

Results: The average AAA grow rate is 0.2-0.3 cm/year for an AAA diameter between 3 and 5 cm. Small aneurysms are symptomless, clinical signs can install to a large diameter, caused by compression, erosion, thrombolytic and the more significant- ruptured AAA. The death rate in an acute rupture varies between 62-94%, depending on the individual risk factors and the situs of rupture. The death rate in scheduled endovascular treatment is under 2%, whereas in open version can arise to 6-7%. The long follow-up shows similar results for the both methods.

Conclusions: The screening of risk group reduces the mortality by AAA. The ultrasound monitoring is recommended for a diameter between 3.0 and 5.0 cm, and an interventional treatment is indicated for the aneurysms greater than 50 mm. The application of endovascular technology has no benefit in long-term monitoring.

Keywords: EVAR, abdominal aortic aneurysm, endoleak

23. MARFAN SYNDROME COMPLICATED WITH THORACIC AORTA DISSECTION – A FAMILY CASE PRESENTATION

Țăruș Andrei

Academic adviser: **Tinica Grigore**, M.D., Ph.D., Professor, Chief of the Department of Cardiovascular Surgery, Medical and Pharmaceutical University “Gh. Popa”, Iasi, Romania

Introduction: Marfan syndrome (MFS) is the most common inherited disorder of connective tissue affecting multiple organs: skeletal, ocular, and cardiovascular systems. The most life-threatening and life-shortening complication is aortic dissection. Without surgery, life expectancy of MFS patients is reduced to approximately 32 years.

Purpose and Objectives: The purpose of this presentation is to reveal the necessity of the early operative treatment in patients diagnosed with Marfan syndrome and the importance of screening tests in this group.

Materials and methods: The report is based on the analyses of the medical history of three patients, first degree relatives, diagnosed with Marfan syndrome who were admitted and operated in the department of cardiovascular surgery for the aortic dissection. The diagnosis was based on the echographic, angiographic and computer tomography data.

Results: All three patients were discharged in a good physical condition with the proper cardiac function and anticoagulation drugs. The follow up of the patients didn't reveal any further complications.

Conclusion: The screening of patients with Marfan syndrome for the aortic aneurysm is a useful and necessary instrument in the prevention of acute aortic dissection. The choice of the surgical procedure is based on the identification of type of the dissection, its extension and the preference of the surgeon.

Keywords: Marfan syndrome, aortic dissection

24. VASCULAR ACCESS FOR HEMODIALYSIS IN DIFFICULT CONDITION – CASE PRESENTATION

Țăruș Andrei

Academic adviser: **Tinica Grigore**, M.D., Ph.D., Professor, Chief of the Department of Cardiovascular Surgery, Medical and Pharmaceutical University “Gh. Popa”, Iasi, Romania

Introduction: Hemodialysis in the end-stage chronic kidney disease requires a permanent access to the patient's circulatory system, and the suitable amount of blood flow is important for the efficiency of dialysis. These conditions are better satisfied by the arterio-venous native fistulae, synthetic shunt between artery and vein or a direct central venous cannulation. Central vein thrombosis and stenosis is one of the complications that make classical hemodialysis access unusable.

Purpose and Objectives: Presentation of an alternative solution for vascular system access, which will avoid stenotic /obstructed segments of the superior and inferior caval system.

Materials and Methods: The presentation is based on the analysis of the medical history of a patient with the superior vena cava syndrome, and severe stenosis of inferior vena cava developed after chronic hemodialysis with contraindications for peritoneal dialysis and kidney transplant, treated by installing a prosthetic shunt between right atrium and left axillary artery, and evaluation of similar cases found on PUBMED database.

Results: The patient was discharged from the department in good physical condition, with stable hemodynamic parameters; no signs of cardiac dysfunction were noticed on echocardiography.

Conclusions: In patients with severe limitation of blood flow in the superior and inferior cava system the creation of a shunt between an artery and right atrium is an effective solution for hemodialysis access. Given the small number of cases reported in the literature, the results of this procedure still have to be studied.

Keywords: Vascular access, hemodialysis, rightatrium

25. POSTCHOLECYSTECTOMIC SYNDROME. AN INTERVENTIONAL ENDOSCOPY, ADVANTAGES IN THE TREATMENT OF THE RESIDUAL CHOLEDOCHOLITHIASIS

Tkachuk Olha

Academic adviser: **Pashinsky Jaroslav**, PhD, assistant of the department of surgery №1 with a course of endoscopy and laser surgery, National Pirogov Memorial Medical University, Vinnitsa, Ukraine

Introduction: Over the last decades the morbidity of choledocholithiasis increases therefore also increases the number of surgical interventions such as cholecystectomy and the interventions on the biliary tract, mostly connected with a choledocholithiasis. A number of recurrent stones in the biliary tract increases, which stimulate the development of medicine and further improvement of miniinvasive interventions to avoid those negative effects, which are caused by open methods.

Purpose and Objectives: To improve the results of treatment for the residual choledocholithiasis and to compare miniinvasive and open methods of surgery.

Materials and methods: At the hospital 204 patients with the obstructive jaundice non-neoplastic etiology have been treated. We have taken and analyzed 60 cases of PCES, including men, which were 30 (50%), and women, which also were 30 (50%). Interventional endoscopy was made for 30 (50%) patients (the study group); 30 (50%) patients were subjected to open methods (the control group). Patients in the study group were treated with the endoscopic retrograde cholangiopancreatography (ERCP), which includes endoscopic papillosphincterotomy (EPST), litoextraction (LE), papillosphincteroplasty (PSP), endoscopic revision and sanitation+balloon dilatation. To the patients in the control group was made an open cholecystectomy (CE) with choledochoduodenostomy (CDA), CDA and reconstructive surgery: a transformation of CDA to choledochojunoanastomosis (CJA). All patients had general medical examination, ultrasound of the abdomen, computed tomography. Endoscopic interventions were carried out with the FUJINONED - 250XT5 apparatus, papillotom «Olympus» and «Wilson Cook», Dormia basket, mechanical Lithotripters «Olympus», «Söring» machine was used for the tom, the cutting and coagulation mode.

Results: In the study group there were 2 cases of postoperative complications and in the control – 8 cases, which in the percentage for the study group is 6.66 %, and for the control - 30%. While conducting this analysis was highlighted the following symptoms: bleeding, pancreatitis, and cholangitis. In the study group were recorded one case of bleeding (3.33 %) and cholangitis (3.33 %). For the comparison, in the control group were recorded 3 bleeding (10.0 %), 4 pancreatitis (13.33 %) and 2 cholangitis (6.67 %). In the study group hospital patients stayed for the 3 ± 1 bed-day, in the control for the 13 ± 2 bed-days. Duration of endoscopic surgery on average lasts 27 ± 15 min., and the open surgery lasts 90 ± 15 min. There was no lethal outcome in both study and control groups.

Conclusions: Miniinvasive interventions have following advantages over the open surgical intervention: (1) Much shorter operation duration and less traumatism. (2) Reduced the number of complications in the early postoperative period. (3) Reduced the length of patient staying in the hospital.

Keywords: Postcholecystectomic syndrome, an interventional endoscopy, endoscopic retrograde cholangiopancreatography