

Introduction. The thumb accounts for almost 50% of hand function, the pulp having a major role in ensuring it. Avulsed injuries lead to disability, so preserving length, position, mobility, sensitivity of the thumb are main goals that must be fulfilled for the techniques used in reconstruction of the thumb and its pulp.

Aim of the study. To evaluate the outcomes of the reconstruction in the emergency of the amputated thumb using isolated or associated homodigital and heterodigital flap techniques in those situations when microsurgical replantation is not possible due to local or general conditions. The study is based on the evaluation of the functional (thumb length, sensitivity, motility active joint movement and cortical reintegration) and aesthetic outcomes.

Materials and methods. Twenty-eight patients aged between 18 and 65 years old, with complete posttraumatic amputation of the thumb at the level of interphalangeal joint or proximal phalanx were evaluated. The aim of reconstruction was to achieve a thumb of proper length, good sensitivity, motility and cortical reintegration of the new pulp. In 6 cases, the reconstruction was done using the Mantero-Bertolotti technique with an O'Brien flap, and in 6 cases the use of a single heterodigital neurovascular Littler flap was sufficient. The association of the two techniques with a Littler's flap instead of the O'Brien flap in the Mantero-Bertolotti reconstruction was the choice in 14 patients. In other 2 cases the reconstruction algorithm included the use of a Foucher (cerf-volant), Simonetta or Hueston flap.

Results. The results have been evaluated based on age, injury complexity, size of the flap, mobility, sensitivity, cortical reintegration of the new pulp. The best average range of motion of the new thumb in those cases in which we applied the associated technique (Littler's flap instead of the O'Brien flap in the Mantero-Bertolotti reconstruction) using Kapandji score (8 score). Regarding the sensibility, we achieved a protective sensibility of the new thumb. At the two point discrimination test (2PD test), the results were between 7 – 11 mm. At the light touch deep pressure test (SW test), all the patients felt the blue monofilament and 24 out of 30 felt the violet monofilament.

Conclusions. The use of isolated or combined homodigital and heterodigital, flap techniques is a proper choice for reconstructing the avulsed thumb in those cases when the microsurgical replantation is not possible. The microsurgical replantation remains the gold standard in thumb amputation.

Key words: thumb, amputation, flap

197. RECONSTRUCTION OF POSTEXCISIONAL DEFECTS FOR PERIOCCULAR GIANT CARCINOMA

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Introduction. The giant basal cell carcinoma is a rare skin malignity, representing only 1% of the basal cell carcinomas. The giant type is defined as the lesion which exceeds 5 cm in diameter. The disease is reported generally in persons in their seventh decade of life, patients with various other pathologies. The excisions within oncological limit lead to large soft tissue defects which, if localized at the periocular region, become a real challenge for the surgeon that has to choose a surgical technique for the reconstruction.

Aim of the study. To show some technical solutions to cover soft tissue defects from the periocular level left after excision for giant carcinomas and their results.

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.