

ACUTE ACALCULOUS CHOLECYSTITIS: INCIDENCE, CLINICAL AND EVOLUTIONAL FEATURES

Introduction: Acute acalculous cholecystitis (AAC) comprises 2-15% of all acute cholecystitis. The predisposing factors include critically illness, prolonged fasting, total parenteral nutrition. AAC frequently shows a fulminate course associated with gangrene, perforation, empyema.

Aim: Was to evolve the incidence of AAC and to specify its clinical and evolutional features.

Material and methods: The study includes a prospective analysis of 121 patients (age: 24-78 years), traditional or laparoscopic operated for acute cholecystitis during 2010-2015. AAC was established by the following criteria: 1). the absence of gallstones or biliary sludge at imaging examinations with ultrasound semiotics of acute cholecystitis; 2). intraoperative confirmation of acute cholecystitis without stones; 3). morphologic certification of the diagnosis of acute cholecystitis. Demographic and clinical indicators were estimated together with the intra- and postoperative evolution parameters into 2 groups: I – AAC; II – acute calculous cholecystitis.

Results: From a total of 121 patients, 12 fulfilled the criteria for AAC, its incidence consisting 9.9%. Male/female ratio into group I and II was 9/2 and 48/61 ($p < 0.01$); mean age 47 ± 1.3 years and 58 ± 1.5 years ($p < 0.05$). We note that in AAC group 83.3% patients had comorbid associations (diabetes – 3; hypertension – 5; hemiplegia – 1, asthma – 1) and 33.9% in group II ($p < 0.001$). At the AAC group – 5 cases, or 41.7% - destructive forms predominated, evolving thundering up to 72 h of the onset.

Conclusion: AAC mostly develops in male people of middle age with associated comorbidities, fulminate clinical picture and the predominance of destructive forms.

COLELITIAZA VEZICULARĂ: DIFERENȚE DE GEN ȘI METABOLICE

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Introducere: Etiopatogenia litiazei biliare (LB) sugerează un caracter plurifactorial și se dezvoltă pe fondalul interacțiunii complexe între mai mulți factori genetici și celora de mediu. Între timp, LB veziculară poate conduce spre repercusiuni severe, cum ar fi pancreatita biliară acută sau cancerul de colecist. Astfel, dacă putem prezice ce factori contribuie la dezvoltarea calculilor biliari, eventual controlându-i, putem preveni afecțiunile biliolitogene.

Scop: A explora factorii potențiali de risc ai LB pentru a îmbunătăți înțelegerea etiopatogeniei sale.

Material și metode: Studiul dat a inclus analiza retro- și prospectivă a 1221 bolnavi, operați pentru colecistită acută sau cronică în perioada aa.2006-2015 în Clinica chirurgicală SCM "Sfânta Treime". S-au analizat vârsta, sexul, indicele masei corporale, trigliceridele, colesterolul total, glucoza plasmatică. Diagnosticul de LB a fost confirmat clinic, imagistic, intraoperator și morfologic. Obezitatea a fost definită în cazul indicelui masei corporale $\geq 25 \text{ kg/m}^2$.

Rezultate: Din cei 1221 bolnavi bărbații au constituit 35,7% cazuri, femeile – 64,3%. În funcție de grupa de vârstă LB la bărbați a predominat în cazul 40-64 sau ≥ 75 ani, pe când la femei marea majoritate a cazurilor a cuprins grupa ≤ 35 ani ($p < 0.05$). În cazul bărbaților s-a consemnat o conexiune între nivelul ridicat al glucozei plasmatică și LB, pe când la femei LB a corelat cu hipertrigliceridemie, colesterolemie și obezitate.

Concluzie: Vârsta și sexul sunt profund asociate cu incidența LB, iar factorii metabolici de risc sunt diferiți la bărbați comparativ cu femeile.

GALLBLADDER CHOLELITHIASIS: GENDER AND METABOLIC DIFFERENCES

Introduction: The etiopathogenesis of gallstone disease is suggested to be multifactorial nature and develops on the background of complex interactions between many genetic and environmental factors. Meanwhile, vesicular cholelithiasis can lead to severe consequences, such as acute biliary pancreatitis or gallbladder cancer. So if we can predict what factors contribute to the development of gallstones and eventually control them, we can prevent disease biliary-lithogenic.

Aim: Exploring the potential risk factors of gallbladder cholelithiasis (GC) in order to improve the understanding of its pathogenesis.

Material and methods: This study included retro- and prospective analysis of 1221 patients, who were operated for acute or chronic cholecystitis during aa.2006-2015 at Surgical Clinic Municipal Clinic Hospital "Sfânta Treime". We analyzed age, sex, body mass index, triglycerides, total cholesterol, plasmatic glucose. Gallbladder cholelithiasis diagnosis was clinically, imagistically, intraoperatively and morphologically confirmed. Obesity has been defined for the body mass index $\geq 25 \text{ kg/m}^2$.

Results: Among confirmed the 1221 patients the men constituted 35.7% of the cases, women – 64.3%. Depending on the age group of men GC prevailed at 40-64 or ≥ 75 years, while the majority of women cases comprised ≤ 35 years group ($p < 0.05$). At men recorded a connection between high levels of plasma glucose and GC, while GC women correlated with high triglycerides, cholesterol and obesity.

Conclusion: The age and gender are deeply associated with GC incidence and the metabolic risk factors are different in men compared to women.

AUGUMENTAREA CUSELOR RETRACTATE ÎN CORECȚIA INSUFICIENȚEI TRICUSPIDE RELATIVE

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