

## 26. RIGHT VALSALVA SINUS ANEURYSM RUPTURED INTO THE RIGHT CAVITIES

**Zavalichi Marius Andrei**

*Academic adviser:* **Tinica Grigore**, M.D., Ph.D., Professor, Dr. M.Enache, Dr. V.Diaconescu, Dr. V.Prisacari, University of Medicine and Pharmacy "Grigore T. Popa", Iași, România

**Purpose and Objectives:** VSA is a rare heart disease (1/2000 cases), discovered fortuitously, if unbroken aneurysms or with symptoms triggered by factors such as exercise, trauma, catheterization, folded on a preexisting condition, for example endocarditis, as happen in the ruptured cases.

**Material and methods:** We reported 2 cases with VSA complicated by rupture into the right cavities and severe heart failure. Case 1: Male patient, 55 years, with minimal effort dyspnea, dyspnea with orthopnea, fatigue and edema of the legs, symptoms began with two months before admission, suddenly after a physical effort. Case 2: Male patient, 42 years with dyspnea at rest, paroxysmal nocturnal dyspnea and extreme fatigue, myopericarditis and pleurisy history. Echocardiography was the one which diagnosed in both cases: In the first case, the right Valsalva sinus giant dilation with perforation 5-6 mm with RV communication in the RVOT and left right gradient of 68 mmHg, severe pulmonary hypertension confirmed by catheterization -PAP 95/47 / 58 mmHg, pulmonary circulation being charged 4 times. In the second case, it revealed the presence of an abscess of VSA ruptured into RA, with left-right shunt. Surgical correction was performed in both cases by aneurysm resection and suture of the defect, the first case adding mechanical prosthetic aortic caused by right coronary cusp prolapse, calcified and retracted.

**Results:** Postoperative evolution was favorable in both cases, the progressive withdrawal of inotropic support in the first case, the patients were discharged at 14 and 8 days after surgery.

**Conclusions:** Standard surgery mainly consists in aneurysm resection and suture defect processes, which could be easier in RA and RV involvement, but with a much more noisy symptoms in atrial segment.

**Keywords:** Valsalva, aneurysm

## 27. SURGICAL CURE OF INGUINAL HERNIAS BY THE LICHTENSTEIN PROCEDURE

**Ambroci Larisa**

*Academic adviser:* **Rojnoveanu Gheorghe**, M.D., Ph.D., Surgery Department nr.1 „Nicolae Anestiadi”, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova

**Introduction:** The surgical treatment of the inguinal hernias is a current problem in terms of both frequency and the socio-economic complications involved. The actively employed people and the elderly are most frequently subjected to the surgical cures for inguinal hernias, which imposes the need to address the problem of reducing the period of hospital treatment, improve the quality of life, for the rapid socio-professional reintegration of the patient and the relapse prevention. The study aims at analyzing the results of the surgical treatment of inguinal hernias by the Lichtenstein procedure, highlighting the peculiarities of the surgical act and the advantages of using synthetic mesh during the treatment.

**Materials and methods:** The study is based on the analysis of the treatment of 468 patients with a diagnosis of inguinal hernia treated in the Surgery clinic of the Chisinau NCSUMP in 2011-2012. The study group was divided as following, women - 38 (8,12%), while men - 430 (91,88%) ( $p < 0,05$ ). The average age was  $53,5 \pm 0,79$  years. There were 271 (57,9%) patients of the working age (60 years) and 197 over 60 years - 197 (42,1%). The Lichtenstein procedure was chosen for 321 (68,6%) of the total amount of the 454 operated cases. The repair was performed with the Pro-Mesh and Biosintex meshes, having the 7x15 cm size, while the sutures - with a 2.0 polypropylene thread.

**Results:** The postoperative period was favourable for most patients. By Clavien, postoperative complications occurred only in 2 patients, as determined by the simultaneous pathologies. The local complications (abscess, seroma, haematoma) were not reported in any patient. The