

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

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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

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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.