

Conclusion: This meta-analysis study provides evidence that translocation (especially of endotoxin) occurs into the thoracic duct. These data do support the concept that the thoracic duct is a major route of bacterial translocation in patients with MOF

38. NEGATIVE PRESSURE THERAPY IN THE TREATMENT OF SUPPURATED EVENTRATED LAPAROTOMIC WOUND

Lesanu Victor

Academic adviser: **Ignatenco Serghei**, M.D., Associate Professor, State Medical and Pharmaceutical University „Nicolae Testemițanu”, Chisinau, Republic of Moldova

Introduction: The laparotomic suppurated eventrated wound is a postoperative complication caused by contamination, suppuration and necrosis of the abdominal wall anatomical layers (subcutaneous fat, ventral aponeurosis, peritoneum) with eventration of abdominal organs. The use of negative pressure therapy in the treatment of laparotomic suppurated eventrated wound is described worldwide in the specialty literature, but its efficiency depending on the etiology of the intraabdominal infection remains insufficiently studied.

Purpose and Objectives: Reporting the results of the treatment with negative pressure of the patients with laparotomic suppurated eventrated wounds.

Materials and Methods: From October 2012 until March 2014, negative pressure therapy was used in the treatment of laparotomic suppurated eventrated wounds in 22 patients with the mean age of 64.2 and sex ratio M:F being 15:7. The study included patients with laparotomic suppurated eventrated wounds due to diffuse peritonitis in the following nosologies: inguinal hernia with small bowel necrosis (1), postoperative ventral hernia (1), gastric adenocarcinoma with perforation (1), gangrenous cholecystic perforation (1), closed abdominal trauma with bowel (1) and small intestine injury (1), fistular Crohn's disease (1), gangrenous perforative appendicitis (3), colon ischemia and necrosis with perforation (2), nonspecific ulcerative colitis with intestinal obstruction (1), colon diverticulum perforation (2), benign tumor of the colon with mechanic obstruction (1), colon adenocarcinoma with mechanic obstruction (3), colon adenocarcinoma with perforation (3).

Results: The negative pressure therapy set at 75-105 mmHg was applied after necrectomy, with a mean duration of the sessions of 48-72 hours. The number of sessions was determined by the type of intraabdominal infection. Wound closure criteria were: the presence of mature granulation tissue, the type of inflammatory-regenerative cytological imprints and the decrease of the amounts of wound microflora from 10^{6-7} to 10^{2-3} . The treatment was carried out in two stages: the first stage - negative pressure therapy with suturing of the ventral aponeurosis, the second stage - continuing negative pressure therapy with complete closure of the laparotomic wound. Definitive closure of the abdominal wall was possible in 19 patients. 3 patients died, the mortality rate constituting 13.6%.

Conclusions: The use of negative pressure therapy in the treatment of the laparotomic suppurated eventrated wounds allows to: eliminate the septic source, decrease the frequency of dressings changes- one at 48-72 hours with a fascial closure rate of 86.4%.

Keywords: negative pressure therapy, laparotomic suppurated eventrated wounds, fascial closure

39. HAEMOSTASIS FOR VARICEAL BLEEDING IN PATIENTS WITH LIVER CIRRHOSIS

Negru Anastasia

Academic advisers: **Vozian Marin**, M.D., Assistant, Chair of Surgery no. 1 "Nicolae Anestiadi", **Mishin Igor**, M.D., Ph.D., senior scientific researcher – coordinator, Laboratory of Hepato-Pancreato-Biliary Surgery State University of Medicine and Pharmacy “Nicolae Testemițanu”, Chișinău, Republic of Moldova

Introduction: Variceal bleeding is a severe complication of cirrhosis leading to significant morbidity and mortality. Ruptured esophageal varices cause approximately 70% of all upper