

Conclusions. Due to large implementation of endoscopic investigations DLs are increasingly identified. Elaboration of standardized diagnostic and therapeutic protocols may improve the treatment quality.

Key words: Gastrointestinal bleeding, Arteriovenous malformation, Dieulafoy's lesion, Endoscopic hemostasis.

58. MECKEL'S DIVERTICULUM – CLINICAL MASKS

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Introduction. Meckel's diverticulum (MD) it is one of the most common abnormalities of the digestive tract, being symptomatic in about 25% of cases, however very rarely diagnosed preoperatively, especially in adults because of various abdominal pathologies it can mime.

Aim of the study. To establish the particularities of the clinical manifestations of MD and the rate of its preoperative diagnosis in adults.

Materials and methods. Retrospective study: 21 patients with MD treated in the surgery clinic "N. Anestiadi" of the Institute of Emergency Medicine, period 2012-2018. Average age - 50.2 ± 3.9 . Men - 11 (52.3%), women - 10 (47.6%), the M/W ratio 1.1:1. Diagnosis on admission: acute appendicitis - 9, intestinal obstruction - 4, colon cancer - 4, hypersplenism - 1, strangulated hernia - 1, cutaneous wound - 1, digestive hemorrhage - 1. From 100% patients undergoing surgery: McBurney access - 9, LMM - 11, treatment of inguinal hernia - 1. Of the total group, mortality constituted 14.2% (3), for non-surgical reasons.

Results. Symptomatic patients - 14 (66.7%), ($p = 0.0629$), of which: men - 5 (35.7%) and women 9 (64.3%). In the rest of the patients, MD was accidentally diagnosed in the interventions for other pathologies. Complications detected intraoperatively in symptomatic patients: diverticulitis - 64.2% ($n=9$), torsion - 14.2% ($n=2$), hemorrhage - 7.1% ($n=1$), Littre hernia- 7.1% ($n=1$) and adhesions - 7.1% ($n=1$). Surgical treatment was applied in all cases of symptomatic MD. Morphology of postoperative sample: length (L) - 5.1 ± 0.6 cm (from 1.5 to 12), thickness (T) - 2.1 ± 0.2 cm (from 1 to 4), L/T ratio - 2.6 ± 0.3 . Histologically in all cases MD was covered with normal intestinal mucosa.

Conclusions. Symptomatic MD rate was 66.7%, the most common complication being diverticulitis. In no case, the diagnosis was established preoperatively. The diagnosis of complicated MD should be considered in adult patients who present with specific data of acute surgical abdominal pathology.

Key words: diverticulum, complication, asymptomatic

59. FECAL MICROBIAL MARKERS–THE ROLE IN COLORECTAL CANCER SCREENING: A REVIEW OF LITERATURE

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Introduction. Colorectal cancer (CRC) is the third most common cancer worldwide, accounting for about 10% of all cancer cases diagnosed annually. Due to the high prevalence of CRC, implementation of a screening program, especially non-invasive would reduce the incidence by eradicating precancerous lesions, as well as mortality by treating the early stages of the disease.

Aim of the study. Presentation of recent information on the role of fecal microbial markers as a non-invasive method in the early detection of CRC.

Materials and methods. 47 literary sources were analyzed, using Medline, PubMed, Google Scholar, Hindawi databases over a 5 year period. Keywords used in the search: microbial markers, screening, colorectal cancer.

Results. Of the 47 articles selected: 16–dedicated to clinical diagnostic methods, 10–regarding the fecal immunochemical test (FIT), 11–regarding the role of fecal microbial markers in combination with FIT, as predictors of CRC and 10–regarding the specificity and sensitivity of the markers fecal microbes in symptomatic and asymptomatic patients. Thus, it was determined that certain bacterial species, such as *Parvimonas micra*, *Solobacterium moorei*, and *Clostridium hathewayi*, are significantly enriched in stool samples from CRC patients, whereas the presence of other bacterial species, such as *Bacteroides clarus* and *Roseburia intestinalis*, is significantly reduced in CRC patient stool. Also, *Fusobacterium nucleatum* is thought to potentiate intestinal tumorigenesis through recruitment of infiltrating immune cells and via activation of beta-catenin signaling. Such increased or decreased presence of these bacterial species results in higher or lower levels of signature DNA, RNA and protein species unique to these species, which in turn can be used for detection, both qualitatively and quantitatively.

Conclusions. This review highlights the effectiveness of non-invasive methods in the early diagnosis of CRC, in estimating the risk of relapse and neoplastic dissemination, as well as the rate of response to adjuvant treatment. Implementing an effective screening program would reduce mortality in CRC, save a significant portion of the resources that would be spent on treating patients in advanced stages of the disease.

Key words: colorectal cancer, fecal microbial markers, fecal immunochemical test.

DEPARTMENT OF SURGERY NO.2

60. CONTEMPORARY TREATMENT METHODS IN ACUTE CHOLANGITIS

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Introduction. Acute cholangitis is a medical emergency and is a potential life-threatening condition, is an infectious process of the entire biliary tree or only of the intrahepatic system developed almost always under the conditions of partial or complete obstruction of the main biliary tract. If this condition is not treated with antibiotic therapy and the earlier decline of bile pressure, the risk of aggravation of the situation and mortality increases. The actuality of the problem is determined by the increase of the number of diseases of the organs in the hepatopancreatoduodenal area, which are accompanied by a lot of complications.

Aim of the study. Research of surgical tactical opportunities in acute cholangitis.