contaminated intra-abdominal collection, one – partial gastrectomy for suspected tumor, and one – endoscopic removing of surgical mesh through stomach.

Conclusions. Retained textile surgical mesh should be considered as a possible diagnosis in any postoperative patient, who presents with signs of peritoneal infection or with abdominal mass. Repeated surgery is usually required for removing surgical meshes from abdominal cavity.

Key words: Textiloma, CT, USG, X-ray

53. DIAGNOSIS AND SURGICAL TREATMENT OF ACUTE APPENDICITIS IN PREGNANCY

Author: **Corina Condur- Scerbatiuc**
Co-authors: L.Suman, Tatiana Malcova
Scientific adviser: Igor Misin, MD, PhD, Professor, Department of Surgery no.1 *Nicolae Anestiadi* and Laboratory of hepato-pancreato-biliary surgery, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Acute appendicitis (AA) is the most common cause of acute abdomen during pregnancy. Most signs of appendicitis are not found during pregnancy and diagnosis of appendicitis during this period remains difficult.

Aim of the study. The purpose of this study was to analyze the diagnosis and surgical treatment of acute appendicitis during pregnancy according to the experience of our clinic.

Materials and methods. In this retrospective study 27 pregnant women diagnosed with AA were included, who underwent appendectomy between 2013 and 2019. Patients were evaluated according to age, clinical signs and symptoms, gestational age, laboratory and paraclinical parameters, surgical technique, operating time, morphopathology reports.

Results. The mean age of pregnant women with AA – 26.4 ± 0.9 (95% CI: 24.49-28.23) years. The mean duration of the disease evolution was 12.3 ± 2.1 (95% CI: 8.043-16.59) hours. The most common symptom was abdominal pain (95%). By gestational age: 11 (41%) pregnant women were in the first trimester, 12 (44%) pregnant women were in the second trimester and 4 (15%) pregnant women were in the third trimester. Laboratory data are of major importance in the complex examination: leukocytes on average 14.9 ± 1.5x109 / L (95% CI: 11.73-18.12), non-segmented (left deviation) 12.8 ± 2.1% (95% CI: 8.575-17.11), erythrocyte sedimentation rate – 22.9 ± 2.2 mm / h (95% CI: 18.24-27.55). A special importance is given to inflammatory scores used in the diagnosis of AA in pregnancy. The most commonly used are: Alvarado score indicated an average of 6.6 ± 0.3 (from 4 to 9), Acute Inflammatory Score - 7.9 ± 0.3 (from 6 to 11), mean RIPASA score - 8, 9 ± 0.4 (from 6 to 11) and Karaman Score - 9.1 ± 0.5 (from 6 to 12). The surgical interventions: open appendectomy 24 (89%) and 3 (11%) laparoscopic appendectomy. Histological examination revealed: phlegmonous – 23 (85.2%) case, gangrenous 3 (11.1%) case, catarrhal only 1 (3.7%) case. Average duration of hospitalization constituted 4.8 ± 0.3 (from 3 to 8) days. The maternal complication was only in 1 (3%) pregnant.

Conclusions. Diagnosis of acute appendicitis is difficult in pregnancy. Urgent surgery is the treatment of choice and prompt surgical intervention in case of AA in pregnant women is necessary to reduce the number of maternal and fetal complications.

Key words: acute appendicitis; laparoscopic appendectomy, pregnancy