

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,  $12.859 \pm 1.934$  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

histopathological architecture), although other primary sites of origin were described: gallbladder, stomach, pancreas, colon, uterus, fallopian tubes, urinary bladder, breast and lungs. There are still ongoing discussions in the literature about PMP, especially regarding the origins, histopathology and adequate treatment. The biological potential of the lesions depends on several factors which may be determined at the morphological examination. The primary aim is to identify the primary lesion site. In majority of PMP cases the primary lesion is originating from appendix. In some cases, though, there may be metastases to the ovaries, which need to be differentiated from primary mucinous ovarian lesions, especially in condition of grossly normal appendix. Taking in consideration all mentioned above, epithelium from different sites manifest different immunohistochemical expressions and this may help to identify the primary lesion site. Ovary epithelium and majority of tumors originating from the ovary manifest positive expression for cytokeratin 7 (CK 7) and are negative for cytokeratin 20 (CK 20), while appendiceal epithelium and tumors originating from appendix and colon are positive for CK 20 and negative for CK 7. Another specific immunohistochemical marker for colorectal and appendiceal origin tumors is the carcinoembryonic antigen (CEA).

**Materials and methods:** Current paper included two cases of ovarian mucinous cystadenoma, two cases of PMP of appendiceal origin (mucinous cystadenocarcinoma) and one case of appendiceal mucinous cystadenocarcinoma.

An immunohistochemical profile including CK 7, CK 20 and CEA for all the specimens was performed.

**Results:** For cases of PMP of appendiceal origin (n=2) and appendiceal mucinous cystadenocarcinoma (n=1) a positive expression of CK 20 and CEA was obtained, manifested by moderate and/or intense reaction in cytoplasm and membrane of majority of tumor cells (C++/+++; M++/+++). Reaction for CK 7 was negative.

For cases of ovarian mucinous cystadenoma (n=2) a positive expression of CK 7 was obtained, manifested by intense reaction in cytoplasm and membrane of the tall prismatic epithelium (C+++; M+++). Reaction for CK 20 and CEA was negative.

**Conclusion:** Results obtained within the current study showed a difference of the immunohistochemical profile of the mucinous lesions of appendiceal and ovarian origin, thus confirming the available data. These findings prove that the immunohistochemical profiling may help to identify the origin of the primary lesion and this have an impact on the subsequent management of these patients

**Keywords:** Mucinous lesions, pseudomyxoma peritonei, immunohistochemistry

## 46. HEALTH-RELATED QUALITY OF LIFE ASPECTS IN PATIENTS WITH VESTIBULAR DISORDERS

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**The purpose** of this study was to describe issues regarding the quality of life in a group of patients (n=60) suffering from vestibular disorders and their self-rated disease, specific symptoms, disability and general functioning in everyday life, using two different self-rated instruments: the Dizziness Handicap Inventory (DHI) questionnaire and the Vestibular Activities of Daily Living Scale (VADL) questionnaire.

**The results** showed that the physical aspects (DHI average scale score 1.84) of dizziness mostly influenced the quality of life, followed by functional aspects (DHI average scale score 1.76) and by the emotional ones (DHI average scale score 1.35). The worst functional impairment rated by the patients from our data are in the psycho-social area such as the feeling of a restricted situation and anxiety about the dizziness and symptoms' consequence, which leads to avoidance of many activities like reading and being at high altitude. Physically, our patients were most affected by the quick movements of the head, by bending over and by looking down.

**Conclusions.** Our results revealed that from emotional point of view the patients presented frustration; impaired concentration and the feeling of depression. However, several impairments in daily life were not related to the disease itself. Dizziness is common in all age groups and seems to