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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 hernioalloplasty 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 hernioalloplasty 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. Hernioalloplasty 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, hernioalloplasty, postoperative evolution

131. POSTTRAUMATIC EVISCERATION IN ABDOMINAL INJURIES

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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.

Results. 47.54% of the patients were over 30 years. 95.08% of the patients were men. 65.57% of the patients live in Chisinau (urban medium). Most traumatic injuries were produced by stab wounds (95.08%). 65.57% of patients had omental evisceration, small intestine in 29.52%, colon in 4.91%. Haemodynamically unstable patients with peritonitis (64.0%) prevailed over the stable ones (36.0%). 9 patients (14.75) of those who were stable were treated with SNM, including 4(6.55%) cases of failed approach, 5(8.19%) patients were successfully managed and other 13(21.31%) patients underwent laparotomy with complication in 7 cases (11.47%). Twenty-nine patients (47.54%) hadn't any major intra-abdominal injury. Patients successfully managed by SNM (5 cases) had significantly shorter hospital stay than those who underwent non-therapeutic laparotomy (13 patients). Average hospital stay for patients treated by SNM are in 80% was less than 3 days and for patients with laparotomy in 69.23% less than 9days.

Conclusions. This study has demonstrated better efficiency of SNM for the stable patients that a significantly less complication rate than patients treated operatively and a shorter hospital stay. SNM is necessary to minimize preventable morbidity and mortality for the stable patients. Although the rate of nontherapeutic laparotomies after penetrating wounds to the abdomen should be minimized, this should never be at the expense of a delay in the diagnosis and treatment of injury.

Key words: penetrating abdominal trauma, evisceration, laparotomy, selective nonoperative management, complication

132. PROTOTYPE OF THE PROSTHESIS FOR RESTORATION OF THE TRACHEA INTEGRITY AFTER ITS RESECTION

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Introduction. An optimal way to restore the integrity of the trachea after its resection is an "end to end" anastomosis. But, with the removal of large fragments of the trachea, and especially restenosis correction, there are difficulties that can be eliminated by prosthetics. However, the issue of material selection for tracheal prosthesis remains unresolved and relevant.

Aim of the study. To develop a model of alloprosthesis of the fragment of a trachea and to test it on a living organism; during the intraoperative adaptation to identify possible structural deficiencies and correct them.

Materials and methods. Linear vascular prosthesis 10 mm in diameter, tracheobronchial stent "Ultraflex", suture material, a set of surgical instruments, preparations for intravenous anesthesia, dressing material. Accounting documents and statistical indicators of the activities of the Department of Thoracic Surgery Vinnytsia Regional Clinical Hospital named by M.I. Pyrogov for 2004-2018. Applied methods of scientific subject modeling, analytical and comparative analysis. An in vivo prosthesis trial was performed on a not thoroughbred rabbit weighing 4100 grams. The intervention consisted of sewing the prosthesis in the trachea of the animal after its intersection with the imposition of two "end-to-end" anastomosis.

Results. In the period between 2004 – 2018 seven circular trachea resections (4 - cervical and 3 - mediastinal divisions) were carried out, all - concerning posttraheostomy stenoses. The length of the resected segment was from 2 to 5 rings. The connection of the ends at the removal of 4 or more rings caused some technical difficulties, although the observation ended with the recovery of patients. The expediency of replacing the fragment of the trachea in such cases led to an attempt to develop a prosthetic of its own design. Testing this model of a denture in a living organism has highlighted some of its structural deficiencies, which influenced the course of