

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

average postoperative duration was $5,34 \pm 0,06$ days, with the per prima regeneration of the postoperative wound in 100% cases. The patient's follow-up period was up to 12 months.

Conclusions: The Lichtenstein procedure is the method of choice in the surgical cure of inguinal hernia due to the simplicity, efficiency, minimal postoperative pain and rapid socio-economic reintegration of the patients. The cancellation of the blood pressure in the tissues allows to minimize the risk of relapse, providing greater comfort for the patient.

Keywords: inguinal hernia, Lichtenstein hernioplasty, polypropylene mesh, relapse

28. NON-SAPHENOUS SUPERFICIAL VENOUS REFLUX IN PATIENTS WITH VARICOSE VEINS

Caimacan Adriana, Culiuc Vasile

Academic adviser: **Guțu Eugen.**, M.D., Ph.D., Professor of Surgery, Chief of Department of General Surgery and Semiology, State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: Occurrence of pathological venous reflux in the superficial veins of lower limbs is considered to be the pathogenetic factor in the development of varicose veins. In the overwhelming majority of cases venous reflux is diagnosed at the level of the saphenous system: either in the main trunk (axial reflux) or in the tributaries assigned to the greater or lesser saphenous veins (non-axial reflux). In contrast, non-saphenous venous reflux (NSVR) is deemed to be the pathological reflux in superficial veins which are not attributable to the saphenous systems. Till date there is lack of information on NSVR even in specialized medical literature, this kind of venous hemodynamic disorders being often underdiagnosed in daily clinical practice. This study was designed to determine the prevalence and distribution of NSVR in patients with varicose veins depending on age, gender and C class of Clinical-Etiology-Anatomy-Pathophysiology (CEAP) classification.

Materials and Methods: Information on 463 patients (546 limbs) consulted with varicose veins during a two years period was analyzed in a retrospective study. Anthropometric data were recorded, while involved limbs were distributed according to CEAP classification. Affected extremities were examined with duplex ultrasound scanning and conventionally split up into two groups based on the source of venous reflux – group I (saphenous reflux) and group II (NSVR). Clinical and imaging data were subsequently assessed.

Results: NSVR was diagnosed in 42 (7.69%) limbs of 38 patients. We identified the sources of NSVR as following: perforator veins of lateral, posterior and medial thigh ($n=9$, 21.4%); pelvic veins ($n=17$, 40.47%) including vulvar veins and veins from the gluteal area; branch from common femoral vein ($n=3$, 7.14%); veins of popliteal fossa ($n=12$, 28.57%); knee tributaries ($n=1$, 2.38%). There was noted more frequent detection of NSVR in female patients – 31/38 (81.57%), with a female/male ratio of 4.42/1 in group II versus 1.85/1 – in group I. The average age of patients from group I was 52.78 years (ranging from 18 to 90 yrs) versus 37.43 years (ranging from 18 till 48 yrs) – registered in pts from second group. The C2-3 (CEAP)/C4-6 (CEAP) ratio was 1.69/1 – in group I versus 7.4/1 – in the group II.

Conclusion: Patients with varicose veins present various patterns of venous reflux. NSVR had a prevalence of 7.69% in our study, being revealed most common in young female patients, with low till moderate clinical severity (class C2-3 according to CEAP classification) of chronic venous disease. Meticulous duplex ultrasound examination of patients with varicose veins is crucial in order to establish the precise origin of the pathological venous reflux.

Keywords: non-saphenous venous reflux, varicose veins, duplex ultrasound