

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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Introduction. Tissue regeneration remains a current multidisciplinary issue. Up to 48% of patients with trophic ulcers are at age of maximum productivity. 67% of patients with trophic ulcers become disabled, and at 81% the quality of life considerably decreases. PRF (Platelet-Rich Fibrin) membranes are a new perspective in tissue regeneration.

Aim of the study. To evaluate the effect of fibrin-enriched thrombocytes in tissue regeneration of the patients with trophic ulcers.

Materials and methods. This prospective study, started in January 2017 and included 26 patients, divided into 2 groups: with small and medium-sized lower extremities trophic ulcers with duration of 6-24 months without epithelial dynamics. I group 12 patients have used PRF membranes, including 7 (58.3%) patients with chronic venous insufficiency, 3 (25%) with neuropathic ulcers and 2 patients (16.6%) with arterial ulcers. Out of the 14 patients of the control group, 6 (43%) had venous ulcers, 5 (35.7%) ulcers of neuropathic origin and 3 (21%) ulcers of arterial origin. All patients received general and local basic treatment. The microbiological examination in dynamics was performed at all patients. PRF membranes were obtained by centrifugation of peripheral venous blood under special conditions.

Results. Complete epithelization at 10 months of treatment combined with PRF was achieved in 66.6% (8) patients. In the control group at 10 months of treatment complete epithelization was obtained in 50% (7) patients. The histological comparison between groups demonstrated neovascularization and PMN in I group compared to group II poor in granulation tissue.

Conclusions. PRF is simple and accessible method to use. PRF membranes initiate and accelerate granulation tissue and angiogenesis. At PRF-treated patients, full epithelization of ulcers occurs more rapidly.

Key words: trophic ulcer, platelets, regeneration, PRF

SURGICAL ONCOLOGY

143. THE NEUROGENIC RETROPERITONEAL PRIMITIVE TUMORS

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Introduction. The histological ambiguity of the retroperitoneal space is the cause of the large specter of primitive tumors. Primitive tumors are classified in those with a mesodermal origin, neurogenic, vestigial, retroperitoneal cysts and various tumors. The neurogenic tumors may have different origins: ganglion cell (ganglioneuromas, ganglioneuroblastomas, neuroblastomas), paraganglionic system (paragangliomas, pheochromocytomas) and nerve sheath (schwannomas, neurofibromas, malignant schwannomas). The neurogenic primitives tumors usually present late symptoms or become palpable once they have reached a significant size (>10cm). The medical imaging (USG, CT, IRM) does not distinguish benign and malign tumors, and it does not reveal the histological origin. The biopsy and the histological examination of the removed tumor remain the main diagnostic methods.

Materials and methods. The retrospective study includes 188 cases with primitive retroperitoneal tumors (PRT) from the Gastrology Clinic of IMSP IO Chisinau, between 2005-2017.

Results. Neurogenic primitive tumors have been identified in 23 cases (12.23%), 9 (39.13%) - women and 14 (60.86%) - men. The age of the patients ranged from 21 years to 73 years, with the average age being 47.91 years. The histological profile of neurogenic tumors consisted of neurinoma - 6 cases, neurosarcoma - 6 cases, paraganglioma - 2 cases, ganglioneuroma - 2 cases,