women, the dimensions being of 1-5 cm. However, in the literature there are described cases, when the tumor reaches enormous size and weight, which may complicate with the compressing of vessels and nerves, and respectively with the appearance of various pathological symptoms.
Clinical case: We present the treatment of patient with giant lipoma of right buttock region with high compression of the sciatic nerve. Patient L, female, 63 year-old was hospitalized with complaints of the presence of a giant formation in right buttock, intense pain and lameness while walking. The primary examination determined a tumor of size 18.0x15.0 cm, painful on palpation. Ultrasound examination and radiography of buttock region has been performed with the result of effusion, non-adherent to pelvic bones. Puncture of the tumor, performed preoperatively, shows no fluid content data. Intraoperative was found a giant lipoma of size 18.0x24.0 cm, located under the gluteus maximus muscle and joined the large sciatic nerve. The tumor was mobilized and removed along with the capsule. Her weight constituted 2950 g. Histological examination: lipoma. The intervention has been finished by draining and suturing the wound. The patient was discharged at the 7-th day with no pain and lameness.
Conclusion: Giant lipoma of buttock causes aesthetic problems and walking disorders, and intraoperative diagnosis and surgical excision bring the patient to normal daily activities.

GANGRENA FOURNIER: EXPERIENŢA CLINICII PE PARCURSUL A 8 ANI

BESCHIERU E, REVENCU S, CIOBANU M, STRELŢOV L, POPA V, ZĂNOAGĂ M, PRETULA R

Catedra Chirugie nr.1 „N.Anestiadi”, USMF „Nicolae Testemiţanu”; Spitalul „Sf.Arhanghel Mihail”, Chişinau, Republica Moldova

Introducere: Gangrena Fournier este o fasciită necrozantă care implică zona genitală şi perineul, progresează spre coapse şi peretele abdominal prin trabeculele fasciale.
Material şi metode: Experienţa noastră include opt pacienţi cu gangrena Fournier, trataţi pe parcursul anilor 2006-2014. Repartizarea după sex a fost: 5 femei şi 3 bărbaţi. În etiologia bolii putem evidenţia calea ano-rectală (2 cazuri), infecţia uro-genitală (3 cazuri) şi infecţia pielii (3 cazuri). Diagnosticul a fost stabilit în baza tabloului clinic şi examenului ultrasonor. Toţi pacienţii au beneficiat de debridare chirurgicală radicală imediată, necrozectomii seriate, antibioticoterapia combinată şi terapie intensivă. Numărul de operaţii seriate a variat de la 4 până la 13.
Rezultate: În urma tratamentului efectuat am obţinut stoparea procesului de necroză la 7 pacienţi. Doi pacienţi au evoluat spre septicemie cu hemocultură pozitivă. La un pacient sa dezvoltat şocul toxico-infecţios. Analiza bacteriologică din plagă a determinat: Staphylococcus aureus (2 cazuri), Enterococcus faecium (un caz), Escherichia coli (2 cazuri), floră mixtă (3 cazuri). Mortalitatea a fost de 37,5%.
Concluzii: Stabilirea precoce a diagnosticului şi debridarea primară imediată urmată de necrozectomii etapizate stau la baza evoluţiei favorabile a procesului necrotico-septic. Antibioticoterapia efectuată prin asocierea a 3 antibiotice cu diferit spectru de acţiune împiedică răspândirea procesului putrid şi generalizarea infecţiei. Mortalitatea înaltă în gangrena Fournier este dictată de insuccesele terapiei intensive în stările septice avansate cu comorbidităţi severe, în pofida metodelor contemporane de tratament chirurgical.

FOURNIER'S GANGRENE: SUMMARY OF 8 YEARS OF CLINICAL EXPERIENCE

Introduction: Fournier's gangrene is a necrotizing fasciitis which involves the genitals regions and perineum, spreading to thighs and abdominal wall through fascial trabeculae.
Material and methods: Our experience includes eight patients with Fournier's gangrene treated during 2006-2014. Distribution by gender: 5 women and 3 men. In the etiology of the disease we can highlight ano-rectal way (2 cases), urogenital infection (3 cases) and skin infection (3 cases). The diagnosis was based on clinical features and ultrasound exam. All patients underwent immediate radical surgical debridement, serial necrosectomy, combined antibiotic therapy and intensive care. Number of serial operations ranged from 4 to 13.
Results: After the provided treatment we were able to stop the process of necrosis in 7 patients. Two patients progressed to sepsis with positive blood test. Toxico-infectious shock was present in one patient. Bacteriological analysis showed: Staphylococcus aureus (2 cases), Enterococcus faecium (one case), Escherichia coli (2 cases), and mixed flora (3 cases). Mortality was 37.5%.
Conclusions: Early diagnosis establishment and immediate primary debridement followed by serial necrosectomy is the base of the favourable evolution of the necrotic septic process. Antibacterial therapy carried out by the association with 3 different action spectrum antibiotics prevent the spread of the putrid process and generalized of infection. High mortality in Fournier's gangrene is a consequence of failures in intensive care in advanced sepsis with severe comorbidities, in spite of the contemporary methods of the surgical treatment.

METODA DE LIGATURARE TRANSANALĂ A ARTERELOR HEMOROIDALE CU UTILIZAREA DOPLEROMETRIEI ULTRASONORE ȘI MUCOPEXIE (HAL-RAR) ÎN TRATAMENTUL BOLII HEMOROIDALE

BOUR A, GUGAVA V, TARGON R

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