

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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Introduction. The Midline lumbar interbody fusion (MIDLIF) uses the cortical bone trajectory (CBT) pedicle screws instead of the traditional pedicle screws. The CBT screw follows a medial to lateral path in the transverse plane and is tilted caudally in the sagittal plane. This technique is minimally invasive, reinforces the screw pullout strength and reduces the approach-related morbidity.

Aim of the study. To explore the outcomes of MIDLIF technique application.

Materials and methods. Between December 2015 and December 2017, 36 patients (14 men and 22 women) underwent MIDLIF for degenerative spondylosis of the lumbar spine. The procedure included bilateral total facetectomy, bilateral intervertebral cage insertion and CBT pedicle screw fixation of the spine. The instrumented levels included L3 to S1, the L4-L5 being the most frequently fused level. For S1 screws, we used the penetrating endplate technique. The mean follow-up of the patients was 6 months after surgery.

Results. We noticed considerable postoperative improvement in both back and leg pain. The most frequently encountered complication was the pedicle fracture at the screw insertion site (6 cases). The mean blood loss, operation time and postoperative morbidity were significantly lower than in the conventional PLIF. We observed considerable improvement in VAS, SF-12 and ODI scores comparing to traditional techniques.

Conclusions. The MIDLIF procedure is comparable to the more traditional PLIF in terms of successful fusion rates and clinical outcomes, but with the additional benefits of less muscle damage, less blood loss and earlier return to daily activities.

Key words: cortical bone trajectory, lumbar interbody fusion

149. NEURONAVIGATION IN SPINAL SURGERY

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Introduction. In an era of information, it is of major importance to a modern neurosurgeon to understand and master the interpretation of various imaging and radiology techniques, in such a way implementing the neuronavigation in neurosurgery.

Aims of the study. Reviewing the literature the main goal is: the study, the characteristic and the particularities of the use of neuronavigation in spinal neurosurgery and not only.

Materials and methods. review of specialized literature.

Results. Studies have confirmed that spinal neuronavigation has considerably diminished the number of cases with incorrect instrument use and placement, while noting the benefit of reducing the radiation exposure of the surgical team, patient, and shortening the operating act by eliminating the need for repeat fluoroscopy (x-ray). As a result, the morbidity, time and costs of the procedure are reduced.

Conclusions. The presence of neuronavigation in a neurosurgical intervention facilitates intraoperative orientation and provides more precision and lesser trauma. Thanks to the exact location of the bolts, the reduction of potential risks, the application of a lower radiation dose and a better pre- and intraoperative planning, are the main arguments for the systematic use of this innovation in neurosurgery.

Key words: neuroinvagination, spinal surgery.

DEPARTMENT OF UROLOGY AND SURGICAL NEPHROLOGY

150. ACUTE PYELONEPHRITIS IN DIABETES MELLITUS