

how well the cancer treatment works. But if a woman's diagnosis or treatment is delayed due to pregnancy, the cancer may have a larger effect, and this may lead to more risks associated with the cancer. The diagnostic and therapeutic management of the pregnant patient with carcinoma is very doubtful since it involves two persons, the mother and the fetus. Obstetricians and oncologists should offer maternal treatment and fetal well-being at the same time.

Aim of the study. Studying malignant tumors associated with pregnancy.

Materials and methods.. The study constituted the retrospective analysis of the primary documentation (clinical observation card, ambulatory card) of 14 patients with malignancies associated with cancer within the IMSPIO and the Mother and Child Center during the years 2015-2018 in the Republic of Moldova.

Results. In 2015 we found 3 patients with cancer associated with pregnancy, of which, 2 patients were diagnosed with pregnancy associated with breast cancer (14.3%), 1 pregnant patient with cervical cancer (7.1%), and patients with ovarian cancer and pregnancy were not detected. In 2016, 4 patients (28.6%) were detected, of which, 2 patients with breast cancer associated with pregnancy (14.3%), 1 pregnant patient associated with cervical cancer (7.15%), 1 pregnant patient associated with ovarian cancer (7.15%). In 2017, 3 patients (21.4%) were detected, of which, 1 pregnant patient with breast cancer (7.1%), 1 pregnant patient associated with cervical cancer (7.1%) and 1 pregnant patient associated with ovarian cancer (7.1%). And in 2018, 4 patients (28.6%) were detected in total, of which, 2 pregnant patients with breast cancer (14.3%) and 2 pregnant patients with cervical cancer (14.3%).

Conclusions. Summarizing the years 2015-2018 were detected 14 cases of patients with malignancies associated with pregnancy, of them the most commonly associated are; breast cancer, cervical and ovarian cancer, so 7 patients in total were obtained with breast cancer and pregnancy. 5 patients with cervical cancer and pregnancy. 2 patients with ovarian cancer and pregnancy. Thus we can conclude the importance of studying cancer associated with pregnancy, studying the first signs of impairment, diagnosis and correct treatment during pregnancy and preventing these diseases during woman course with pregnancy, assuming the safety of her and her fetus.

Key words: breast cancer, ovarian cancer, cervical cancer, malignancy, pregnancy,

RECONSTRUCTIVE MICROSURGERY

103. FREE MINI- FLAPS IN FINGERS' SOFT-TISSUES DEFECTS RECONSTRUCTION

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Introduction. Reconstruction of fingers with skin and soft tissue defects remains challenging. Optimal reconstructive treatment should be simple, reliable, cost effective, and provide pliable, sensitive, and cosmetically similar tissue that will allow adequate function. A free flap of appropriate size may provide ideal surgical solution, since is associated with shorter time of returning to work and satisfactory function and aesthetic appearance.

Aim of the study. To compare outcomes of fingers' reconstruction using free arterialized venous flap (AVF), superficial palmar branch of radial artery flap (SUPBRA), dorsal radial perforator flap (DRAP), and dorsal ulnar perforator flap (DUAP) harvested from ipsilateral extremity.

Materials and methods. During 6 months were performed 4 types of free flaps from the ipsilateral extremity in reconstruction of fingers' defects, with small/moderate skin defects, including: 1 AVF, 3 SUPBRAs, 1 DRAP, and 1 DUAP. Standardized assessment of outcomes was performed, including duration of operation, objective sensory recovery, cold intolerance, time of returning to work, active total range of motion (ROM) of injured fingers, and cosmetic appearance of donor/recipient sites.

Results. All flaps survived completely, follow-up duration was 12 months. Mean duration of complete surgical procedure for AVFs was distinctly shorter than for others. SUPBRA was used to reconstruct skin and extensor tendon defects using vascularized palmaris longus graft in 1 case. Optimal sensory recovery was better in AVFs and SUPBRAs as compared in DUAPs and DRAPs. No significant differences were noted in ROM or cold intolerance between 4 types. Optimal cosmetic satisfaction was noted for recipient sites of AVFs and donor sites of SUPBRAs.

Conclusions. All 4 types of free flaps are a practical choice in finger reconstruction for small/moderate-sized skin defects. SUPBRAs play an important role due to wider indications, better sensory recovery and cosmetic appearance associated with this method.

Key words: fingers, reconstruction, free flaps.

104. EFFECTS OF VENOUS SUPERDRAINAGE AND ARTERIAL SUPERCHARGING ON ARTERIALIZED VENOUS FLAP IN A RAT MODEL

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Introduction. Despite that various experimental patterns of venous flaps have been proposed, no single pattern have gained widespread acceptance.

Aim of the study. To evaluate the effects and survival rate of venous superdrainage and arterial supercharging on arterialized venous flaps (AVFs) in rat models.

Materials and methods. Experimental study. In a group of 24 white rats was used the arterialized venous epigastric flap according to the model of E. Vaubel and J. Hußmann. Vascular ends were isolated over 1.5 cm proximally. For arterialization of the venous bed of the epigastric flap, an end-to-end anastomosis was performed between the proximal end of femoral artery and the distal end of femoral vein. Venous outflow was performed along the branches of the venous anastomoses of the superficial epigastric vein and the lateral thoracic vein. The lot was divided in 4 groups (n=6): I - venous flap non-arterialized, II - arterialized venous flap (AVf) with arterial supercharging, III - AVf with adequate arterial perfusion, IV - AVf with venous super drainage. Clinical state was assessed by flaps color, capillary response, edema.

Results. 7 days postoperatively, venous flaps without arterial perfusion and venous flaps with arterial supercharging have necrotized in 100%, flaps with a ratio of leading and discharging