

54. SPLENIC ABSCESS, CLINICAL-DIAGNOSTIC ASPECTS

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Introduction. Spleen abscess is a rather rare clinical entity, its incidence detected at necroptic examinations being 0.14–0.7%. Most commonly, spleen abscesses develop in immunocompromised patients (with neoplasms, trauma, metastatic infections, spleen infarction, diabetes, HIV infection, intravenous drug and alcohol users).

Aim of the study. Analysis of the etiopathogenetic factors, clinical diagnostic features and medical-surgical approach in splenic abscesses.

Materials and methods. A retrospective study performed on 16 patients with splenic abscesses treated at Institute of Emergency Medicine from 1994 to 2019. The diagnosis was made over USG and CT. The etiopathogenesis and clinical characteristics, underlying diseases, organism spectra, diagnostic methods, and clinical outcome were analyzed; M:F ratio -7.9:1; mean age – 59.4±13.9 years.

Results. Comorbidities: cardiovascular disease (11), diabetes (4), liver cirrhosis (1), acute pancreatitis (6), cancer (2), abdominal trauma (1). Fever was the most characteristic sign - 13 (81.3%) cases, in only 10 (62.5%) cases was weight loss and pain in the left hypochondrium. The duration of the disease in all cases exceeding 10 days. Local status determines: diffuse peritoneal signs (18.3%, n=3), all operated in emergency, muscle rigidity in the left hypochondria (75%, n=12), splenomegaly (50%, n=8). USG was performed in 11 (68.8%) patients, only in 6 (54.5%) cases, it shows a spleen infarction/collection. Chest radiography was performed in all patients, in about 80% revealing left pleuropulmonary reaction. Abdominal CT was performed in 10 (62.5%) cases, diagnosing spleen abscess in 100%, another 3 cases with diagnosis established by ultrasound and another 3 - established intraoperatively being operated for peritonitis. All patients were splenectomized and were given complex antibiotic therapy. The bacteriology of the purulent liquid was positive in 10 (62.5%) cases, finding *Staphylococcus aureus*, *Serratia marcescens* and *Escherichia coli*, in 2 (12.5%) cases - polymicrobial cultures, in the other 6, the bacteriology was negative. Mortality was 31.3% (n = 5), of which 3 patients died due to erupted abscess with peritonitis, the other 2 because of the development of thromboembolic complications. The average length of hospitalization was 17.4 ± 6.4 days (calculated without patients with lethal outcome).

Conclusions. Splenic abscess is a rare entity with a high mortality rate. The clinical presentation usually non-specific requires the use of diagnostic imaging procedures, CT being the method of choice. Splenectomy still be the preferred treatment, but percutaneous abscess drainage is a hopeful alternative.

Key words: Spleen, abscess, splenectomy

55. EARLY POSTOPERATIVE COMPLICATIONS AFTER GASTRIC BYPASS

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Introduction. Currently, bariatric surgery is the only effective therapy that leads to marked and sustained body weight loss. Although the morbidity rate after gastric bypass dropped, the postoperative complications are still a problem for the surgeons.

Aim of the study. To appreciate the evolution of the first thirty days in patients submitted to the gastric bypass.

Materials and methods. Observational retrospective study. Data of 388 patients with obesity associated or not with comorbidities submitted to the gastric bypass with 30 days follow-up starting from the date of the surgery.

Results. The age average was $40,47 \pm 10,38$ years. The mean preoperative body mass index was $43,83 \pm 8,19$ kg/m². The major complications were fistula (0,26%), gastrointestinal bleeding (3,35%), intra-abdominal bleeding (0,52%), acute gastric dilatation (1,29%), wound infection (2,83%) and deep vein thrombosis (1,55%).

Conclusions. In the period of thirty days after surgery the overall complication rate was 9,8% and death occurred in 0%. Bleeding was the main complication and the leading cause of hospitalization in intensive care unit and reoperation.

Key words: bariatric surgery, gastric bypass, complications

56. MANAGEMENT OF PATIENTS WITH BLUNT THORACIC TRAUMA AND HEMOPNEUMOTHORAX

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Introduction. Trauma is the leading cause of death worldwide. Approximately 70% of polytraumatized patients have thoracic trauma(TT) with variable severity, the pleuropulmonary complications reaching up to 30-45%, depending on the severity of the trauma.

Aim of the study. Analysis of the diagnostic and treatment outcomes in patients with blunt chest trauma and hemopneumothorax(HPT).

Materials and methods. A prospective study, performed on 86 patients with TT and HPT, hospitalized consecutively at Institute of Emergency Medicine in 2019. The epidemiology, trauma-hospitalization time, hospitalization-tube thoracostomy(TThS), ISS score, structure of associated lesions, duration of assisted ventilation, cause, the frequency of repeated of TThS were analyzed.

Results. M:F=3,5:1; mean age=51,2±1,8years; In 39(45,3%) TT was caused by falling from its own height, in 27(31,4%) – physical aggression, in 14(16,3%) – motor vehicle collision, in 6(7%) – falling from the height. Chest x-ray was performed on 83(96.5%) patients, in 27(32.5%) cases HPT on hospitalization was not found, FAST – 79(91.9%), only in 10(12.7%) cases pleural collections and/or emphysema was found. CT was performed on 19(22.1%) cases, sensitivity 100% for HPT. At 21(24.4%) polytraumatized patients TT was associated with: abdominal trauma in 4(19%), traumatic brain injury(TBI) – 14(66.6%), trauma of locomotor system – 12(57.1%), vertebral trauma – 4(19%). Hemodynamic unstable patients were 3(3,5%), with ISS>25. Were hospitalized in intensive care unit 16(18.6%) patients, 2 were connected to mechanical ventilation(MV) upon admission; 4(25%) for developing ARDS; and 4(25%) for TBI (2 with GCS<10). Unilateral TT was found in 84(97.7%), of which 12(14.3%)