

a valvei mitrale (38-46 mm), distanța dintre mușchii papilari mai mare de 2,5 cm. Pentru aproximarea pilierilor la 31 (77,5%) s-a folosit o bucată de proteză vasculară Gor-Tex 4-0, la 6 (15%) pacienți s-a utilizat un segment din proteză vasculară Dacron și la 3 (7,5%) pacienți s-a folosit segmente din venă autologă. Rezultate: În toate cazurile fracția de ejeție a crescut de la $39 \pm 8\%$ până la $49 \pm 5\%$ după intervenția chirurgicală. Volumul diastolic a ventriculului stâng a scăzut de la 254 ± 81 ml până la intervenție la 173 ± 40 ml după intervenție. S-a obținut o regresie a insuficienței valvei mitrale până la gradul I-II și micșorarea diametrului inelului fibros până la 28,6 mm. După remodelarea ventriculului drept dimensiunea cavității a scăzut de la 40 mm la 28 mm. De asemenea, s-a practicat anuloplastia, care a asigurat competență completă a valvei tricuspide. Concluzii: Aproximarea mușchilor papilari (tehnica Hvass) pentru remodelarea ventriculului stâng oferă beneficii prin scăderea volumului diastolic, îmbunătățirea considerabilă a coaptării valvei mitrale și regresia insuficienței mitrale cu creșterea fracției de ejeție a ventriculului stâng.

PAPILLARY MUSCLE SLING AS AN ADJUNCTIVE PROCEDURE FOR SURGICAL LEFT VENTRICULAR REMODELING

Introduction: Remodeling of left ventricle using papillary muscle approximation technique could create a possibility of improving mitral valve competence. Methods: We analyzed 40 cases of left ventricular remodeling according to Hvass technique and one case of right ventricle papillary muscle approximation. The average age of patients was 54 ± 8 (39-66) years, 35 men and 5 women. 33 patients had left ventricular aneurism and 7 - valvulopathies of diverse etiology. All the patients had NYHA III-IV, pulmonary hypertension (SPRV 50-70 mmHg), mitral insufficiency (II-IV gr.) and dilated mitral fibrous annulus (38 - 46 mm) and the distance between the papillary muscles more than 2.5 cm. To approximate the papillary muscle 31 (77.5%) had used a piece of Gor-Tex vascular prosthesis 4-0, 6 (15%) patients used a segment of the vascular prosthesis Dacron and 3 (7.5%) patients using autologous vein segments. Results: In all of patients ejection fraction increased from $39 \pm 8\%$ till $49 \pm 5\%$ after the surgery. Left ventricular diastolic volume decreased from 254 ± 81 ml before the intervention to 173 ± 40 ml after. There was obtained the regression of mitral valve insufficiency up to I - II grade and the decreasing of annulus fibrosis diameter to 28,6 mm. After right ventricular remodeling the cavity size dropped from 40 mm to 28 mm. Also was practiced anuloplasty, which assured complete tricuspid valve competence. Conclusions: Hvass technique with the approximation of papillary muscles for left ventricular remodeling offers benefits by decreasing its diastolic volume, considerable improvement of coaptation and regression of mitral regurgitation with increasing ejection fraction of ventricle.

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FACTORII DE RISC IN RECURENTA POSTOPERATORIE A MALADIEI VARICOASE

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Introducere: Boala varicoasa a membrilor inferioare este cea mai raspandita maladie a vaselor periferice. Diferite forme a patologiei se intalnesc la 26-38% femei si 10- 20% barbati. Actualmente interventia chirurgicala ramane metoda de baza in tratamentul varicelor si pretutindeni este eronat considerata drept operatie de rutina. Totodata, reaparitia varicelor extremităților pelviene si a simptomatologiei insuficientei venoase poate fi peste 50% cazuri - in perioada dupa 5 ani de la efectuarea interventiei chirurgicale. Material si metode: Studiul a fost axat pe analiza retrospectiva efectuata la 29 pacienti care au suportat flebectomia. Termenul dupa operatia in mediu a constituit 7 ani. Pentru aprecierea rezultatelor au fost utilizate: metode clinice generale de examinare; aprecierea gradului de severitate a insuficientei venoase cronice cu ajutorul chestionarilor acceptate (VCSS, CEAP, VDS); duplex scanarea sistemului venos al membrilor inferioare. Rezultate: Incidenta recurentei maladii varicoase conform datelor scanarii duplex depaseste cea determinata clinic si este strans legata de durata perioadei postoperatorii si de factorii de risc: modul de viata, factori familiari, indicele masei corporale. Concluzii: Pentru analiza rezultatelor la distanta a tratamentului chirurgical trebuie de divizat notiunile de recurenta „clinic” si recurenta „hemodinamica”, determinata prin depistarea surselor de reflux venos la duplex scanare postoperatorie. Incidenta recurentei creste progresiv odata cu durata de timp de la momentul operatiei pentru maladia varicoasa a membrilor inferioare.

RISK FACTORS OF THE POSTOPERATIVE RECURRENT VARICOSE VEIN DISEASES

Background: Varicose vein disease of lower limbs is the most common pathological condition of peripheral vessels. Various forms of illness are found in 26-38% of women and in 10-20% of men. Currently, surgery remains the basic treatment for varicose veins and elsewhere is erroneously considered as a routine procedure. However, recurrence of lower extremities veins and reappearance of venous insufficiency symptoms may occur in more than 50% of cases - in the first 5 years after surgery. Material and methods: The study was based on retrospective analysis performed in 29 patients who underwent phlebectomy. A medium period after surgery was 7 years. The results were evaluated using general physical methods of examination, assessment of chronic venous insufficiency severity by accepted questionnaires (VCSS, CEAP, VDS), duplex scan of lower limbs venous system. Results: The incidence of varicose vein disease according to duplex scanning is higher than that detected during physical examination, and is closely related to the length of postoperative period and the presence of risk factors, such as lifestyle, familiar history, and body mass index. Conclusions: When analyzing the follow-up results of surgical treatment, the concepts of “clinic” and “hemodynamic” recurrence, determined by identification of the venous reflux sources during postoperative duplex scan, should be divided. Incidence of recurrence progressively increases with the time passing since surgery for varicose vein disease of lower limbs.