Aim of the study. The complex evaluation of patients with DF including clinical differentiation of the neurophatic and neuroischaemic forms, monitoring of the disease evolution and development of complications as well as determination of the optimal non-surgical and surgical treatment.
Materials and methods. The retrospective study has been performed in the General Surgery Department of the Republican Clinical Hospital "Timofei Mosneaga" (Chisinau) during the year 2017. The study group included 99 patients with complicated diabetes mellitus. The clinical data of the patients was collected from their medical records.
Results. According to the study 62% of the patients were male and 38% female, the majority in the age between 61 and 70 years. Most of patients have suffered diabetes mellitus type II (96%). In 78% of patients neuroischaemic form of DF was diagnosed and only in 22% - neuropathic form. Complications occurred in patients who have diabetes mellitus for at least 5 years. Most of the patients suffered with grade III or IV DF, according to the Wagner classification. Surgical treatment included the following procedures: necrectomy, amputations, opening and draining of the phlegmon, percutaneous transluminal angioplasty.
Conclusion. DF ulceration is generally preventable. The first step in ulcer prevention is the careful screening for foot problems and detection of patients at high risk. More research is still required to improve the diagnosis of conditions leading to foot ulceration. Multi-disciplinary team approach is required to effectively manage the different aspects of DF syndrome.
Key words: diabetes mellitus, diabetic foot, ulcers, neuropathy, ischemia

140. CROHN'S DISEASE: CLINICAL FORMS, EVOLUTION AND SURGICAL TREATMENT IN REPUBLIC OF MOLDOVA

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Introduction. Essential increase of Crohn's disease (CD) incidence and changes of disease evolution were marked in some countries of Eastern Europe. Studies in the Republic of Moldova are insufficient.
Aim of the study. To analyze the clinical features, evolution and surgical treatment of CD in Moldova in the last 3 years.
Material and methods. The demographic, clinical and biological parameters were analyzed in retrospective study in patients with CD from surgical department of Republican Clinical Hospital in 2015-2017. Diagnosis of CD was confirmed by endoscopy, histology, radiology or entero-MRI.
Results. The study included 44 patients aged 17-75 years, mean age - 45,1±14,7. The predominance of male (59.1%), patients from urban areas (54.5%) and non-smokers (77.4%) were observed. The age at diagnosis between 17 and 40 years was in the majority of cases (54.5%), more than 40 years – 36.4% and less than 17 years – 9%. Disease location according to the Montreal classification was: 63.6% - ileocolon; 31.8% - colon; 4.6% - terminal ileum. Disease behavior of B1 type (non-stricturing non-penetrating) was detected in 4.6% cases; of type B2 (stricturing) - in 36.4% cases; of type B3 (penetrating) - in 40.9% and 18.1% of patients had stricturing and penetrating course. The urgent surgical intervention was done in 52.3% of cases, and the elective surgery in 47.7%. The main indication for urgent surgery were intestinal occlusion, acute hemorrhage and local septic complication; for elective surgery – fistula, sub compensated stenosis and ineffectiveness of medical treatment. The percentage of post-surgical replaces and repeated surgical intervention had a direct correlation with the disease duration: in case of CD duration less than 5 years 29.4% underwent repeated surgery, in case of disease evolution longer than 10 years – 58.3%. The most often type of surgical intervention was the

hemicolectomy with ileotransverse anastomosis (38.6%), and subtotal colectomy with ileorecto anastomosis (25%). Fistula excision, abscess treatment with or without segmental resection of intestine was done in 25% of patients. Subtotal colectomy with ileostoma was necessary in 11.4%.
Conclusions. The major part of patients with CD from surgical department had progressive structuring and / or penetrating disease evolution (95.4%). The most often type of surgical intervention was the hemicolectomy with ileotransverse anastomosis (38.6%). The percentage of post-surgical replaces and repeated surgical intervention had a direct correlation with the disease duration.
Key words: Crohn's disease, evolution, clinical forms, surgical interventions

141. DIAGNOSIS AND TREATMENT OF CEPHALOPANCREATIC CANCER

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Introduction. Pancreatic cancer is a devastating disease, although it represents only 2-3% of all malignant tumors, it is the 5th cause of cancer mortality and the 3rd cause of lethality among digestive neoplasms. In the Republic of Moldova in the last 10-15 years the incidence significantly increased to 3.8-4.0%.
Aim of the study. Analysis of clinical and paraclinical methods of diagnosis and surgical treatment of patients with cephalopancreatic cancer.
Materials and methods. The study consisted of the medical records of 131 patients admitted to SCR, the Hepatopancreatic Surgery Unit, between January 1, 2016 and December 31, 2017, aged between 20 and 87, including 56 women and 75 men.
Results. Following the retrospective study, we found: the diagnosis of cephalopancreatic tumor was clinically and paraclinically established using the diagnostic methods: USG (100%), standard abdominal CT (71%) and angiographic regimen (24%); Retrograde endoscopic cholangiopancreatography (96%). The rate of resectability in patients included in the study was 21%; the others 79% supporting palliative treatment surgeries. Radical surgeries have been carried out in volume by cephalic duodenopanreatectomy: Child procedure - 43%, and Whipple procedure - 57%. 62 patients had palliative surgical interventions with the internal or external biliodigestive bypass; 41 patients benefited only from endoscopic drainage of the biliary tree due to their advanced age and severe comorbidities. The postoperative mortality did not exceed 5%, the rate of post-operative complications was below 23%, an acceptable value and equivalent to the world data.
Conclusions. 1.The gold standard in the diagnosis of cephalopancreatic tumor is abdominal CT angiographic regimen. 2. The rate of resectability can be assessed preoperatively by assessing the abdominal CT data angiographic regimen and endoscopic retrograde cholangiopancreatography; intraoperatively using the posterior approach. 3. Surgical treatment of cephalopancreatic cancer can be radical, aiming at increasing the survival, but also palliative in order to combat symptoms and to increase the quality of life.
Key words: Cephalopancreatic cancer, diagnosis

142. THE ROLE OF PRF IN THE TREATMENT OF TROPHIC ULCERS OF LOWER LIMBS

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