

vessels 1:1 were grafted in 16,6% with partial necrosis. Non-free venous arterialized flaps with venous superdrainage (1:2 ratio) survived in 100% of cases, with partial necrosis in 50%.

**Conclusions.** The most optimal connection option for survival of the arterialized flap is the pattern described for group IV– with venous super drainage (ratio of 1: 2 or more), with acceptable survival and failure rate.

**Key words:** arterialized venous flap, venous superdrainage, arterial supercharging, white rats.

## 105. NEW PERSPECTIVE IN MANAGEMENT OF ACUTE LIMB ISCHEMIA

Author: **Diana Raileanu**

Scientific advisers: Castravet Andrei, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction.** Acute limb ischemia is defined as a sudden decrease in arterial perfusion of the limb, with a potential threat to the survival of the limb, requiring urgent evaluation and management. Acute limb ischemia is considered when the symptom duration is less than two weeks. The most common causes of ALI are embolism, thrombosis of native arteries or reconstructions, peripheral arterial aneurysm, dissection, and traumatic arterial injury. In Europe, acute limb ischemia caused by native artery thrombosis or embolization into an atherosclerotic vascular bed has increased in incidence, which has important implications for treatment. In Republic of Moldova, the arterial thromboembolism rest the most common cause of acute limb ischemia. Validation of charts revealed three distinct categories of ALI: lower limb arterial thrombo-embolism; acute exacerbation of chronic limb ischemia; and iatrogenic ALI after revascularization procedures. The clinical presentation of ALI depends on the location and duration of the arterial occlusion, the presence of collateral circulation, and the metabolic changes related to tissue ischemia. Digital subtraction angiography, computed tomography angiography, duplex ultrasound an contrast enhanced magnetic resonance angiography can all be considered for imaging in patients with ALI . Computed tomography angiography is used most often because of its availability, and should be performed for treatment planning, unless the ischemia is too severe to allow time for additional imaging. Initial medical treatment of ALI includes appropriate analgesia and intravenous administration of unfractionated heparin, followed by infusion, dose adjusted to patient response. Patients with ALI should be treated by specialists in vascular and endovascular therapies. The treatment of acute limb ischemia are possible with open revascularization techniques (thrombo-emolectomy and bypass), Endovascular methods (thrombus aspiration, Endovascular mechanical thrombectomy), hybrid treatment and catheter-directed thrombolysis.

**Aim of the study.** The aim of study is to present the management of patients with acute limb ischemia at different level of healthcare services and the modern medical approach of treatments.

**Materials and methods..** This study is an literature review. For this execution was researched the last European and American guidelines and published studies between 2000 and 2019.

**Conclusions.** Only adequate revascularization, correctly chosen and applied as early as possible is the key to the treatment of acute limb ischemia. It is important that specialists of all fields, as well as patients from risk groups be properly informed.

**Key words:** acute ischemia, embolism, arterial thrombosis