

neuroblastoma - 1 case, and neurofibroma - 5 cases, schwannoma – 1 case. The radical surgical removal of the tumor was possible in 22 cases, in one case the removal of the tumor was impossible due to an invasion of the spine and the abdominal aorta. In 18 cases (78.26%) the tumor was safely removed, in 4 cases (17.39%) – a combined operation was performed for the removal of the tumor. The recurrence of pathology occurred in 4 patients (17.39%).

**Conclusions.** The neurogenic retroperitoneal primitive tumors are rare pathologies with nonspecific symptomatology, the diagnosis of certainty being the histopathological and the basic treatment being the surgical one.

**Key words:** Primary Retroperitoneal Tumor (PRT), retroperitoneal space (RS), neurogenic tumor

#### 144. PRIMARY RETROPERITONEAL LIPOSARCOMA

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**Introduction.** Liposarcoma is a common type of soft tissue sarcoma, which occurs most commonly in the extremities (52%), followed by the retroperitoneum (19%). Retroperitoneal liposarcoma (RL) is usually asymptomatic until the liposarcoma is large enough to compress the surrounding organs. It is often misdiagnosed due to its rarity and absence of symptoms. The symptoms of the tumor would not arise until the tumor grows to a certain dimension. Presence of a palpable abdominal mass is the main symptom at diagnosis. The management is surgical intervention. Even with complete removal of the liposarcoma, prognosis remains poor.

**Aim of the study.** To find the distribution of various histopathological types and grade of retroperitoneal liposarcoma and to evaluate the diagnosis, management, postoperative complications and prognosis of retroperitoneal liposarcoma.

**Materials and methods.** Current study presented 188 cases with primitive retroperitoneal tumors (PRT) from the Gastrology Clinic of MSPI Institute of Oncology, observed between 2005-2017.

**Results.** We identified 19 cases (10,10%) with histologically proven retroperitoneal liposarcoma (6 males – 31.57 % and 13 females – 68.42%). The mean age of the 19 patients at presentation was 55.26 years (range 19 - 69 years). No cases were diagnosed using preoperative biopsy. Out of the 19 cases with reported histological subtype, 17 (89.47%) were well-differentiated, 2 (10.52%) were dedifferentiated. All the patients underwent complete resection, of whom 8 (42.10%) received additional visceral organ resection (6 nephrectomy, 1 stomach resection, and 1 right hemicolectomy). However, no patients received chemotherapy or radiotherapy.

**Conclusions.** Retroperitoneal liposarcoma is a rare disease with a high rate of recurrence. Complete resection is the benchmark for treatment, however the combined resection of adjacent organs is occasionally necessary.

**Key words:** Primary Retroperitoneal Tumor (PRT), retroperitoneal space (RS), Retroperitoneal liposarcoma (RL).

#### 145. ONCOLOGICAL MORBIDITY AND MORTALITY AMONG HEALTH CARE PROFESSIONALS IN THE REPUBLIC OF MOLDOVA

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**Introduction.** Medical staff, both nurses and physicians, are subject to various carcinogens daily, leading to the development of both benign and malignant tumors, especially in certain specialties. Both the ineffective annual medical checkup and their negligence towards the early symptoms of cancer and the phobia for this disease, the self-medicating treatments have led to an increase in the mortality rate among health care professionals. It is important to study this disease among physicians and nurses as it is insufficiently studied and because health professionals and the health system are responsible for the health of the population.

**Aim of the study.** To study the cancer phenomenon among health care workers.

**Materials and methods.** Medical records of 2034 patients, medical workers registered within the Cancer Registry of the Republic of Moldova during the 2000-2016 were analyzed.

**Results.** Oncological morbidity in the Republic of Moldova increased from 158.5% 00 per 100,000 population in 2000 to 279.4% 00 in 2016, and from medical workers from 238.3 to 348.3 in 2016. Mortality due to malignant tumors among general population increased from 124.9 case per 100,000 population in 2000 to 173.4 cases per 100,000 of population in 2016. Among health care professionals the mortality increased from 143.4 in 2000 to 172.8 in 2016. The five-year survival rate in cancer patients declined from 50.3% in 2000 to 44.1% in 2016, and among health care professionals from 51.6% in 2000 to 45.6% in 2016. The scientific forecast shows that by 2020 the incidence of cancer among health care professionals will increase to 368.1 and the fiveyears survival rate will be 44.1%.

**Conclusions.** The early oncological withdrawal rate among health care professionals in the Republic of Moldova was 9.3% in 2000 and increased to 15.2% in 2016, with the fourth clinical group declining from 28.7% in 2000 to 22.7% in 2016. The proportion of malignant tumors is higher among rural health care workers (55.4%) in comparison with urban ones (44.6%). The most affected is the age group 60-69 year, with 36.2% of cases. The screening for worksite related risk factors among health professionals should be strengthen.

**Key words:** oncological morbidity, oncological mortality, health care professionals

#### **146. FEASIBILITY OF 3D LAPAROSCOPY FOR SURGICAL TREATMENT OF PELVIC UROLOGIC MALIGNANCIES**

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**Introduction.** Radical cystectomy and radical prostatectomy are challenging and demanding procedures with a great impact on the patients. In order to reduce the repercussions on quality of life, and to facilitate the social reintegration, for these complex surgeries the laparoscopic approach could be the solution.

**Aim of the study.** To evaluate the feasibility of 3D laparoscopy as an approach for the surgical treatment of pelvic urologic malignancies: prostate cancer (intermediate and high risk patients) and muscle invasive bladder cancer

**Materials and methods.** Between June 2017 and March 2018 we performed 16 laparoscopic 3D radical prostatectomies for intermediate and high risk prostate cancer (11 extraperitoneal and 5 transperitoneal). The median (range) patient age was 66 years; body mass index 32 kg/m<sup>2</sup> ; PSA level >10 ng/mL and biopsy Gleason  $\geq$ 7. All patients had a pelvic lymphadenectomy, which was performed using an extended template. A partial nerve-sparing technique was used in all the patients. In the same period, 4 men and 2 women with bladder cancer underwent laparoscopic radical cystectomy with direct cutaneous ureterostomy. For performing this procedure we used a 5-port technique, a 3D laparoscopic video system and for haemostasis 5mm bipolar vessel sealing device and polymer clips (5 and 10mm) for larger vessels.