysis held from 2010 to 2015yr. Inclusion criteria were – presence of sharp abdominal pain lasting more than 6 hours and less than 5 days, without fever, leucocytosis, or obvious peritoneal signs and uncertain diagnosis after physical examination and baseline investigations. For all girls ultrasound (US) examination of abdominal cavity was performed. Condition of girls were observed in clinic for 3 to 6 hours, if diagnosis still was unclear with routine tests (US data were not taken into account), the laparoscopy was performed. The US data were compared with laparoscopy findings.

Results and discussion: During laparoscopy most often-acute appendicitis was seen – 98 girls (57,3%). Other surgical problems were: ruptured corpus of luteal cyst – 11 cases (6.4%), torsion dermoid cyst of ovaries – 2 (1.1%), pelvic primary peritonitis – 5 (2.9%) cyst of broad ligament – 1 (0.6%), echinococcus cyst of larger omentum – 3 (1.7%), pelvic adhesions -2 (1.1%), Meckel's diverticulitis – 3 (1.8%), large bowel perforation with foreign body (rod for ballpoint pens, swallowed two days before case)– 1 (0.6%). During US in 27.5% (47 patients), no surgical pathology was founded. What was proven by laparoscopy in 45 patients (26,3%), in two cases (1.1%) torsion of ovary was seen. One case (0.6%) ovarioectomy. One case (0.6%), torsion was realised. The indices of informativeness of US method: sensitivity – 95%, specificity – 87%, overall accuracy – 78%, false negative response – 20%, false positive response – 13%, positive predicted value – 87%. Such characteristics of the abdominal ultrasound as noninvasiveness, sufficient informativeness and the ability to perform research in dynamics, lack of radiation exposure to both a patient and staff provide undeniable advantages over the other methods of study. The application of the sonography of abdominal cavity in the clinical practice permitted to improve reliably the results of diagnosis and treatment of patients without any invasion as well as to reduce the incidence of “unreasonable” appendectomies.

Conclusions. Sonography of the abdomen is an effective screening method for diagnosing acute surgical diseases in girls with abdominal pain. High operator dependence can be considered as a disadvantage of this method. In addition, due to diagnostic and treatment advantages, laparoscopic surgery is useful for majority of conditions underling unclear abdominal pain in girls. So the comparison of US and laparoscopic findings, and early usage of laparoscopic intrusions gives opportunity to avoid unnecessary surgical aggression in 27.5%. Moreover, 68.0% of patients, surgical problem was revealed and treated in early period. Early laparoscopy reduces the rate of surgical complications. Evaluation of symptoms severity should lead to laparoscopic intrusion if routine diagnostic methods have failed to yield results. A necessity to review some principles of specialists' training for diversified general surgical hospitals has been appeared. It is expedient for surgeons to complete basic professional retraining with mastering of related specialties, particular ultrasound diagnostics and endoscopy.

Keywords: acute abdominal pain, ultrasound diagnostics, endoscopy, laparoscopy, unjustified appendectomy, ultrasound examination of the abdomen, diagnostic algorithm.

154. ANTIBIOTIC PROPHYLAXIS IN CESAREAN DELIVERY

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Introduction: In reproductive health, caesarean delivery occupies an important place, being the most common surgery in the field. The number of caesarean sections dramatically increases annually, according to the WHO, a caesarean section is recorded in 24.1% of births, in Europe and in 32.2% of total births in USA, in 2014. Although the incidence of maternal mortality and morbidity is about five times higher in caesarean section than due to vaginal birth and puerperal infections after cesarean are in 7 times more numerous than in vaginal birth. This causes a fierce need of a detailed study of puerperal infection prophylaxis according with certain indices. As well, an important issue is to avoid polypragmasy, which conditions a high increase in antibiotic's resistance each year.