

42. THE ELEMENTS OF MANAGEMENT OF A HEPATIC SURGICALLY ASSISTED PATIENT

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Introduction: The number of surgical interventions made to the patients with chronic liver diseases is in a continual growth. It is due both to the growth of the number of patients as well as a greater frequency of surgical complications. Patients are exposed to a large scale of risks that are diagnosed by a chronic hepatic disease, that need a surgical intervention. The article treats on the elements that doctors have to take into consideration whenever they face such a situation as well as the way how this assistance of specialty can be.

Purpose and objectives: It is the analysis in approaching the stage of a hepatic surgically assisted patient based on a standardized report of an individualized assessment of a clinic risk.

Patients and methods: The research area was made up of 43 hospitalized patients at the Surgery Hepatobiliary Pancreatic Department, SCR, the data were collected and analyzed in many directions: pre-, intra-, and postoperator. The complete diagnosis included the disease history, the morphological aspect, the degree of liver dysfunction and portal hypertension, the existence of complications and associated diseases, the response to treatment, the evolution and the quality of life for a period of 3, 6 or 12 months – in postoperator period.

Results: The majority of patients (31 patients – 72%) were diagnosed with hepatic cirrhosis Child B. The group's average age was 38,4 years, 56% - women, 44% - men. All patients underwent an operation, that is azygo-portal devascularization and splenectomy (n=39), portosystemic shunt (n=3), hepatic transplant (n=1). Precocious postoperator lethality – 1 case (2,3%), morbidity – 6 cases (14%). The medical chirurgical assistance, made an emphasis on the possibility to initiate a preventive treatment of possible complications. Thus, it was made a prophylactic endoscopic ligature at 36 patients with esophageal veins and a high hemorrhagic preoperator risk and at 22 patients in a postoperator at the distance. The repetition of Doppler ultrasound in pursuit of portal thrombosis, in order to establish its evolution, the degree of obstruction and of an efficient treatment, has confirmed that the performed screening at the patients being at a high risk, proved to be efficient. The ultrasound assessment has confirmed the portal vein thrombosis at 3 patients (7%) using an antiplatelet and antithrombosis treatment.

Conclusions: The perioperator management of hepatic chirurgical patients is a difficult one. But a good cooperation between a hepatologist, a reanimatologist and a surgeon creates premises of a therapeutic success.

Keywords: Chronic liver diseases, management, quality of life

43. THE RISK OF PURULENT SEPTIC POSTOPERATIVE COMPLICATIONS

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Introduction: In the structure of nosocomial infections prevail purulent septic infections, which represent about 85.0 % and the total number of illnesses by septic -purulent nosocomial infections recorded in the country and 66.6 % of them occur in surgical departments.

Materials and Methods: In order to determine the actual incidence of nosocomial purulent septic infections in general surgery, the active method of diagnosis were used - by studying the retrospective observational records of patients with complications admitted to surgical aseptic departments of CNSPMU during 2010.

Results: Depending on the underlying diagnosis, the risk of purulent septic postoperative complications is higher in chest trauma (750.0%) and liver cirrhosis (667.7 %), followed by surgeries for appendicitis (446.8%) and abdominal trauma (400.0%). The study found that in patients with