

Conclusions. Fournier gangrene has an elevated morbidity and mortality caused by polymicrobial flora with a varied etiology which presents in patients with risk factors. Early diagnosis and rapid, thorough debridement is the most important factor in the management of this disease.

Key words: Fournier gangrene, necrotizing fasciitis, abscess. polymicrobial flora, aerobic , microorganisms , anaerobic microorganisms ,genital , perineal, perianal region.synergy action,associated diseases, risk factors,locoregional dissemination,microbiological cultures, debridement, multiple antibiotic therapy,computed tomography (CT)

DEPARTMENT OF GENERAL SURGERY AND SEMIOLOGY NO.3

65. ACUTE CALCULOUS CHOLECYSTITIS IN THE TIME OF LAPAROSCOPIC CHOLECYSTECTOMY

Author: **Maxim Jereghi**

Scientific adviser: Guțu Evghenii, MD, PhD, University Professor, Department of General Surgery and Semiology no. 3, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Acute calculous cholecystitis (ACC) is a frequent pathology, defined as an acute inflammatory condition of the gallbladder in the presence of gallstones. It is one of the most common causes of hospitalization in surgical units. It occurs at any age, with maximum incidence at middle ages. Although the laparoscopic cholecystectomy (LC) nowadays has become a gold standard in the treatment of symptomatic gallbladder lithiasis, its role in the treatment of ACC remains unclear.

Aim of the study. Assessment of the value of laparoscopic cholecystectomy for resolution of ACC.

Materials and methods. A retrospective-prospective study based on 50 patients admitted into the Surgical Department of Municipal Clinical Hospital no.1 during 2018-2019, with diagnosis on admission ACC. The study group composed of 41 women (82%) and 9 men (18%), the W/M ratio being 8/1. The age of the patients ranged from 24 to 85 years, with average 56.8 ± 2.2 years.

Results. Surgical treatment underwent 49 patients. One patient has undergone a primary laparotomy for ACC associated with Mirizzi syndrome diagnosed preoperatively, and 48 patients – LC. In one case, after a diagnostic laparoscopy was taken the decision to refuse from cholecystectomy, due to liver cirrhosis and risk of major bleeding. Forty (80%) patients were operated in the first 72 h after hospitalization, and another 20% of patients – after 72h or more. The latest operation was performed after 14 days of hospitalization, in a patient with severe concomitant cardiovascular diseases. From all of the cases of LC, the conversion was needed in only one patient because of the numerous adhesions with the transverse colon and the paravesical abscess, in a 81 year old patient with Charlson Comorbidity Index 8 points. After all of laparoscopic interventions, the subhepatic space was drained with a tube. The average length of the surgery was 46.2 ± 3.88 min, with The shortest intervention – 15 min., and the longest one – 85 min. The diagnosis of ACC was confirmed in 90% of cases. However, in 10% of cases postoperative pathological examination revealed the diagnosis of chronic cholecystitis. According to AAST severity score, cases of ACC were classified as follow: AAST I - 66%,

AAST II - 26%, AAST III - 2% and AAST IV - 6%. All patients had an uneventful postoperative period.

Conclusions. LC is the most argued method of treatment in the case of ACC, regardless of the patient's age, presenting well-known advantages such as: shortening of the operative time, more favorable postoperative period, minimizing the post-operative complications and reducing the length of hospital stay. ACC underwent surgical treatment within the first 72 hours from the onset seems to be associated with the faster recovery of patients.

Key words: acute calculous cholecystitis, laparoscopic cholecystectomy, conversion, postoperative period.

66. DIAGNOSIS AND TREATMENT OF BENIGN BREAST TUMORS

Author: **Tabaranu Doinița**

Scientific adviser: Popa Gheorghe, PhD, Associate Professor, Department of General Surgery and Semiology no. 3, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Breast cancer is detected 3-5 times more frequently in the background of benign mammary glands pathology and 30-40 times more frequently in the background of nodular mastopathies with epithelial proliferation of the mammary glands. The early diagnosis and treatment of these tumors is of incontestable actuality.

Aim of the study. Assessment of the algorithm for diagnosis and treatment of benign breast tumors in women.

Materials and methods. The study represents a retrospective analysis based on the hospital medical records of 80 patients, diagnosed and treated in the department of Mammology no.1 of the Oncological Institute of the Republic of Moldova during January-March 2018. All patients were evaluated in terms of age, risk factors, comorbidities, ultrasound scan and mammography findings, cytology, radiography, histological distribution of the benign processes of the mammary gland (International Classification N 2, Edition II, Geneva, 1984), surgical techniques used, postoperative complications.

Results. Thus, 80 women aged 18-65 years with different histological types of benign mammary tumors: fibroadenoma – 34 (42.5%); adenopapiloma cyst – 12 (15%); fibroadenomatoza – 17 (21.25%); lipogranuloma – 16 (20%); phylloid tumors – 1 (1.25%). Women aged 18-35 years – 26 (32.5%) and 36-65 years – 54 (67.5%). The ratio of left/right breast gland lesions was 34/43 (42.5/53.75%), bilateral affection – 3 (3.75%). The following risk factors were identified in 57 (71,25%) patients: abortions – 23 (40,35%); nulliparous – 23 (40,35%); mechanical trauma – 4 (7,01%); pelvic inflammatory disease – 3 (5,26%); uterine myoma 2 (3,5%); hereditary factors – 2 (3,5%). Significant comorbidities were found in 11 patients. All patients underwent ultrasound scan, chest x-ray, mammography in 2 projections, as well as cytological examination. All patients underwent sectoral resections with the emergency frozen-section pathological examination, followed by repeated morphological study after inclusion in paraffin. In 2 cases repeated morphological examination revealed invasive breast carcinomas, which were resected subsequently. There were no any postoperative complications.

Conclusions. The diagnosis of benign breast tumors is a complex one and includes several consecutive stages. Surgical procedure depends on the nosological form of tumor and is