

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

embolectomy. Vascular imaging should be performed if patient demonstrates unusual postoperative evolution.

Key words: balloon catheter embolectomy, peroneal artery pseudoaneurysm, coil embolization

17. LAPAROSCOPIC ANTI-REFLUX SURGERY IN A PATIENT WITH SITUS INVERSUS TOTALIS

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Background. Situs inversus totalis (SIT) is a rare congenital anatomical variant, characterized by the opposite arrangement of abdominal and thoracic organs. Open and laparoscopic surgical procedures in patients with SIT can create additional difficulties related to unusual anatomy.

Case report. In October 2011 in Department of General Surgery, Chisinau Municipal Hospital Nr.1, was admitted a woman 53 years, who knew about the presence of SIT. She is considered ill for 3 years, complaining heartburn, regurgitation, frequent nocturnal cough. Medical therapy eliminates symptoms incomplete and only for a short time. Endoscopic examination detected reflux esophagitis, grade III by Savary-Miller classification, opened cardia and a 2.5 cm sliding hiatal hernia. According 24-hour pH-metry, De Meester index was 49.93 (normal < 14.72). Laparoscopic Nissen fundoplication and posterior crural closure was performed. Five trocars were placed in mirror-like sites compared to normal anatomical position. The surgery lasted for 150 minutes. Postoperative period was uneventful, patient discharged at the seventh day, after radiological control. Permeability of fundoplication area for contrast material was satisfactory, dysphagia was not observed. On examination after two months, the complete disappearance of symptoms and absence of esophagitis at endoscopy was found.

Conclusions. Laparoscopic Nissen fundoplication is a standard method of surgical correction for symptomatic refractory gastro-oesophageal reflux and hiatal hernia. Technical difficulties caused by unusual anatomy in SI are not impassable and do not interfere the successful execution of surgical procedure.

Key words: situs inversus totalis, gastro-oesophageal reflux, laparoscopic anti-reflux surgery

DEPARTMENT OF DERMATOVENEROLOGY

18. ACNE FULMINANS INDUCED BY ISOTRETINOIN: CASE REPORT

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Background. Oral isotretinoin, isomer of retinoic acid, has been used in the United States for the treatment of acne for >30 years, approved by the FDA for the treatment of severe