

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. CLINICAL PRESENTATION AND SURGICAL TREATMENT OF SMALL BOWEL GASTROINTESTINAL STROMAL TUMORS: RETROSPECTIVE ANALYSIS 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)

years (28-71 years), who underwent surgery from 2008 to 2014, were included in this study. The clinical records of the patients were analyzed retrospectively.

Results: Abdominal pain (11 cases, 84.6%) was the most common complaint. Abdominal CT was routinely performed on 9 (69.2%) patients. The preoperative diagnosis was established in 7 (53.8%) cases by abdominal CT. In 5 cases the tumors manifested clinically with complications: hemorrhage – 2 (15.4%) patients, obstruction – 2 (15.4%) patients and perforation – 1 (7.7%) patient. In 3 (23.1%) patients the tumor was localized in the duodenum, in 8 (61.5%) – in the jejunum and in 2 (15.4%) – in the ileum. All patients received surgery: 2 – cephalic pancreatoduodenectomy, 9 – small bowel resection, 1 – duodenal resection and 1 – wedge resection. The distribution of stages of the disease was as follows: IA=23.1% (n=3), II=7.7% (n=1), IIIA=30.7% (n=4), IIIB=23.1% (n=3) and IV=15.4% (n=2). The mean number of tumors was 2.5 ± 0.7 (from 1 to 9). The mean maximum diameter of the tumors was 9.5 ± 1.3 (from 3.7 to 20) cm. All 13 patients (100%) showed positivity for *c-KIT*(CD117). The overall median number of mitoses/50HPF was 8.8 ± 1.2 (95% CI:6.15-11.54). The median number of mitoses/50HPF in patients with high risk of recurrence was 11.1 ± 1.1 (95% CI:8.60-13.62) (from 7 to 18) (n=9) and 3.7 ± 0.5 (95% CI:2.227- 5.273) (from 3 to 5) (n=4) in patients with low risk of recurrence. A total of 9 (69.2%) patients received adjuvant treatment with imatinib mesylate 400mg/day.

Conclusion: Clinical manifestations of small bowel GISTs are non-specific and preoperative diagnosis is difficult. Surgery is the only curative option in the complex treatment of this disease.

Keywords: gastrointestinal stromal tumor, small bowel, clinicopathologic characteristics, resection

31. MORPHOLOGICAL EVALUATION OF THE DIFFERENT METHODS USED FOR PROTECTION OF COLONIC ANASTOMOSIS

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Introduction: Despite the performances of modern medicine, especially of colorectal surgery, anastomotic leakage remains one of the most dangerous postoperative complications, without significant trend of decreasing. Morbidity and mortality increase considerably after the development of an anastomotic leakage. Anastomotic leakage presents an important problem of public health with major socio-economic impact and can be considered one of the quality indicators of specialized surgical centers' activity. There are multiple studies running in order to create and assess the efficacy of colonic anastomosis local protection methods. Aim of study was morphological evaluation of the methods used for local protection of anastomotic zone and their influence on the anastomosis healing.

Materials and methods: Sixty three rats were divided in three groups: colonic anastomosis was performed and topical latex tissue adhesive was applied in the group I (n=21); colonic anastomosis with local application of collagen patch in the group II; colonic anastomosis without local protection in the group III.

Results: Anastomotic leakage was not determined in the group I vs the group III, where were detected 5 cases of anastomotic leakage. According to the present study's data in the group I was determined early diminution exudativ-detersiv process' activity vs groups II and III ($p < 0.01$). Latex tissue adhesive has positive influence on the processes of neoangiogenesis and fibrilogenesis in the anastomotic zone on the 14th POD vs the group II and III ($p < 0.05$). According to ours data latex tissue adhesive has considerable compatibility with colonic tissue that represents the absence of giant like „foreign bodies” symplasts and insignificant immunologic reaction of large bowel. Aggressive bacterial colonization in this group has contributed for appearance of anastomotic leakage, formation of abscesses and granulomatous processes like „foreign bodies”. Mentioned processes considerable have complicated synchronous evolution of neoangiogenesis and fibrilogenesis in the anastomotic zone,