

with patent ductus arteriosus and cor triatriatum. In the second case the ostium primum ASD and the persistent LSVC as well as an anterior mitral valve cleft were diagnosed by echography and CT. Both patients underwent elective surgery. The coronary sinus was reconstructed in both cases using autologous pericardial patches. Moreover, in the first patient the ductus arteriosus was ligated and the intraatrial trabeculum was excised. In the second case the interatrial septum was reconstructed with autologous pericardium. Both cases had an unremarkable postoperative recovery.

Conclusions: Both cases showed that although the diagnosis for these malformations requires multiple investigations, a surgical correction with good long term results is feasible if the mechanism of the shunt is well documented.

Key words: Coronary sinus reconstruction, ostium primum

12. TEXTILOMAS OF ABDOMINAL CAVITY

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Introduction: The term "textiloma" denotes a textile foreign body that is retained inside the patient during surgery. Intra-abdominal textilomas are a rare condition, which is reported non-frequently. Their natural evolution is unclear, whereas diagnosis and treatment are difficult and not standardized.

Purpose and Objectives: To assess the features of presentation, reliability of preoperative diagnostic methods, and treatment modalities in patients with textilomas.

Materials and methods: During 12-years period three patients with suspicions on retained textile foreign bodies were admitted in the National Center of Emergency Medicine. Males – 2, female – 1, with median age 26.6 years. In the past all patients underwent urgent surgical procedures: for penetrating abdominal wounds (2) and ruptured ectopic gestation (1). Time to readmission after first surgery was 9 days, 8 years, and 60 days, respectively. Examination included routine laboratory tests, abdominal ultrasound, and computed tomography in all cases.

Results and discussion; On the basis of imaging studies the diagnosis of intraabdominal postoperative abscess was supposed in two patients, and a gastric tumor – in one. The ultrasound scan features included a well-defined mass with a hypoechoic rim and a strong posterior shadow. Abdominal computed tomography revealed a well-defined "spongiform" mass with gas bubbles inside. All three patients had repeated surgery with removing foreign bodies and drainage of the residual cavity (2 cases), and subtotal gastrectomy en bloc with textiloma (in one). All patients had a complicated postoperative recovery with length of in-hospital stay 50, 39 and 33 days, respectively.

Conclusions: The possibility of textiloma should be in the differential diagnosis of any postoperative patient, who presents with signs of peritoneal infection or with abdominal mass. Repeated surgery is required for removing foreign bodies from abdominal cavity. Avoidance of leaving foreign bodies inside the patients could be possible by careful count of surgical materials, and thorough exploration of the surgical site.

Key words: Textiloma, abdominal cavity, imaging studies, repeated surgery

13. MITRO-AORTIC SUBACUTE BACTERIAL ENDOCARDITIS IN A PATIENT WITH SITUS INVERSUS TOTALIS

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Introduction: Situs inversus is a genetic disorder in which the main organs are in reversed position inside the human body (mirror image). The situation in which the heart is positioned on the right side of the thorax is known as situs inversus with dextrocardia or situs inversus totalis. If the heart

remains on the normal left side of the thorax, we can speak about a much rarer condition (1 in 22.000 of the general population) known as situs inversus with levocardia or situs inversus incompletus.

Material and Methods: In this paper we refer to a 42 years old patient with situs inversus totalis and cardiovascular pathology due to subacute bacterial endocarditis of the aortic valve complicated with the perforation of the anterior cusp of mitral valve associated with severe aortic regurgitation and moderate mitral regurgitation, NYHA class IV heart failure admitted in IBCV "Prof. Dr. George I. M. Georgescu" Iași for dyspnea at rest, fatigue, swelling of the lower limbs, cough. Preoperative invasive and noninvasive examination revealed multiple cardiovascular injuries. The surgical approach was aortic valve replacement with mechanical prosthesis and reconstruction of the anterior leaflet of the mitral valve with autologous pericardial patch.

Results: The post-operative evolution was favorable and the control echocardiography showed normofunctional aortic valve prosthesis and normal coaptation of the mitral valve leaflets with no signs of cardiac decompensation.

Conclusion: Dextrocardia is a rarely seen cardiac malposition, often associated with multiple and complex congenital cardiac anomalies. Valve surgery for acquired valvular lesions in dextrocardia with situs inversus is also rare. Surgeons require a prospective strategy for handling problems such as poor exposure of the cannulation site and diseased valve. The case illustrates the anatomic issues and operative considerations particular to aortic and mitral valve surgery in patients with this condition.

Key words: Situs inversus, mitro-aortic endocarditis, aortic insufficiency, anterior mitral valve perforation

14. THE EXTRAANATOMIC BY-PASS IN VASCULAR SURGERY

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Introduction: The term "extraanatomic" is used to outline vascular grafts, the paths of which lie through regions completely different from the arteries they by-pass. Although modern vascular surgery upholds several extraanatomic by-pass procedures, the precise indications for these surgical interventions, as well as the selection of patients and the proper surgical technique, have not been completely set yet.

Purpose and objectives: The study aims to assess the specific indications for extraanatomic by-pass, the proper surgical technique and patient selection.

Materials and methods: 13 extraanatomical by-passes were performed during the period of 2010-2014. All patients fell into 3 groups:

-Critical inferior limb ischaemia associated with advanced cardio-vascular and pulmonary pathology (n=6): all patients underwent femuro- or ilio-femural cross-overs. -Suppurative processes (n=3): all patients underwent femuro-femural or ilio-femural cross-overs.

-Vascular trauma (n=4) associated with damage and infection of adjacent tissues: 2 crossovers (1 ilio-femural and 1 femuro-femural) in case of ilio-femural axis damage, 1 femuro-popliteal by-pass (graft placed subcutaneously), 1 suprafascial brachio-brachial by-pass.

Results: The results highly depend on the vascular bed patency. Patients in critical limb ischaemia with obliterant atherosclerotic background, advanced cardiovascular and pulmonary diseases or those with suppurative processes are prone to a poor vascular bed. In the first 2 groups, 1 femuro-femural by-pass thrombosed in the immediate postoperative period (amputation was required), 2 of them remained patent up to 6 months, 2 of them up to 1 year and the other 4 cross-overs more than 1 year. In the third group, all by-passes remained patent during all follow-up period (up to 8 years).

Conclusions: Extraanatomical by-passes serve as an alternative to classical revascularization in certain groups of patients. These procedures are especially indicated in patients with contaminated vascular grafts or suppurative processes. Another group of patients are those with