

average postoperative duration was $5,34 \pm 0,06$ days, with the per prima regeneration of the postoperative wound in 100% cases. The patient's follow-up period was up to 12 months.

Conclusions: The Lichtenstein procedure is the method of choice in the surgical cure of inguinal hernia due to the simplicity, efficiency, minimal postoperative pain and rapid socio-economic reintegration of the patients. The cancellation of the blood pressure in the tissues allows to minimize the risk of relapse, providing greater comfort for the patient.

Keywords: inguinal hernia, Lichtenstein hernioplasty, polypropylene mesh, relapse

28. NON-SAPHENOUS SUPERFICIAL VENOUS REFLUX IN PATIENTS WITH VARICOSE VEINS

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Introduction: Occurrence of pathological venous reflux in the superficial veins of lower limbs is considered to be the pathogenetic factor in the development of varicose veins. In the overwhelming majority of cases venous reflux is diagnosed at the level of the saphenous system: either in the main trunk (axial reflux) or in the tributaries assigned to the greater or lesser saphenous veins (non-axial reflux). In contrast, non-saphenous venous reflux (NSVR) is deemed to be the pathological reflux in superficial veins which are not attributable to the saphenous systems. Till date there is lack of information on NSVR even in specialized medical literature, this kind of venous hemodynamic disorders being often underdiagnosed in daily clinical practice. This study was designed to determine the prevalence and distribution of NSVR in patients with varicose veins depending on age, gender and C class of Clinical-Etiology-Anatomy-Pathophysiology (CEAP) classification.

Materials and Methods: Information on 463 patients (546 limbs) consulted with varicose veins during a two years period was analyzed in a retrospective study. Anthropometric data were recorded, while involved limbs were distributed according to CEAP classification. Affected extremities were examined with duplex ultrasound scanning and conventionally split up into two groups based on the source of venous reflux – group I (saphenous reflux) and group II (NSVR). Clinical and imaging data were subsequently assessed.

Results: NSVR was diagnosed in 42 (7.69%) limbs of 38 patients. We identified the sources of NSVR as following: perforator veins of lateral, posterior and medial thigh ($n=9$, 21.4%); pelvic veins ($n=17$, 40.47%) including vulvar veins and veins from the gluteal area; branch from common femoral vein ($n=3$, 7.14%); veins of popliteal fossa ($n=12$, 28.57%); knee tributaries ($n=1$, 2.38%). There was noted more frequent detection of NSVR in female patients – 31/38 (81.57%), with a female/male ratio of 4.42/1 in group II versus 1.85/1 – in group I. The average age of patients from group I was 52.78 years (ranging from 18 to 90 yrs) versus 37.43 years (ranging from 18 till 48 yrs) – registered in pts from second group. The C2-3 (CEAP)/C4-6 (CEAP) ratio was 1.69/1 – in group I versus 7.4/1 – in the group II.

Conclusion: Patients with varicose veins present various patterns of venous reflux. NSVR had a prevalence of 7.69% in our study, being revealed most common in young female patients, with low till moderate clinical severity (class C2-3 according to CEAP classification) of chronic venous disease. Meticulous duplex ultrasound examination of patients with varicose veins is crucial in order to establish the precise origin of the pathological venous reflux.

Keywords: non-saphenous venous reflux, varicose veins, duplex ultrasound