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THE VALUE OF PROCALCITONIN IN THE DIAGNOSIS OF INTESTINAL ANASTOMOTIC LEAKAGE

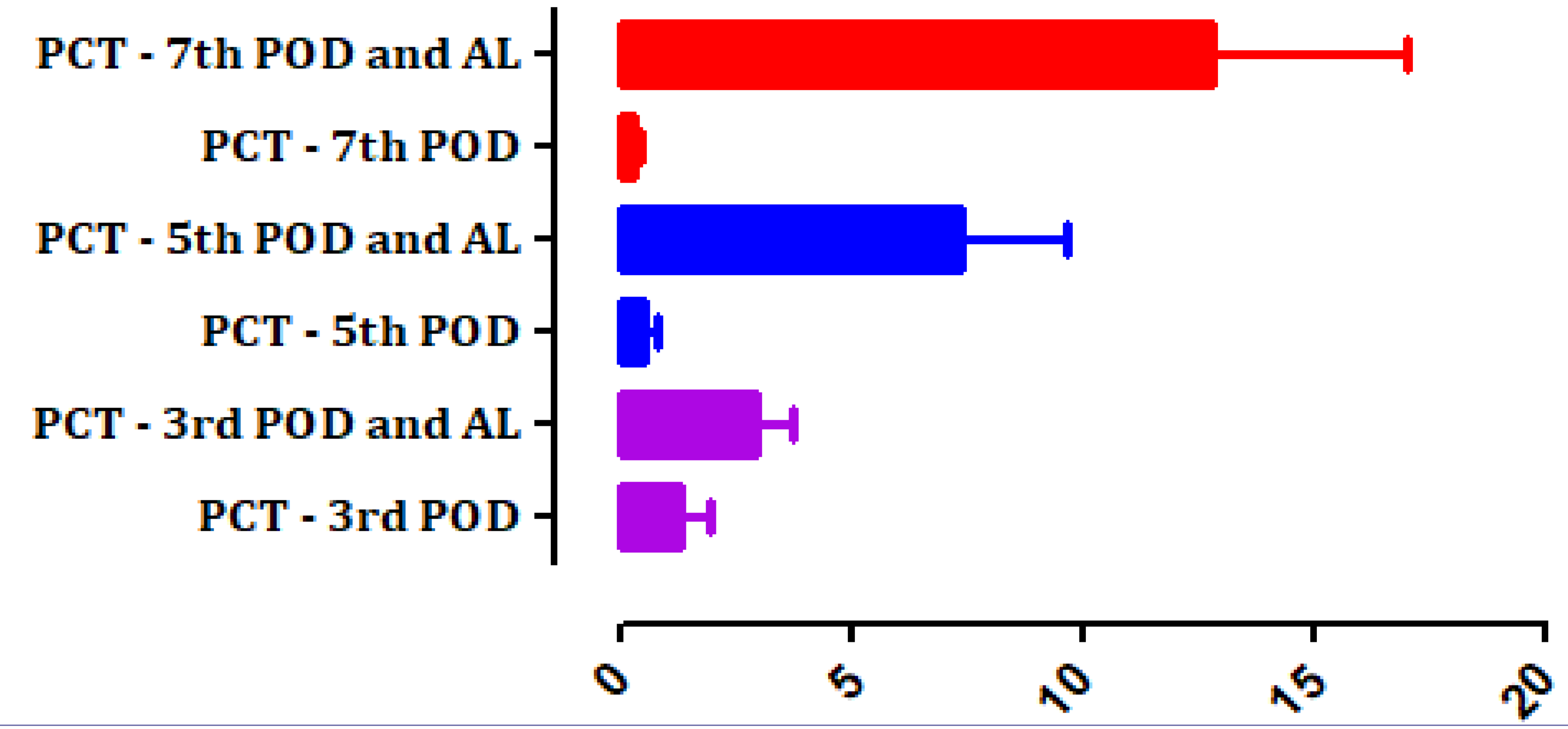
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Introduction: Intestinal anastomotic leakage is a major postoperative complication with considerable financial impact. This complication occurs in 2-19% of cases, depending on anastomosis level, type of surgery, and surgeon's experience. Mortality due to this complication reaches 25-50%. Early diagnosis of anastomotic leakage and surgical treatment significantly improve the result. Recently, in the literature, some reports have emerged regarding the value of procalcitonin as an early marker of anastomotic leakage.

Keywords: colonic anastomotic leakage, procalcitonin

Purpose was assessing of the procalcitonin efficacy as an early marker of anastomotic leakage.

Material and methods: In the present study, 19 patients were included, which were divided in two groups - group I (n=10) - without anastomosis leakage data and II (n=9) - with signs of dehiscence. Postoperatively, serum procalcitonin levels were studied at day 3, 5 and 7. For assessing of procalcitonin, Vector B set, Russia, was used; the normal value of it is considered to be <0.1 ng/ml.



PCT- procalcitonin; POD- postoperative day; AL- anastomotic leakage.

Results: The subsequent dynamics of serum procalcitonin level was demonstrated: at day 3 postoperatively in group I constituted 1.3±0.63 vs group II 2.93±0.78 (p=0.02), at day 5 0.52±0.24 vs 7.34±2.28 (p=0.001) and day 7 0.26±0.18 vs 12.79±4.2 (p=0.001).

Conclusions: Thus, there is a statistically significant increase of serum procalcitonin levels from 3rd to 7th postoperative day in group II vs group I. The procalcitonin is effective as an early marker of intestinal anastomosis leakage.