

intervention and the early postoperative period. In particular, during the intervention there was a problem of adaptation of the ends of the prosthesis to the ends of the trachea. And after the operation there was a partial occlusion of the prosthetic lumen due to adhesion of the blood clots to its internal surface. Taking into account the experience gained, we have made changes in the design of the implant. The new model of tracheal dentures seems rather promising for use.

Conclusions. The prototype of the prosthesis manufactured by us meets most of the modern requirements and our goals. In the future, the use of the implant of the proposed type can simplify the course of the resection of large tracheal fragments and contribute to avoiding a number of perioperative complications.

Key words: trachea, prosthesis, integrity restoration, resection

133. THE EVOLUTION OF METABOLIC SYNDROME AFTER GASTRIC BY-PASS

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Introduction. Metabolic syndrome in the past decade knows an alarming growth worldwide. Each year 3.2 million people around the world die from complications of the metabolic syndrome. The Oman Family Study reported a prevalence of metabolic syndrome in the world of 23%. In the Republic of Moldova, based on the International Diabetic Federation (2009), prevalence is estimated at 23,7%. The treatment of metabolic syndrome is often symptomatic and patients have to take medications for each disorder. Disadvantage of these medications is that they don't treat the pathology, but only relieve symptoms and help to maintain the values of analyzes in normal limits. An alternative solution of this problem can serve gastric bypass surgery.

Aim of the study. To assess the efficiency of gastric bypass in evolution of the metabolic syndrome in the context of morbid obesity.

Materials and methods. The study was performed on a group of 226 people who underwent gastric bypass surgery between 2009-2018, including 63 men and 163 women. The average of the weight before surgery was 123.22 kg, average of body mass index was 44.03kg/m². Metabolic syndrome was diagnosed in 106 patients, (47%), including: patients with hypertension - 62 (55%), with diabetes mellitus - 58 patients (51%), with hyperlipidemia - 87 patients (82%).

Results. One year after surgery we have noticed a positive evolution of the metabolic syndrome with the following parameters: weight average – 82.95 kg, average of body mass index – 29.53kg/m². In 89% of patients remission of hypertension was registered, remission of diabetes mellitus - in 95% of patients, and remission of hyperlipidemia - in 96.55% of patients.

Conclusions. Gastric bypass surgery represents an effective method of treatment of the metabolic syndrome and its comorbidities. Obesity surgery improves health among adults with severe obesity. Gastric bypass is indicated to treat morbid obesity, type 2 diabetes, hypertension, and other comorbid conditions. After interventions patients lose up to 64.06% of their excess weight within 1 year, blood pressure normalizes, blood sugar gets normal, and hyperlipidemia returns to normal limits.

Key words: metabolic syndrome, gastric bypass surgery

134. VIDEO-ASSISTED THORACOSCOPY - THE OPPORTUNITY IN THE MANAGEMENT OF THE COMPLICATED THORACIC TRAUMA

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Introduction. Retained haemothorax and pleural empyema are the most common complications of thoracic trauma (TT). TT is a major cause of morbidity and mortality in specialized surgery trauma centers. With the increased potential of the mini-invasive surgery, video assisted thoracoscopy (VATS) has become an elective method of treatment for these patients.

Aim of the study. To evaluate the usefulness of video assisted thoracoscopy in the management of the patients with complicated thoracic trauma.

Materials and methods. A prospective analysis of the treatment results for the patients with thoracic trauma injuries associated with pleuro-pulmonary complications was carried out during the period 2016-2017 at the Institute of Emergency Medicine from Chisinau, Rep. of Moldova. 522 patients were included in the study. The ratio M:F - 2:1. Mean age - ± 54.64 years. 126 (24.3%) patients had pleuropulmonary complications: 68 (13%) - hemothorax, 58 (11.1%) - posttraumatic pneumothorax. All patients with baseline pleuropulmonary complications were subjected to pleural drainage.

Results. 4 (0.76%) patients underwent VATS to manage pleuropulmonary complications over 24 hours from hospitalization. 2 patients were identified with retained hemothorax. One patient suffering from pneumothorax as a result of pulmonary parenchymal lesion and another one with pleural effusion. No patient in the study group was subjected to conversion to open thoracotomy. The hospitalization period of patients after VATS was 5.0 ± 0.4 days, compared to 5.92 ± 5.7 days in patients with pleural drainage ($p > 0.05$).

Conclusions. VATS is a method of choice in patients with complicated thoracic trauma, unresolved by pleural drainage and performed over 24 hours from hospitalization. This tactic greatly reduces the rate of late complications and the period of hospitalization for patients.

Key words: VATS, thoracic trauma, pleural drainage

135. SURGICAL TACTICS IN COLORECTAL CANCER

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Introduction. Colonic cancer is a public health problem with a significant negative impact on morbidity and mortality. Currently, colorectal cancer is placed on the third place after lung and breast cancer. Although in the case of occlusive neoplasm located on the right colon resection with primary anastomosis is considered as a way of completing the surgical intervention, except for extremely severe patients, this claim cannot be applied to all patients with neoplasms located on the left colon.

Aim of the study. Analysis of surgical treatment results of patients with colorectal cancer.

Materials and methods. A retrospective - descriptive study was carried out with the analysis of the observation files and the operative protocols of 152 colorectal cancer patients operated at PMSI IEM during 2015-2017. The age of the patients, the postoperative evolution according to the time of the operation, the type of finishing of the operation were analyzed.

Results. The analysis showed the following: men were 81 (53.29%) and women - 71 (46.71%), ratio M:F = 1.14:1. The mean age was 64.7 ± 0.99 years. According to the tumor site, the patients were distributed as follows: right hemicolon - 50 (32.89%), left hemicolon - 102 (67.11%), ($p < 0.001$). From the total group, 97 (63.72%) patients had obstructive syndrome ($p < 0.001$); 7 (4.61%) - partial obstruction; 18 (11.84%) - digestive haemorrhage and 30 (19.73%) - no acute