

DEPARTMENT OF SURGERY no.2

138. THE CLINICAL AND ENDOSCOPIC PROFILE OF OPERATED PATIENTS WITH LIVER CIRRHOSIS

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Introduction. The diagnosis and treatment of postsurgical complications with the deduction of therapeutical algorithm are major requirements of portal hypertension surgery.

Aim of the study. To analyze the postsurgical evolution of chronic liver disease in operated patients having liver cirrhosis.

Materials and methods. A retrospective analyze has been performed on 39 patients with this disease, which previously had surgical treatment: azygoportal devascularization + open splenectomy (29 patients) and assisted laparoscopic surgery (10 patients). All patients, among which 24 women (21.5%) and 15 men (38.4%) with average age of 34.1 years, with various viral etiology: hepatitis viral B (33.3%), hepatitis viral B + hepatitis viral D (46.1 %), hepatitis viral C (20.5%); after the surgery followed syndromal hepatotropic treatment.

Results. Monitorization and investigation of the study lot according to the proposed clinical protocol have allowed the early diagnosis of belated complications, as follows: esophageal varices of II-nd and III-rd degree (20.5%), variceal digestive haemorrhage (7.6%), ascites (7.6%), thrombosis of the portal vein (15.3%), abscess in the spleen loge (2.5%). Over half of these patients needed frequent hospitalizations, postsurgical monitoring and endoscopic or surgical treatment (2.5%), when required, which reduced the risk of unwanted clinical outcome, marked by hepatic decompensation.

Conclusions. 1. In the evolution of liver cirrhosis after azygoportal devascularization and splenectomy appeared particular features, which require evaluation, complex investigations and prophylactic/ curative treatment in order to avoid undesirable complications. 2. The development of the reoccurring esophageal varices with hemorrhagic risk enforce “banding” and endoscopic monitorization. 3. The presence of thrombosis of the spleno-portal venous spindle involves a complex antiplatelet treatment, mixt imagery monitoring (computer tomography, portal doppler ultrasonography).

Key words: cirrhosis, portal hypertension, azygoportal devascularization

139. DIABETIC FOOT: DIAGNOSIS AND CONTEMPORARY TREATMENT

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Introduction. Diabetic foot (DF) is one of the most serious consequences of diabetes mellitus that can occur during lifetime in these patients. The burden of DF is very high nowadays and is expected to increase more in the future. The incidence of DF is still rising due to the high prevalence of predisposing factors. Most of the DF amputations are preceded by foot ulceration. Diabetic peripheral neuropathy (DPN) is a major risk factor for foot ulceration. DPN leads to loss of protective sensation resulting in continuous unconscious traumas. Patient education and detection of “high risk foot” are essential for the prevention of foot ulceration and amputation. Management is based on revascularization procedures, wound debridement, treatment of infection and ulcer offloading.