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.

Materials and methods. Identifying the at-risk foot, regularly inspecting and examining the at-risk foot, educating the patient, family and healthcare providers, ensuring routine wearing of appropriate footwear, treating risk factors for ulceration.
Results. The global patient and economic burden of diabetic foot disease can be considerably reduced when evidence-based preventative treatment is implemented in the foot care of people with diabetes who are at risk of developing a foot ulcer. Reducing the risk of ulceration also reduces the risk of infection, hospitalization, and lower-extremity amputation in these patient.
Conclusions. Current treatment recommendations are based on stratified healthcare. Future research is needed to explore the potential of a more personalised medicine approach in diabetic foot ulcer prevention, so to deliver the right treatment, to the right person, at the right time.
Key words: Diabetes, diabetic foot desease, healthcare, ulceration.

64. PRESENTATION OF FOURNIER'S GANGRENE CASES AND PROPER MANAGEMENT

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Introduction. Fournier's gangrene is a serious and potentially lethal rare infection of perineal and external genital with priority to be be treated as a medical and surgical emergency.It consists of a rapidly progressive necrotizing fasciitis in the genital, perineal, and perianal region produced by aerobic and anaerobic microorganisms acting synergistically.This disease normally affects males between 50 and 70 years of age with concomitant diseases. It is a disease with high morbidity and mortality (3%-76%), the treatment of which is based on early and radical surgical debridement, broad-spectrum antibiotic therapy, and daily dressing changes which allows for evaluation of the need for subsequent debridement.
Aim of the study. The aim of this study is to to highlight the particularities, dynamics, severity and necessity of the rapid management of this disease in the last 5 years around the world in the help of young medical professionals in my country.
Materials and methods. I presented a descriptive and retrospective chart review of patients diagnosed and treated for this pathology over the last 5 years.The patient age, sex, risk factors, laboratory investigations, presenting symptoms, duration of hospital stay, microbiological findings, associated diseases were recorded.The culture was extracted from the pus zone of the abscess.
Results. 3 patients were highlighted with this condition. The average age was 58 years.The clinical presentation was similar; it started as a perianal or perineal phlegmon/abscess with later locoregional dissemination. Fournier gangrene was suspected in all patients prior to surgical treatment, due to both the clinical examination and the imaging tests that were performed. Computed tomography (CT) was performed on admission in all 3 cases; all the cases demonstrated subcutaneous emphysema and multiple air bubbles in the perineum, perianal region and in the ischiocavernosus and bulbospongiosus muscles. A single debridement was sufficient for all the 3 patients.The average stay was 30 days.The infection was polymicrobial in all patients .The organism most frequently isolated was Escherichia coli.Multiple antibiotic therapy was used in all patients.