

hystological investigation of right lobe – follicular-pappilar carcinoma. Definitive hystological investigation confirmed follicular-pappilar multinodular carcinoma of the thyroid. The postoperative period evolved favorably with the patient`s recovery and his discharge on the sixth postoperative day without any particularities.

Conclusions. Younger age, male sex and hyperthyroidism are associated with higher risk of thyroid cancer. The patients with toxic goiter must be carefully evaluated regarding risk factors, history, and clinically suspicious signs of malignancy. Rather than antithyroid therapy, surgery is the treatment of choice in toxic goiter, furthermore in toxic goiter associated with thyroid cancer.

Key words: toxic goiter, thyroidectomy, carcinoma

DEPARTMENT OF SURGERY AND SEMIOLOGY NO.3

15. JEJUNAL TUMOR COMPLICATED BY PERFORATION: CLINICAL CASE

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Background. The tumors of the small intestine are rare; they represent only 1-5% of the total gastrointestinal neoplasms and have a large histopathological variety. In the early stages they have modest and non-specific symptoms. Despite the recent technological advances, these pathological conditions remain the “poor relative” of imaging explorations, which are often inconclusive. As a consequence, the diagnosis is usually late, in the stage of severe evolutionary complications, such as a bleeding, obstruction or, less often, perforation.

Case report. Patient P, a 78-year-old woman, was admitted urgently at the Department of General Surgery, Municipal Hospital nr.1, with diffuse abdominal pain that appeared suddenly, nausea and marked weakness. The abdominal pain had appeared about 6 hours ago, initially located periumbilical, followed by a tendency to extend throughout the whole abdomen. Patient had the 3-month history of diffuse non-Hodgkin's lymphoma with the big cell “B”. Physical examination revealed a supple abdomen, which does not participate in respiratory movements, spontaneous diffuse pain and muscular tenderness during palpation, with the maximum intensity around umbilicus. Laboratory tests had shown a normal range of leukocytes – $8.2 \times 10^9/\text{mm}^3$, but with marked shift to the left (immature forms – 31%). Chest and abdominal radiograph were non-diagnostic. She underwent emergency surgery, started by diagnostic laparoscopy, and followed by conversion to median laparotomy, due to diffuse fibrinous peritonitis, probably caused by perforation of hollow viscus. Intraoperatively the induration and perforation of jejunum with a diameter of 0.8 cm with leakage of intestinal contents into peritoneal cavity was found. Segmental resection of the perforated jejunum with enteroenterostomy with lavage and drainage of the peritoneal cavity was performed. Initial postoperative diagnosis was as follows: Idiopathic perforation of the jejunum complicated by diffuse serous-fibrinous peritonitis. However, postoperative histopathological study of resected specimen suggested the malignant tumor (appearance similar to neuroendocrine carcinoma or a form of extranodal lymphoma). Uneventful postoperative evolution.

Conclusions. The tumors of the small intestine are rare and have a modest and non-specific symptomatology, as well as obscure imaging presentation. Usually they are diagnosed as accidental intraoperative findings, or in advanced stages of disease, when acute complications occur.

Key words: tumors, small intestine, perforation, diagnosis.

16. RARE COMPLICATION OF SURGICAL INTERVENTION FOR ACUTE LIMB ISCHEMIA: A CASE REPORT

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Background. Complications of balloon catheter embolectomy for acute arterial occlusion are extremely rare and there is a lack of clear recommendations for its management. This report describes a case of peroneal artery (PA) pseudoaneurysm that developed after lower limb thromboembolectomy using Fogarty balloon catheter and was successfully treated by transluminal coil embolization.

Case report. A 84-year-old female patient presented to the emergency department 5 hours after sudden onset of pain in the right lower extremity. She had a known history chronic atrial fibrillation, being on ongoing treatment with warfarin. Clinical examination discovered absent popliteal and plantar pulses and typical signs of acute limb ischemia. The hand-held Doppler revealed inaudible arterial and audible venous signals at the level of the right foot. Under spinal anesthesia the right common femoral artery was dissected and a 4F Fogarty embolectomy catheter was easily advanced down to the tibial arteries. The embolectomy was performed successfully with recovering of plantar pulses postoperatively. Four hours later clinical manifestations of the compartment syndrome were observed and “2-incision 4-compartments” fasciotomy was performed. Prolonged bleeding from fasciotomy wounds was noted after surgery, considered being caused by systemic heparinization. After transfusion of 3 units of red blood cells, one litter of plasma and several reapplications of bandage bleeding was controlled. After 3 days the fasciotomy wounds were sutured. Patient was discharged at 5-th postoperative day, anticoagulated with 20 mg of rivaroxaban. Eighteen days after discharge, she returned to the hospital with complaints to severe, permanent pain in right leg. Clinical examination noted extensive pulsation of the right calf with audible systolic bruit. Duplex ultrasound suggested a large pseudoaneurysm of the PA. Digital subtraction angiography confirmed a 55 mm large sacular pseudoaneurysm of the PA and patent tibial run-off. A microcatheter (Progreat®, Terumo) was percutaneously inserted into the right PA via ipsilateral antegrade femoral approach. Two detachable coils (Azur®, Terumo) were deployed distally to the aneurysm and 5 coils were released in the proximal PA and aneurysm sac. The complete occlusion of pseudoaneurysm was achieved. Postoperatively patient becomes symptom free and ultrasound confirmed absence of flow in pseudoaneurysm.

Conclusions. Apart from the rarity of iatrogenic pseudoaneurysm of PA, this case highlights the risk of severe complications associated with relative simple procedure of balloon catheter