

principles of the rhinomanometry method and the appreciation of its practical effectiveness in patients with nasal obstruction in chronic hypertrophic rhinitis.

Results. Acoustic rhinometry is a sound-based technique used to measure the surface and volume of the nasal cavity. It was validated by computerized tomography and magnetic resonance imaging. Acoustic rhinometry requires minimal patient co-operation and can be used in adults, children and infants. It is used by practitioners to diagnose and evaluate therapeutic responses in conditions such as rhinitis and to measure nasal dimensions during allergen challenge testing. Acoustic rhinometry also provides a visual reflection of the nasal response to therapy, which may be useful in enhancing prescription medication.

Conclusions. Following studies, acoustic rhinometry has been shown to be an objective method of Exploring nasal permeability that allows for: differentiation of anatomical defects and it is beneficial and useful to be applied for the assessment of the minimum cross sectional area and volume in patients with pre- and post-treatment hypertrophic chronic rhinitis.

Key words: chronic hypertrophic rhinitis, acoustic rhinometry

SURGERY SECTION I

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126. BILIO-DIGESTIVE FISTULA – A SEVERE EVOLUTIVE COMPLICATION OF BILIARY LITHIASIS

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Introduction. Bilio-digestive fistula is referring to mechanical complications of cholelithiasis, representing abnormal communication between biliary and gastrointestinal tracts.

Aim of the study. Analyzing the experience in diagnosis and treatment of patients with bilio-digestive fistula as evolutive complication of biliary lithiasis.

Materials and methods. Retrospective study included 12 patients with bilio-digestive fistula, aged between 63 years and 78 years, diagnosed and treated in Municipal Hospital "Sf. Arhanghel Mihail" (Chisinau) from 1997 till 2017.

Results. Referred complication was more common in female patients – 8 (66.66%). There were four cases of incomplete fistula and 6 cases of complete fistula with signs of acute intestinal obstruction (Bouveret syndrome). Depending on anatomical criteria there were 8 cases of cholecysto-duodenal fistula, and 2 cases of cholecysto-gastric fistula. The duration of gallstone disease history varied from 9 years to 15 years. Diagnostic tools included the abdominal X-ray exam, which revealed the presence of air in bile ducts – in 5 cases, and Kloiber sign – in 4 cases. Transabdominal ultrasound exam was performed in all patients, highlighting the presence of stones in the gallbladder in 4 cases, all with incomplete fistula. Surgical treatment was different for complete and incomplete fistula. Postoperative morbidity rate reached 16.66% (complications occurred in 2 cases).

Conclusions. Abdominal X-ray exam remains the most informative in the diagnosis of complete bilio-digestive fistula. Incomplete fistula requires a differential diagnosis with bilio-biliary fistula. The treatment should be differentiated, adapted to the peculiarities of the case.

Key words: bilio-digestive fistula, biliary lithiasis, surgery.

127. TREATMENT OPTIONS IN SLIDING INGUINAL HERNIA.