

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 ligation 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

duration of up to one hour, the absolute risk of developing purulent septic complications is 173.9 cases per 1000 patients, if the surgery duration was from 1 to 2 hours, the risk of purulent septic complications is 341.1 cases per 1,000 operated patients, and surgery lasting more than 2 hours increased the risk of postoperative septic infection to 416.6 cases per 1000 of patients operated. According to the results obtained in the group of patients who underwent a single surgery the incidence of postsurgical septic complications are 192.1 cases per 1,000 patients, whereas in the group of patients who have undergone two surgeries this index is 700.0 cases 1000 patients operated, which is 3.62 times higher.

Conclusions: Length of hospital stay in patients with septic postoperative complications is about 2 times higher compared to the duration of hospital stay in patients without septic complications and is, average, 12.859 ± 1.934 days/bed . On average, each case of septic, nosocomial infection, made hospital stay of the patient longer up to 7.326 days, this led to significant additional expenditures.

Keywords: surgery, purulent septic infection, septic postoperative complication

44. THE INCIDENCE OF SEPTIC NOSOCOMIAL COMPLICATIONS IN SURGICAL WARDS

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Introduction: Nosocomial infections continue to be a current issue for all medical institutions, especially in surgical profile.

Materials and Methods: We studied 462 observation forms, including 249 patients treated conservatively and 213 sheets of patients treated surgically. Were extensive and intensive use indices, absolute risk, risk attribution and the relative risk were used.

Results: The study found that of 462 patients hospitalized in the Department of aseptic surgery, 57 patients developed septic nosocomial infection, the incidence constituting 12.34%, or 123.4 cases per 1000 patients (‰). It was found that the nosocomial septic complication's actual incidence in patients treated conservatively is 3.6 % and, in the group of patients undergoing surgery, the real incidence by septic infections is 24.6%. Therefore, the absolute risk of making a septic complication, based on our study is: for patients treated conservatively - 36.14 % and among patients undergoing surgery - 246.2 %. Attributable risk of surgery for septic complications is 210.06 cases per 1,000 patients operated, and the relative risk in people exposed to surgery is 6.81. Therefore, patients undergoing surgery have about 7 times higher chance of septic complications compared with patients treated conservatively. Risk of septic complications turned out to be higher in men (44.0,%) compared with female patients (56.0 %), the incidence rate is reversed, and the incidence of septic complications is 142.85% for men and 108,1% for women.

Conclusions: The real incidence of septic nosocomial infections in aseptic surgery ward is 123.4% of hospitalized patients, including conservative treatment group, the risk of developing of septic complications is 36.0 % and in the group of patients, undergoing surgery is 246.2 %.

Key words: surgery, septic complication, nosocomial infection

45. IMMUNOHISTOCHEMISTRY PROFILE OF THE MUCINOUS LESIONS OF APPENDICEAL AND OVARIAN ORIGIN

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Introduction: Pseudomyxoma peritonei (PMP) is a rare clinical entity, characterized by a significant amount of mucinous ascites associated by peritoneal mucinous implants. The most frequent localization of primary lesion are the appendix and ovaries (epithelial mucinous lesions with varying