Material and Methods: During February 2012 – March 2014, in our department were treated 19 patients with TDR. Etiology, site and injury dimensions, ISS and RTS scores, method and treatment results were analyzed.

Results: There were 16 (84.21%) males and 3 (15.79%) females, with the mean age 30.05±10.36 (95% CI 25.06 – 35.04) years. Male:female ratio was 5.33:1. Blunt trauma was observed in 7 (36.84%), while wounds were diagnosed in 12 (63.16%) cases. The left diaphragm was injured in 12 (63.16%) and the right-one – in 7 (36.84%) cases. The mean injury size was 7.5±6.1 (95% CI 4.55-10.44) cm. Left-sided mean injury size was 6.41±5.39 cm (95% CI 2.98-9.84), right-sided mean injury size was 5.5±6.69 cm (95% CI – 0.68-11.69) (p=0.52). The mean ISS and RTS were 22.53±12.32 (95% CI – 16.59-28.46) and 7.342±1.053 (95% CI – 6.834-7.849) respectively. In 13 (68.42%) cases the diagnosis was established < 12 h; in 1 (5.26%) 13-24 h and in 5 (26.32%) > 24 h after admission. Preoperative TDR was diagnosed in 9 (47.36%) cases by thoraco-abdominal X-Ray and CT. In all the cases the lesions were sutured using permanent sutures (15 by laparotomy, 1 by right-sided thoracotomy, 1 laparoscopically, 1 by laprotomy with right-sided thoracotomy and 1 by laprotomy with left-sided thoracotomy). Postoperative death-rate was 1 (5.26%).

Conclusions: The left part of the diaphragm is more frequently affected. Preoperative diagnosis is difficult.

Keywords: trauma, diaphragm, injury

17. MORPHOLOGICAL ARGUMENTATIONS IN COMPLICATIONS OF ESOPHAGEAL ATRESIA WITH LOWER ESOTRACHEAL FISTULA

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Introduction: Despite the notable success achieved in the treatment of esophageal atresia, the respiratory and gastrointestinal complications are observed quite frequently, some of them persisting throughout the whole life. Esophageal motility disorders occurring after successful surgical treatment of esophageal atresia with tracheoesophageal fistula are quite common, the etiology of which remains controversial. Anastomotic dehiscences, dysphagia, gastroesophageal reflux, impaired or absent peristalsis are the changes recorded clinically, radiologically, scintigraphically and endoscopically.

Purpose and Objectives: to analyze the spectrum of pathomorphological changes revealed in both atretic segments of the esophagus in cases of esophageal atresia with lower esophageal-tracheal fistula responsible for the development and evolution of postoperative complications.

Materials and Methods: The histopathological study was performed on 21 cases, which included necropsy material performed on unoperated specimens from 8 newborns with esophageal atresia and distal tracheoesophageal fistula, in 13 cases - from operated newborns. Evaluation of macro- microanatomic peculiarities in esophageal atresia with lower esotracheal fistula was performed at 3 levels: upper atretic segment, esotracheal fistula level and lower segment. Serial sections were made of both the proximal segment (blunt) of the esophagus and distal segment with fistula. Methods for staining with hematoxylin-eosin, van Gieson and orceine were used.

Results of this study allowed to conclude:

• Presence of advanced structural pathomorphological changes can significantly influence the regenerative-reparative processes of the esophagus after reconstructive operations in cases of esophageal atresia with distal tracheoesophageal fistula.

• Fibro-muscular dysplastic changes concomitant with pathological changes of ganglioneuronal structures are responsible for oesophageal motility disorders after reconstructive operations in cases of esophageal atresia with distal tracheoesophageal fistula.

• In cases of esophageal atresia with distal tracheoesophageal fistula some concomitant structural defects may be present (non-communicating intramural duplicates of the proximal atretic segment, communicating esophageal duplicates of the distal segment) that remain undiagnosed preoperatively and during surgery, causing significant postoperative complications including anastomosis failure.

• Presence of islets of foveolar gastric mucosa in the distal segment with tracheoesophageal fistula could be a favorable morphological substrate for development of Barrett's esophagus in patients with esophageal atresia.

Keywords: esophageal atresia, fistula, pathomorphology

18. DIAGNOSIS AND SURGICAL APPROACH IN ACUTE APPENDICITIS

Perciuleac Ion

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Introduction. Acute appendicitis(AA) is the most common cause of acute abdominal surgical pathology. Usually, the diagnosis is based on a detailed history and a thorough clinical examination. However, there are groups of patients in whom the diagnosis is difficult because of the wide variety of clinical manifestations.

The aim of the study is to analyze the group of patients admitted with suspected acute appendicitis, rate of the cases with uncertain clinical presentation, medical and surgical approach of these patients and to determine the pathologies simulating acute appendicitis in order to avoid misdiagnosis.

Materials and methods. During 2011-2013, in Surgical Clinic No. 1 "Nicolae Anestiadi " were admitted 2568 patients with suspected acute appendicitis. Women were 1602 (62.38%), men - 966(37.62%). The mean age was 33.62 ± 17.07 years. The number of patients of working age was 2282(88.86%), those over 60 years - 286(11.14%).As diagnostic methods have been used clinical examination and laparoscopic examination.

Results. In 1494(58.18%) patients the diagnosis was established by history and physical examination, which were operated immediately. In 50 (1.95%) cases appendicular mass was found. Diagnostic laparoscopy performed on admission in 315 (12.27 %) cases confirmed AA in 151 (47.9%) patients, in 15 cases - appendicular mass, in 76(24.1%) cases other pathology and in 73(23,17) cases-no pathology. The remaining 709(27.60%) patients were hospitalized for dynamic supervision. Of them: in 103(14.53%) cases AA was found, in 131(18,47%) - other pathology and 271(38,22%) patients were discharged with intestinal colic. In 204(28,77%) cases laparoscopy after observation was performed. Of them: in 51(25%) cases AA was confirmed, in 67(32,8%)- other pathology, in 86(42,2%) – pathology was excluded. In 143 patients AA was simulated by: gynecological pathology in 84(58.8%) cases, perforated ulcer in 27(18.9%), colecystopancreatitis in 7(4.8%) cases,mezadenitis in 11(7.7%) patients and other pathology in 14(9.8%) cases, confirmed by laparoscopy at admission and after observation.

Conclusions. For diagnosis of AA in patients with unclear clinical presentation and other pathologies that simulate AA, laparoscopic exam is indicated at admission. Patients with uncertain clinical presentation at admission require hospitalization, observation in dynamic and, if necessary, laparoscopy after observation.

Keywords: AA, uncertain clinical presentation, laparoscopy

19. PREGNANCY AND HEART DISEASE

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Introduction: At present, 0.2–4% of all pregnancies in western industrialized countries are complicated by cardiovascular diseases (CVD). Guidelines on disease management in pregnancy are of great relevance. Such guidelines have to give special consideration to the fact that all measures concern not only the mother, but the fetus as well. Some general conclusions have arisen from these guidelines: