29. JUNCTIONAL SAPHENOUS VEIN ANEURYSMS: CLINICAL IMPLICATIONS

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Introduction: The aneurysms of superficial veins of the lower limbs are traditionally considered behaving trivial clinical significance. However, "junctional" saphenous aneurysms (JSA) namely hold the utmost importance for the reason that they carry higher risk of potentially evolutive complications and may involve a comprehensive surgical approach. Furthermore, JSA are not clearly categorized, and no accurate curative strategy in these cases is stipulated. The current study aims to assess the clinical and duplex ultrasound data, as well as to analyze their influence on surgical tactics in patients with JSA.

Materials and Methods: 14 patients with JSA were enrolled into the study during a 6 year period. The mean age of pts was 54.07 years, ranging from 30 to 80 years; the male/female ratio – 9/5. JSA was defined, based on duplex ultrasonography data, as local dilatation of the saphenous trunk at junction level (more than half compared to the diameter of immediately distal venous segment). In 10 patients JSA were localized at the level of sapheno-femoral junction (in one case both lower limbs were affected), and in other four – at the sapheno-popliteal junction. All pts were hospitalized for symptomatic varicose veins. Both (right/left) legs were affected in equal measure (7/8). The following distribution according to C class of CEAP classification was registered: C2=3(20%); C3=5(33.3%); C4=4(26.6%); and C6=3(20%). All pts underwent surgical intervention for JSA and concomitant varicose veins.

Results: Only 2 JSA were symptomatic and the same number was identifiable by physical exam. Also 2 JSA were filled with thrombi according to duplex ultrasound. In terms of morphological structure 10 fusiform and 5 sacciform JSA were evaluated. The average diameter of JSA was 15.95±1.15 mm (ranging from 10.2 mm to 23 mm). High ligation of saphenous vein in conjunction with open resection of JSA was done in 10 cases. Tangential aneurysmectomy followed by lateral venorrhaphy of common femoral (n=4)/popliteal (n=1) vein was considered in 5 pts. There was a significant difference between the mean values of the diameter of JSA in the two conventional groups – 13.82±0.96 mm vs. 20.2±1.71 mm, respectively ($p<0.01$). Meanwhile, tangential aneurysmectomy was necessary in cases involving terminal valve, fusiform type of JSA and in the absence of "neck" between aneurysmal sac and the common femoral/popliteal vein.

Conclusion: Large diameter, involving the saphenous' terminal valve and the absence of a "proximal neck" appear to be the predicting criteria for the need in femoral/popliteal venoplasty during surgical management of JSA.

Keywords: Junctional saphenous vein aneurysm, varicose veins

30. CLNICAL PRESENTATION AND SURGICAL TREATMENT OF SMALL BOWEL GASTROINTESTINAL STROMAL TUMORS: RETROSPECTIVE ANALISYS OF 13 CASES

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Introduction: Small bowel tumors are rare malignancies that account for 1-5% of all gastrointestinal tumors. Despite the progress in recent years in the treatment of small bowel tumors, their diagnosis is difficult to date because of nonspecific symptoms. To analyze the clinicopathologic characteristics, diagnostic options and complex treatment of 13 cases of small bowel gastrointestinal stromal tumors (GIST).

Materials and Methods: 13 consecutive patients with small bowel GISTs, 5 males (38.5%) and 8 females (61.5%), male: female ratio 1:1.6, median age of 55.1 ± 3.3 (95% CI:47.90-62.25)