Introduction: Necrotizing enterocolitis is a severe pathology, frequently require surgical treatment, especially in preterm infants. Depending on the clinical stage and performed conservative therapy in 15-48% of cases the cicatricial intestinal stenosis may develop, resulting in anatomical structural changes.
Purpose: To improve the results of surgical treatment of newborns with necrotizing enterocolitis.
Material and methods: In the period 2010-2014 72 newborns with necrotizing enterocolitis were treated. In 29 cases weight at birth constituted from 1000 to 1600 g, gestational age 29-32 weeks; in 38 cases weight was 2000-2600 g, gestational age 32-41 weeks. Intrauterine infection was present at 48 newborns. In 16 cases the cardiac malformations were diagnosed; in 19 – omfalytis and in 57 – different disorders in pregnancy.
Results: Conservative treatment was performed at 25 neonates; at 42 was performed surgical treatment. Surgical techniques: segmental resection with primary anastomosis – 5, segmental bowel resection and stoma application with delayed restoration of intestinal continuity – 30, lavage and drainage of the abdominal cavity – 7. At 5 patients cicatricial bowel stenosis developed after conservative treatment, complicated with mechanical intestinal obstruction. Histopathologic examination of affected bowel demonstrates mucosal atrophy, hyperplasia of Peyer follicles, muscular layer with immaturity of ganglioneuronale structures, sometimes with segmental disgangliosys.
Conclusions: Necrotizing enterocolitis in stage II and III requires surgery – resection of affected bowels, because changes of diseased intestine become irreversible causing intestinal mechanical occlusion. Patients with enterocolitis complicated with peritonitis and perforation have a reserved prognosis for life.

METODELE CONSERVATIVE CONTEMPORANE ÎN TRATAMENTUL BOLII HEMOROIDALE

GUGAVA V, BOUR A, TARGON R, BAZELIUC I

Curs chirurgie generală al facultăţii stomatologie, USMF „Nicolae Testemițanu”, Spitalul clinic central feroviar, Chișinău, Republica Moldova

Introducere: În prezent, există un număr mare de medicamente pentru tratamentul bolii hemoroidale. Toate preparatele pot fi împărțite în două grupe: sistemice (pastile, capsule, injecții etc.) și locale (supozitoare rectale, unguente, creme, uleiuri, microclistere etc.). Tratamentul eficient al hemoroizilor presupune abordare individuală și complexă. Componența preparatelor depinde de efectul dorit.
Material și metode: Actualmente multe medicamente conțin componente din diferite grupe farmacologice. Angioprotectoare. Medicamentele din acest grup normalizează permeabilitatea vaselor sangvine, micșorează edemul țesuturilor, ameliorează microcirculația și procesele metabolice în pereții vasculari. Efect angioprotector dețin preparatele din diferite grupe chimice, inclusiv flavonoizii din grupa vitaminei P – rutina, troxerutina, diosmina și hesperidina (îndeosebi, fracția purificată micronizată) și de asemenea acidul ascorbic, extractul de ginkgo biloba, pentoxifilina, preparatele antiinflamatorii nesteroidiene. Anticoagulante. Substanțele de origine chimică sau naturală, care micșorează activitatea de coagulare a sîngelui, favorizează resorbția cheagurilor de sînge și previne formarea lor. Cel mai frecvent sunt utilizate anticoagulantele cu acțiune directă pe bază de heparină și cu greutate moleculară mică. Acest grup de medicamente este des folosit în tromboza acută anorectală. Coagulantele (hemostatice). Acestea sporesc coagularea sângelui și sunt folosite pentru a opri hemoragia (ex. alginat de sodiu). Sunt utilizate în hemoroizii cronici cu sîngerări. Antispastice. Remediile respective reduc spasmul musculaturii netede, ce micșorează durerea, fiind de origine sintetică (papaverina, drotaverină) și naturală (extract de beladona). De asemenea, sunt utilizate preparate din diferite grupe: imunostimulante; antioxidanți; emoliente; astringente; absorbante (preparate de bismut, zinc, aluminiu, titan); antimicrobiene; remedii antiinflamatorii (glucocorticoizi: prednisolon, hidrocortizon, bufexamac, fluocinolon); anestezice (lidocaina, benzocaina, cincocaina), uleiuri (vegetale – cătină, semințe de dovleac; animale – ficat de rechin, ihtiol).
Concluzii: Boala hemoroidală este o patologie multifactorială. Obținerea unui rezultat pozitiv în tratamentul conservativ al hemoroizilor presupune o abordare individuală, complexă, patogenetică locală și sistemică.

CONTEMPORARY CONSERVATIVE METHODS IN TREATMENT OF HEMORRHOIDAL DISEASE

Introduction: Currently, there are a large number of drugs for the treatment of hemorrhoidal disease. All medicines may be divided into two groups: systemic (tablets, capsules, injections, etc.) and local (rectal suppositories, ointments, creams, oils, micro-enemas, etc.). An effective treatment of hemorrhoids requires individual and complex approach. Composition of remedy depends on the required effect.
Material and methods: At the present time many drugs contain components from various pharmacological groups. Angioprotectors. Drugs from this group normalize permeability of blood vessels, reduce tissue edema, improve microcirculation and metabolic processes in vascular walls. Remedies from different chemical groups, including flavonoids from group of vitamin P – rutin, troxerutin, diosmin and hesperidin (especially, micronized purified fraction), and also ascorbic acid, ginkgo biloba extract, pentoxifylline, nonsteroidal anti-inflammatory drugs have angioprotector effect. Anticoagulants. Substances of chemical or natural origin that decrease blood clotting activity, favoring resorption of blood clots and prevent their formation. Most frequently direct anticoagulants based on heparin and low molecular weight heparin are used. This group of drugs is often used in acute anorectal thrombosis. Coagulants (hemostatics). They increase blood clotting and are used to stop bleeding (eg. sodium alginate). They are used in the treatment of chronically bleeding hemorrhoids. Antispastics. They reduce spasm of smooth muscle and that decreases pain. There are synthetic antispastics (papaverine, drotaverine, etc.) and natural (extract of belladonna). Also drugs from different groups are used as: immunostimulants; antioxidants; emollients, astringents, absorbents (remedies of bismuth, zinc, aluminum, titanium); antimicrobial; anti-inflammatories (glucocorticoids: prednisolone, hydrocortisone, bufexamac, fluocinolone, etc.); anesthetics (lidocaine, benzocaine, cinchocaine, etc.), oils (vegetable - buckthorn, pumpkin seeds; animal - shark liver, ichthyole).
Conclusions: Hemorrhoidal disease is a multifactorial pathology. Achieving positive outcome in the conservative treatment of hemorrhoids requires local and systemic individual, complex and pathogenetic approach.