

### 33. BENIGN TUMORS OF THE LIVER: DIAGNOSIS AND TREATMENT MANAGEMENT

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**Introduction:** Many benign liver lesions are an incidental finding in patients with no specific symptoms. However, in patients who are evaluated because of upper abdominal complaints, another difficulty is to make sure that the benign liver tumor and not the associated condition is indeed responsible for the symptoms. There is a bad correlation between a liver tumor and complaints and any benign tumor <5 cm is unlikely to be symptomatic. To perform a retrospective analysis of clinical material to develop optimal diagnostic and therapeutic tactics for patients with benign liver tumors and assessing postoperative outcomes.

**Materials and methods:** The study was conducted on a group of 39 patients with benign liver tumors who were hospitalized in Republican Clinical Hospital, Department of Hepato-biliary-pancreatic Surgery. The patients have been examined for diagnosis and surgical treatment.

**Results:** Benign liver tumors most commonly affect women to men (ratio of 3:1), which is possible due to the use of oral contraceptives, most lesions being detected between 41-50 and 61-70 years old. In the series of 39 patients, 30 were hemangiomas, 6 adenomas and 3 focal nodular hyperplasia. The complaints were grouped in 3 syndromes: the dolor syndrome (61%), dyspeptic syndrome (26%) and asthenia (13%). This feature reflects benign liver tumors to appear asymptomatic. All patients were investigated at US, CT or MRI, CT being the most specific method. The most common location is in V-VII segments, corresponding to the right hepatic lobe. Predominate large tumors (> 10 cm). Changes in peripheral blood like anemia, thrombocytopenia, accelerated ESR are minimal. Tumor markers (CA 19-9, CEA, AFP) were elevated in only 5(13%) of 39 patients. Surgical treatment: 28 enucleations, 8 atypical resections, 3 anatomical resections. Prevalence of enucleation directly reflects predominance of hemangiomas. Postoperative complications were minimal with zero mortality.

**Conclusion:** Benign tumors usually are asymptomatic, symptoms are more likely with large lesions, but a well-established diagnosis tactic includes US, CT and MRI. The treatment management is individual and depends on location, size of tumors and patients complaints. When surgery is not indicated, patients should be periodically evaluated by US and CT.

**Keywords:** benign liver tumor, hemangioma, hepatic resection

### 34. CANCER OF THE COLON. CONTEMPORARY METHODS OF DIAGNOSIS AND TREATMENT

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**Introduction:** Colon cancer is a leading cause of morbidity and mortality in the world with a significant impact on the medical, social and economic field. In developed countries, affecting 1 in 20 people, and in Europe every second death from cancer is the colon cancer. In Moldova, in 2001 the incidence of colon cancer was 18.8% (primary patients 816) mortality being 16% (300 patients).

**Purpose and Objectives:** Studying and determining optimal methods of diagnosis and treatment of patients in the examined group. Identify the relationship of patient age, sex, origin and geographical location.

**Materials and Methods:** In the research were examined 40 patients with clinical diagnosis: colon cancer. Clinical and statistical documentation was based on clinical observation data sheets, protocols operative imaging materials and histopathological results in the archive Republican Clinical Hospital.

**Results:** In the year 2010, the total number of patients operated on in the Department colorectal of the Republican Clinical Hospital was 850, of which 40 patients with colon cancer. The

study included 21 men (52,5%) and 19 women (47,5%). Decades of age V, VI and VII were most affected by colon cancer representing 95% of cases, with a maximum peak incidence in the fifth decade of 57.5%. Less affected were patients younger than 50 years accounted for only 5% of cases. Rating according to location: sigmoid colon (42,5%), rectum (30%), descending colon (15%), ascending colon (10%) and transverse colon (2,5%). According to geographical distribution most affected area was the centre of the country – 52%. In accordance with environmental distribution predominant are patients in rural area – 65%. According to histological form is predominantly adenocarcinoma – 97,5%. 97.5% were diagnosed in stage IV of colon cancer and only 2.5% in stage III. Depending on addressing, 77,5% of total addressed urgently, and 22.5% - planned. Intestinal occlusion is the most common complication of colon cancer is an indication for emergency surgery and requires urgent addressing to specialized medical institutions.

**Conclusion:** From the study, the most frequently affected with colon cancer are patients aged 51-60 years with a maximum peak incidence of 57.5%. Intestinal occlusion is the most frequent complication of cancer of the colon and it is an indication for surgical treatment. 77.5% of the total were hospitalized urgently, and within 48 hours were operated 58%.

**Keywords:** colon, cancer, adenocarcinoma

### 35. DOPPLER ULTRASOUND EVALUATION OF PATIENTS WITH SURGICAL ASSISTED PORTAL SPLENOPATHY

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**Introduction:** The liver cirrhosis is a particularly complex problem and presents interest for many medical specialties, representing a major public health problem. Clinical and Doppler monitoring are required in this situation to achieve optimal results. The portal hypertension surgery is a serious aggression for the liver patient, frequently on the edge of his own biological resources. Assessment of Doppler ultrasound utility in evaluation of patients with portal splenopathy and quantification of particular parenchymal and vascular modifications.

**Materials and methods:** 50 cirrhotic patients (31 men-60 % and 29 women-40 %), were enrolled in the study, the mean age is 34.8 years (between 23-54 years), monitored at Surgery Clinic of SCR. We studied the results of abdominal ultrasonography and eco-Doppler, following the particularities of portal hemodynamic changes and postoperative complications. Different surgical methods of treatment were applied: Hassab's decongestion + splenectomy (48 patients-96%, 9 of this were approached by laparoscopic surgery), distal splenorenal shunt procedure (DSRS) (1 patient-2%), singular splenectomy (1 patient-2%).

**Results:** The clinical manifestations were dominated by splenomegaly, weakness, ascites, bleedings and collateral circulation. Severe hypersplenism was confirmed in 32 patients-64% cases, 17 of them translated by pancytopenia, and 4 cases by thrombocytopenia. Ultrasound examination confirmed the diagnosis of chronic hepatopathy in all examined cases. The most common pathological ultrasound aspects was splenomegaly (47 cases - 94 %), dilatation of portal vein, increased portal and splenic vein diameter in 45 patients (90 %), increased echogenity of the hepatic parenchyma in 44 cases (88%). Multiple vascular malformations of the spleen have been reported in this study: 18 cases (36 %) of perisplenic varices, 16 patients (32%) we noted the presence of peri-gastric and peri-esophageal collateral veins, 6 cases - hepatofugal flow, splenic infarction - 3 cases, 2 cases of portal vein thrombosis. We have determined accessory spleens in 2 cases. The results of upper endoscopy: 12 patients (24%) with 2nd and 3rd degree esophageal varices and 36 patients (72%) with 3rd degree portal hypertensive gastropathy. The postoperative Echo-Doppler monitoring detected portal vein thrombosis in 2 cases, abscess in the area of splenic lodge - 1 case, 3 cases of ascites.

**Conclusion:** The perioperative ultrasound evaluation in the patients with liver disease has a major importance for establishment of the positive and differential diagnosis of portal splenopathy.

**Key words:** liver cirrhosis, esophageal varices, Doppler