

**Purpose and Objectives:** Highlighting the etiology, clinical manifestation, diagnosis and surgical treatment in hypertrophic pyloric stenosis behalf of the literature and case report, comparing open versus laparoscopic procedure.

**Materials and methods:** The project is based on 20 articles and 5 published case report regarding hypertrophic pyloric stenosis, one patient case study.

**Results:** the etiological factor for infantile hypertrophic pyloric stenosis remain idiopathic, with new risk factor erythromycin that will bind to motilin receptors directly on smooth muscle and cause contraction of pyloric bulb in addition to other risk factor like maternal smoking, and bottle feed. Infants with IHPS are clinically normal at birth, but they develop a nonbilious forceful vomiting during the first weeks of postnatal life, which is described as "projectile", if the child remain without treatment it will cause dehydration symptoms. The clinical diagnosis hinges on palpation of the thickened pylorus "straightforward after palpation of the olive sign in lateral rectus abdomens muscle after feeding the child" and the best alternative method is ultrasound of abdomen due to little cost and effectiveness. The treatment is surgical with two main method open pyloromyotomy ramstedt procedure or laparoscopic pyloromyotomy procedure.

**Conclusion:** The laparoscopic pyloromyotomy is more effective with less complication and faster time recovery with minimal scar tissue, the progressive is excellent normally without complication.

**Keywords:** hypertrophic pyloric stenosis, laparoscopic pyloromyotomy, ramstedt procedure, motilin receptors, erythromycin

## 92. POSTOPERATIVE COGNITIVE DYSFUNCTION IN PATIENTS AFTER LAPAROSCOPIC CHOLECYSTECTOMY

**Severin Ghenadie, Lazari Victoria, Belli Natalia, Chesov Ion**

State Medical and Pharmaceutical University „Nicolae Testemițanu”, Chișinău, Republic of Moldova

*Academic adviser:* **Belli Adrian**, Ph.D., AFSA, ISIA. Associate Professor, State University of Medicine and Pharmacy “Nicolae Testemitanu”, Chisinau, Republic of Moldova

### **Introduction:**

Postoperative cognitive dysfunction (POCD) is characterized by deterioration of cognitive performance (memory, learning, concentration), which appears after anaesthesia and surgery. POCD is insufficiently studied after minimally invasive cellioscopic interventions.

### **Objective of the study:**

To evaluate the postoperative cognitive status at the 7-th day after cellioscopic colecystectomy.

### **Materials and methods:**

Intravenous-inhalatory anaesthesia (propofol, fentanyl, and sevoflurane or isoflurane). EC approved and written informed consent obtained. Neurocognitive testing (n= 126, age: 46 [18-65] years) at 24 hours preoperatively and postoperative at 7-th day. Used tests: mini mental status (MMS), digit span test (DST), digit connection test (DCT), digit symbol substitution test (DSST) and Reedley colour stroop test (RCST). Statistics: t-Student and Wilcoxon.

### **Results:**

MMS: 28,47 (95CI 28,08–28,86) vs. 28,79 (95CI 28,44–29,13), p=0,206. DST: 9,85 (95CI 9,46–10,23) vs. 9,96 (95CI 9,54–10,39), p=0,76. DCT: 37,82 (95CI 35,17–40,48) vs. 33,34 (95CI 30,76–35,92), p<0,0001. DSST: 36,86 (95CI 34,73–38, 98) vs. 39,75 (95CI 37,38–42,12), p<0,0001. RCST: 18,37 (95CI 16,85–19, 88) vs. 16,79 (95CI 15,01–18,57), p=0,008. Conclusions: (1) Cognitive function in patients undergoing cellioscopic cholecystectomy with balanced anesthesia seems to be affected one week postoperatively. (2) It remains to be established whether the changes found could be defined as “POCD”, and if they have any impact on the quality of patient’s life.