

which did not respond to conservative treatment. The volume of surgical interventions was established according to the results of extemporaneous histological examination of the thyroid tissue and consisted of: total thyroidectomies (9), subtotal thyroidectomies (2), unilateral thyroidectomies (52), enucleation of a nodule (2), isthmusectomy (1), hemithyroidectomy combined with contralateral nodule enucleation or hemithyroidectomy combined with contralateral partial lobe resection (9).

Results. Complications of intra- and postoperative period and the relapse of pathology were not identified. All the patients were discharged home in good conditions. Hormonal substituents were indicated after surgical treatment pursuant to the level of thyroid hormones.

Conclusions. Organ-preserving surgery is an effective method in the radical treatment of thyroid nodule(s).

Key words: thyroid nodule(s), extemporaneous histological examination, surgical treatment

174. MECHANICAL JAUNDICE OF BENIGN ORIGIN – MEDICAL APPROACH

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Introduction. The mechanical jaundice of benign origin (MJB) may be caused by a variety of affections: biliary lithiasis, benign strictures of bile ducts, gall bladder abnormalities, chronic pancreatitis, iatrogenic lesions, etc. The treatment of the cause that is at the origin of jaundice is the main objective.

Aim of the study. Evaluation of the scientific bibliographic sources referred to mechanical jaundice of benign origin.

Materials and methods. The study presents the magazine of literature (PubMed, School google, etc.)

Results. The diverse etiology of MJB requires a systematic and complex investigation to establish the diagnosis. Contemporary diagnosis includes clinical assessment, oriented imagistic diagnosis and topical imagistic diagnosis, which assures identification of etiology, level and degree of biliary tree affection. The endoscopic retrograde cholangiopancreatography or percutaneous transhepatic cholangiography represents the gold standard in contemporary diagnosis. The magnetic-nuclear resonance cholangiography is an expensive but advantageous method. The hepatobiliary sequence scintigraphy provides information on hepatic function in the presence of jaundice and is useful for highlighting the biliodigestive communications. MJB treatment is a surgical emergency, and the rate of postoperative complications and lethality is quite high, that's why it is required the preoperative decompression of biliary tree. Thus in the 1 stage, it is solved the jaundice and gallbladder infection by means of mini-invasive technologies, and in the 2 stage the intervention aiming at the disobstruction of the biliary tree and the prevention of relapses. In cholestatic lithiasis complicated with jaundice, the authors recommend sphincterotomy with litextraction and jaundice coupling, then in the stage 2 laparoscopic cholecystectomy. For benign strictures of the main biliary tract, iatrogenic lesions, are indicated the derivations on jejunal ansa excluded in Roux-en-Y.

Conclusions. MJB diagnosis is complex and will include several consecutive stages. The surgical treatment resides in the etiopathogenesis of MJ and it is frequently anticipated by a mini-invasive method of biliary decompression.

Key words: mechanical jaundice; choledocholithiasis