

Materials and methods. Scientific articles were searched in PubMed, Hinari and Cambridge University press databases, using the descriptors "acute cholangitis", "biliary stenting", "naso-biliary drainage". The research was not delimited to a specific time period and was supplemented with bibliographic data from statistical sites, from Ministry of Health, Labor and Social Protection of Moldova.

Results. Reaching positive results in the treatment of cholangitis, is possible by performing the diagnostic and therapeutic maneuvers in stages. A necessary condition is the strict observance of the sequences and the time in each stage by the maximum use of the endosurgical and mini-invasive interventions. Early surgery in acute cholangitis is accompanied by an increased frequency of complications. Advances in therapeutic endoscopy, such as balloon drainage guided by balloon enteroscopy or endoscopic ultrasound-guided biliary drainage, have added new extent for the endoscopic management of acute cholangitis, which avoids the need for more invasive procedures. Bile drainage can be achieved by different methods and procedures: endoscopic, percutaneous and open transhepatic. Endoscopic drainage is associated with a shorter duration of hospitalization and a low morbidity rate.

Conclusions. The treatment tactic in acute cholangitis remains a current problem in hepatobiliary surgery. So far, there are many questions for pathogenesis, diagnosis, treatment and prevention, which need to be solved. Acute cholangitis requires an in-depth multidisciplinary study, which allows the adoption of a correct management for each clinical case, and the application of the stepped treatment tactic will allow us to obtain positive results in this pathology.

Key words: acute angiocolitis, biliary drainage

61. THE UTILITY OF ECHO-DOPPLEROGRAPHY IN THE MANAGEMENT OF PORTAL SPLENOPATHY

Author: **Mihaela Țurcan**

Co-author: Cristina Batrîncea

Scientific adviser: Cazacov Vladimir, MD, PhD, University Professor, Department of surgery no.2, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Portal splenopathy (PS) is a common complication of liver cirrhosis.

Aim of the study. Examination of the utility and diagnostic performance of portal echo-Dopplerography (PED) for the detection of PS and observation of those patients.

Materials and methods. The retrospective study based on the cases includes 36 cirrhotic patients with PS, admitted and surgically treated within the Clinic. The analyzed data for each studied case were included in an evaluation form, based on the outline of the imagistic aspects of the analyzed lot.

Results. The study group was represented by men (44.2%), women (55.8%) with an average age of 35-45 years and cirrhotic status. Valid PED findings were defined as follows: splenomegaly (mild / moderate / severe - 6/11/19), clinically associated with abdominal pain and distension (63.8%) and hypersplenism (91.7%), portal and splenic vein dilation with sinus varicose veins in hilum (94.4%), splenoportal axis thrombosis (22.2%), ascites (16.7%), hepatomegaly (19.4%), accessory spleen (13.9%), splenic infarction (8.3%), subcapsular hematoma (5.6%).

Conclusions. Ultrasound changes suggestive to the patients with PS are high and correlated with the stage of portal hypertension, having a major impact on their therapeutic management.

Key words: Liver cirrhosis, portal splenopathy, hypersplenism.

62. DIGESTIVE ENDOSCOPY-FIRST INTENTION EXPLORATION OF THE PATIENTS WITH GASTROINTESTINAL BLEEDING OF PORTAL GENESIS

Author: **Cristina Batrîncea**

Co-author: Mihaela Țurcan

Scientific adviser: Vladimir Cazacov, MD, PhD, University Professor, Department of Surgery no.2, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Endoscopic diagnosis is essential in upper gastrointestinal bleeding and has an impact on the therapeutic behavior.

Aim of the study. Evaluation of the digestive endoscopy (DE) input in variceal gastrointestinal bleeding (VGB) of portal genesis.

Materials and methods. We studied the cases of 30 cirrhotic patients, who had variceal gastrointestinal bleeding, in between 2017-2020. We looked into: gender distribution, diagnostic and hemostatic applicability of digestive endoscopy, morbidity and mortality. The hemostasis methods used were: medical therapy (n = 30), associated with endoscopic ligation (from 1 to 3 sessions) in full bleeding (n = 21) and histoacryl injection sclerotherapy (n = 2 cases).

Results. Distribution of cases: HCV/HBV liver cirrhosis (n=11/19), Child B / C score (n=8/22), grade II/III esophageal varices (n=3/25), active variceal gastrointestinal bleeding (n=21), hemorrhagic shock (n=11), previous episode of variceal gastrointestinal bleeding (n=5), major splenomegaly/severe hypersplenism (n = 19), ascites (n = 9). The success rate of endoscopic hemostasis was 96.3%. Intra-hospital mortality was 16.7% (n = 5), associated with Child C score, recurrent variceal gastrointestinal bleeding, hemorrhagic shock.

Conclusions. Digestive endoscopy has an acceptable diagnostic performance of esophageal varices and good hemostatic/prophylactic applicability.

Key words: digestive endoscopy, esophageal varices, variceal gastrointestinal bleeding.

63. PREVENTION AND MANAGEMENT OF DIABETIC FOOT DISEASE

Author: **Iurie Tarpan**

Scientific adviser: Iliadi Alexandru, MD, PhD, Associate Professor, Department of Surgery no.2 *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. At least half of all amputations occur in people with diabetes, most commonly because of an infected diabetic foot ulcer. Prevention and management of diabetic foot disease can reduce the complications and the number of amputations that will reduce the economic impact and improve the quality of patients life.

Aim of the study. To educate and guide on preventing and right management a diabetic foot disease.