patients with oesophageal variceal bleeding (15.8% vs. 8%). Likewise, there was a difference suggesting a slightly higher severity of gastric varices bleeding considering the mean value of hemoglobin at admission (7.3 g% vs. 8.31 g%) and duration of hospitalization (4.8 vs. 3.8 days).
Conclusion. Despite similar modalities of management for the two types of variceal outburst, gastrointestinal bleeding from gastric varices is strained by a lugubrious prognosis and evolution. Therefore these patients should undergo a more thorough and specific management and follow-up.
Key words: haemorrage, gastric varices, esophageal varices, clinical evolution, prognosis

129. TREATMENT OF PANCREATODUODENAL TRAUMA

Author: **Alexandru Belinschi**
Scientific adviser: Berliba Sergiu, MD, PhD, Associate Professor, Department of Surgery no.1 *Nicolae Anestiadi*
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Pancreatoduodenal trauma is one of the most serious and severe abdominal traumas, which comprises 1-10% of all abdominal injuries. As a result of the difficulties in diagnosis and treatment, the rate of complications and mortality are quite high.
Aim of the study. Analysis of treatment outcomes in patients with concomitant traumatic lesions of the pancreas and duodenum in dependence to the degree of pancreatic trauma.
Materials and methods. During the 1998-2007 at the Department of Surgery n.1 "Nicolae Anestiadi" 30 patients with pancreatoduodenal trauma were operated. First and II grade of the pancreatic lesion were diagnosed in 23 (76.7%) cases. Only in 4 (13.3%) patients were observed lesions of grade III and IV. Lesions of grade V were detected only in 3 (10%) patients. Segment D1 of duodenum was affected in 16.7% cases, D2 – in 50%, D3 – in 16.7% and D4 – in 6.7%. Injuries of more than 2 segments were seen in 3 patients.
Results. The duodenum was excluded from the passage in 30% of cases due to duodenal wall lesions and the presence of acute posttraumatic pancreatitis (APTP). In 21 (70%) patients the anatomic passage was maintained for duodenum. The draining of the omental bursa (OB) was performed in 23 (76.7%) patients, and the bursoomentostomy (BOS) - in 7 (23.3%). The APTP rate was 75% and 100%, respectively, both for the preservation and exclusion of the duodenum from the passage. Note that in all of these cases (7 pts) BOS has been applied in traumatic lesions of the pancreas grade III – V. The rate of APTP and mortality were 83.3% and 33.3%, respectively for lesions of grade III-V compared to the 82.3% and 23.5% in lesions grade I and II. In the first 48 hours, 7 (23.3 %) patients died due to hypovolemic shock and retroperitoneal phlegmon. The high frequency of mortality (25%) in the group of patients in whom primary duodenum suture was performed without its exclusion from the passage with the application of BOS is due to late hospitalization (> 48 hours) and the presence of APTP. Relaparotomy for pancreatic necrosis was required in 6 (20%) patients with necrectomy and application of BOS, with a mortality of 50% in the postoperative period. Causes of mortality were post-traumatic pancreatic necrosis, persistence of high-grade duodenal fistula, as well as MODS.
Conclusion. In the pancreatoduodenal trauma with lesions of the pancreas of grade I-II optimal treatment is the suturing of duodenal injury with closed drainage of OB, whereas in severe lesions it is recommended to exclude the duodenum from the passage with BOS application.
Key words: pancreatic trauma, duodenal trauma, post-traumatic pancreatitis, surgery

130. HERNIOALOPLASTY IN VENTRAL HERNIAS

Author: **Pavel Bors**

Scientific adviser: Rojnoveanu Gheorghe, MD, PhD, Professor, Department of Surgery no.1 *Nicolae Anestiadi*
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Lately, abdominal surgery has seen a particular development in frequency and magnitude of surgical interventions, followed by a major incidence of incisional hernias. Rehabilitation surgery has progressed over time, and so did the abdominal wall reconstruction techniques, along with the widespread use of synthetic allografts (polyamide, polypropylene, polyester, polytetrafluoroethylene, etc.).
Aim of the study. Analysis of the treatment results of patients with incisional hernia, resolved by hernioaloplasty of the anterior abdominal wall.
Materials and methods. Retrospective analysis of the treatment results of 98 patients with incisional hernia resolved by anterior abdominal wall hernioaloplasty in the Surgery Clinic (Institute of Emergency Medicine, Chisinau) during 2016-2017 was performed. The M:F ratio was 1:2.92, mean age - 58.63±1.07 years. Demographic data, time of surgery, type of hernioplasty, postoperative evolution and length of hospital stay were analyzed.
Results. There were 9(9.18%) patients who underwent emergency surgery, and elective - 89(90.82%) ($p < 0.001$). The alloprosthesis was placed in several ways: anterior position - 6(6.12%), Stoppa-Shumpelick method - 25(25.5%), preperitoneal - 48(48.98%), intraperitoneal - 19(19.4%); the deep positions of prosthesis placement dominated ($p<0.001$). The postoperative period has evolved through complications in 11(11.22%) patients: pneumonia - 3(3.06%), wound infection - 8(8.16%). Among the factors that influenced the development of complications were: comorbidities in 7(7.14%) patients: diabetes mellitus (2), obesity (7), cardiac pathology (5); multiple abdominal operations 6(6.12%); duration of operation over 2 hours; unexplained drainage in 5(5.1%) patients. The hospital stay was significantly lower in patients without complications compared to those with postoperative complications – 6.98±0.32 vs 17.27±2.02 days, respectively ($p<0.001$).
Conclusions. Hernioaloplasty is a method of choice in abdominal wall repair surgery. Methods of prosthesis placement, compensation of comorbidities, thorough haemostasis and wound drainage can reduce the rate of postoperative complications and the hospital stay.
Key words: incisional hernia, hernioaloplasty, postoperative evolution

131. POSTTRAUMATIC EVISCERATION IN ABDOMINAL INJURIES

Author: **Marina Papanaga**
Scientific adviser: Tintari Stanislav, MD, PhD, University assistant, Department of Surgery no.1 *Nicolae Anestiadi*
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Penetrating abdominal trauma (PAT) is still a serious problem all over the world. Routine laparotomies has been preferred in patients with PAT with evisceration for a long time. New treatment algorithms have been sought due to the high rates of unnecessary laparotomies which make up to ½ cases, complication rates that range between 2.5-41% and high morbidity rates reported in various studies.
Aim of the study. To compare the efficiency of laparotomy and Selective Nonoperative Management (SNM) in this kind of trauma in the Republic of Moldova.
Materials and methods. In our study 61 patients with PAT with evisceration treated at the Emergency Medicine Institute during 2006-2011 were analyzed. We collected data from the patients' medical records regarding: sex, age, geographic distribution of the patients, mechanism, rate of non-therapeutic laparotomies, complications.