

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/m² ; 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.

Results. Laparoscopic radical prostatectomy: the mean operating time 155 (110-270 min) blood loss 340 (100-950) mL; postoperative hospitalization 6. (4-9) nights; catheterization time 21 days; lymph node (LN) count 12. According to the pathology report most of the cases were pT2c 50%, pT3b 33% and pT3a 17% and a prostate cancer Gleason 7: 54%, Gleason 9:33%, Gleason 8:13% pT3b. Positive surgical margin (PSM) rate 25%. In the extraperitoneal group the hospitalization was shorter due to earlier bowel recovery and drain removal. Laparoscopic radical cystectomy: The mean time to perform the laparoscopic radical cystectomy, including the lymph node dissection, was 265 minutes (range 240–300). Mean estimated blood loss was 300 ml (range 100–600ml). Mean hospital stay was 7 days (range 5–9). In female patients the specimen was extracted by vaginal route using an endobag. All cases were pT3bN0Mx with negative surgical margins and a mean number of 14 lymph nodes. In 2 cases a synchronous prostate cancer was diagnosed after the pathology report (PSA<4ng/ml). No cases required conversion to open surgery and no major complication are noted during or after surgery.

Conclusions. 3D laparoscopy in feasible for surgical treatment of pelvic urologic malignancies.

Key words: 3D laparoscopy, treatment, cystectomy, prostatectomy

147. CLINICAL PRESENTATIONS OF COLORECTAL CANCER

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Introduction. Colorectal cancer is the third leading cause of cancer death for men and women combined. Its incidence and mortality are higher in individuals older than 50 years. Early detection is lifesaving.

Aim of the study. Although effective, the colorectal cancer screening is not yet widely practiced. A careful history and physical examination are still the usual methods for suspecting colorectal cancer and ordering appropriate investigation. Therefore, we studied the symptoms and clues to location of colorectal cancer.

Materials and methods. We reviewed both hospital and office records for 84 consecutive patients with colorectal cancer, first diagnosed after symptoms appeared, at one regional referral center from 2013-2015. We abstracted data on demographic characteristics, presence of symptoms and characteristics of the tumors.

Results. The most common symptoms in patients with colorectal cancer accompanied with bleeding were: rectal bleeding (58%), change in bowel habits (51%), the majority had anemia (57%) and occult bleeding (77%). In patients with intestinal obstruction due to cancer common symptoms were abdominal pain (100%), fecal mass and gas retention (89%), general weakness (95%). In case of peripheral inflammation - fever (77,8%) and weight loss (83,3%).

Conclusions. Until the early diagnosis of colorectal cancer becomes more common, we must continue to rely on clinical findings for cancer detection. Our results will remind physicians to keep colorectal cancer on the differential diagnosis list of "chronic" gastrointestinal symptoms.

Key words: colorectal cancer, symptoms

DEPARTMENT OF NEUROSURGERY

148. THE LUMBAR INTERBODY FUSION USING CORTICAL BONE TRAJECTORY PEDICLE SCREWS: CLINICAL RESULTS OF THE LUMBAR DEGENERATIVE SPONDYLOSIS SURGICAL TREATMENT

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