

accompanied necessarily by urgent frozen-section pathological examination, followed by repeated morphological study after inclusion in paraffin.

**Key words:** benign breast tumor, diagnosis, treatment.

## **67. MANAGEMENT OF PATIENTS WITH AXILLARY ARTERY LESIONS WITHIN THE SKELETAL TRAUMA**

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**Introduction.** Traumatic lesions of the axillary artery are relatively rare, representing about 15-20% of the total vascular trauma of the upper limb; and only 6% occur after blunt trauma with shoulder dislocation / fracture. Axillary artery lesions can cause threatening ischemia of the extremity that requires urgent surgery for revascularization, with or without graft interposition.

**Aim of the study.** Evaluation of management in patients with axillary artery lesions due to trauma of the skeletal system.

**Materials and methods.** Was analyzed prospectively, a clinical series that included 5 traumatized patients with closed lesions of the axillary artery, hospitalized over a period of 14 months. Epidemiology, trauma-surgery time, ISS score, degree of ischemia, vascular reconstruction methods and postoperative evolution were evaluated.

**Results.** The clinical series included 5 male patients; mean age –  $54.4 \pm 14.8$  years (ranged 29–67 years). In 80% (n=4) trauma was caused by falling from either standing (n=1) or a high level (n=3), and in 20% (n=1) by a road accident. One patient had a multiple trauma, with the ISS score of 19 points. In other 4 patients the value of the ISS score was 9 points. In 80% (n=4), the dislocation of the humeral head was detected, and in another case – the fracture of the humeral neck. Acute ischemia IIA-IIB of the upper limb was established in all patients. One patient was diagnosed with concomitant axillary nerve injury. CT-angiography was used to confirm arterial injury in 2 cases. In 4 cases the time from trauma until vascular reconstruction was less than 10 hours, and in one case – about 48 hours, due to the late presentation. Revascularization was performed by interposition of the saphenous vein (n=2) or the ipsilateral basilica vein (n=1). In the rest 2 patients a segmental resection of the damaged axillary artery was performed with the application of T-T anastomosis. In all cases the postoperative evolution was favorable, with the restoration of the distal pulse. One patient developed pneumonia in the postoperative period. The mean length of hospitalization was  $15.3 \pm 3.1$  days. There were no deaths in our series.

**Conclusions.** Axillary artery lesions associated with skeletal trauma it is a challenge for the medical staff and require a multidisciplinary approach. Extremity revascularization interventions, either with autologous venous graft interposition or primary repair, are associated with an immediate favorable clinical outcome, ensuring limb salvage.

**Key words:** skeletal trauma, axillary artery injury, vascular reconstruction