

resulted in decreasing of the primary healing, appearance of anastomotic deformations and expression of the adhesion process vs anastomosis from the groups I and III.

**Conclusion:** Using of latex tissue adhesive for local protection of colonic anastomosis improves anastomotic healing, processes of neoangiogenesis and fibrilogenesis. Using of collagen patch for local protection of colonic anastomosis doesn't have any advantages and provokes delaying of regenerative processes and persisting of an inflammatory process.

**Keywords:** anastomotic leakage, collagen patch, latex tissue adhesive

## 32. TRAUMA OF THE PANCREAS: PROBLEMS IN DIAGNOSIS AND OPTIMAL MANAGEMENT

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**Introduction:** Leading place among abdominal trauma is represented by the damage of hepatopancreatoduodenale area, including very serious consequences as pancreatic trauma, manifested by difficulty in diagnosis and high lethality, which is 2-3% in isolated trauma, and 50-60% - the associated trauma and posttraumatic complications rate is up to 75%.

**Purpose and Objectives:** Analysis of the results of diagnosis and treatment of patients with traumatic injuries of the pancreas depending on the degree of injury by optimizing the algorithm of diagnosis, treatment and prevention of complications.

**Materials and methods:** During the period 2000-2010 in surgery clinic no. 1 "Nicolae Anestiadi" were interned 60 patients with traumatic lesions of the pancreas. Most of the patients suffered closed abdominal trauma 39 (65%) and with open trauma were 21 (35%). There was a major of cases of associated lesions and multiple constituting (35% and 22%). Major interest presented diagnosis of complications caused by traumatic lesions of the pancreas, and especially traumatic acute pancreatitis (PTAP) and its evolutionary forms, which is the most common complication in this type of injury. As the major methods in the diagnosis of traumatic lesions of the pancreas were ultrasound examination 41 (68%), laparocentesis 19 (48.7%) and laparoscopy 16 (26.7%), being applied consecutively and in dependency of the status of each case. Drug treatment was applied in 8 patients with isolated closed abdominal trauma hospitalized with clinical signs of PTAP, with no signs of intra-abdominal haemorrhage or peritonitis and patients operated with or without signs of PTAP in order to its prevention. Surgery required 52 (86.7%) patients, of them 31 (59.6%) with closed abdominal trauma and 21 (40.4%) with open lesions. According to the severity of injuries patients were distributed: gr. I-17 (28.3%), gr.II-34 (56.7%), third degree, 4 (6.7%), gr. IV-4 (6.7%), gr.V-1 (1.6%). Basic principles of surgical treatment included hemostasis with organ preservation, closed or open drainage of omental bursa, external drainage of injured duct of Wirsung, biliary decompression.

**Results:** The postoperative complications were 41 (68.3 %) patients, of which: PTAP 34 (82.9%), suppurative complications 7 (17.1%). Lethality was 11 (18.33%).

**Conclusions:** The diagnosis of traumatic lesions of the pancreas is determined by the anatomical features of pancreatic-duodenal area, preoperative diagnosis is possible only on the basis of a standardized complex of clinical and laboratory investigations. Treatment of traumatic lesions of the pancreas with organ preservation, most necessary part of the operation being conducted bursoomentostomia.

**Keywords:** Pancreas, trauma, acute posttraumatic pancreatitis