

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