

• Presence of islets of foveolar gastric mucosa in the distal segment with tracheoesophageal fistula could be a favorable morphological substrate for development of Barrett's esophagus in patients with esophageal atresia.

**Keywords:** esophageal atresia, fistula, pathomorphology

## 18. DIAGNOSIS AND SURGICAL APPROACH IN ACUTE APPENDICITIS

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**Introduction.** Acute appendicitis(AA) is the most common cause of acute abdominal surgical pathology. Usually, the diagnosis is based on a detailed history and a thorough clinical examination. However, there are groups of patients in whom the diagnosis is difficult because of the wide variety of clinical manifestations.

**The aim** of the study is to analyze the group of patients admitted with suspected acute appendicitis, rate of the cases with uncertain clinical presentation, medical and surgical approach of these patients and to determine the pathologies simulating acute appendicitis in order to avoid misdiagnosis.

**Materials and methods.** During 2011-2013, in Surgical Clinic No. 1 "Nicolae Anestiadi" were admitted 2568 patients with suspected acute appendicitis. Women were 1602 (62.38%), men - 966(37.62%). The mean age was  $33.62 \pm 17.07$  years. The number of patients of working age was 2282(88.86%), those over 60 years - 286(11.14%).As diagnostic methods have been used clinical examination and laparoscopic examination.

**Results.** In 1494(58.18%) patients the diagnosis was established by history and physical examination, which were operated immediately. In 50 (1.95%) cases appendicular mass was found. Diagnostic laparoscopy performed on admission in 315 ( 12.27 %) cases confirmed AA in 151 (47.9%) patients, in 15 cases - appendicular mass, in 76(24.1%) cases other pathology and in 73(23,17) cases-no pathology. The remaining 709(27.60%) patients were hospitalized for dynamic supervision. Of them: in 103(14.53%) cases AA was found, in 131(18,47%) - other pathology and 271(38,22%) patients were discharged with intestinal colic. In 204(28,77%) cases laparoscopy after observation was performed. Of them: in 51(25%) cases AA was confirmed, in 67(32,8%)- other pathology, in 86(42,2%) – pathology was excluded. In 143 patients AA was simulated by: gynecological pathology in 84(58.8%) cases, perforated ulcer in 27(18.9%), colecystopancreatitis in 7(4.8%) cases,mezadenitis in 11(7.7%) patients and other pathology in 14(9.8%) cases, confirmed by laparoscopy at admission and after observation.

**Conclusions.** For diagnosis of AA in patients with unclear clinical presentation and other pathologies that simulate AA, laparoscopic exam is indicated at admission. Patients with uncertain clinical presentation at admission require hospitalization, observation in dynamic and, if necessary, laparoscopy after observation.

**Keywords:** AA, uncertain clinical presentation, laparoscopy

## 19. PREGNANCY AND HEART DISEASE

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**Introduction:** At present, 0.2–4% of all pregnancies in western industrialized countries are complicated by cardiovascular diseases (CVD). Guidelines on disease management in pregnancy are of great relevance. Such guidelines have to give special consideration to the fact that all measures concern not only the mother, but the fetus as well. Some general conclusions have arisen from these guidelines:

counselling and management of women of childbearing age with suspected cardiac disease should start before pregnancy occurs; they should be managed by interdisciplinary teams.

**Materials and methods:** In The Institute of Cardiovascular Diseases "Prof. Dr. George IM Georgescu ", Iași, there were four cases of pregnant women with cardiac disease associated. Patient aged 16 years with 37 weeks pregnancy, single living fetus, tetralogy of Fallot, no cyanosis or hypoxic crises in history, which is the first pregnancy well tolerated. Patients aged 24 years and 39 weeks gestational age, surgically corrected transposition of the great arteries, moderate aortic stenosis, pulmonary stenosis, chronic heart failure NYHA class III, ventricular extrasystoles.

Patient aged 24 years, 38 weeks pregnancy, bicuspid aortic (stenosis moderate, moderate regurgitation), circular array of string. Patient aged 31 years, pregnancy 37 weeks, mechanical aortic valve replacement, NYHA class III chronic heart failure, incomplete uterine rupture.

**Conclusion:** In all four cases the pregnancy was terminated by cesarean section with further favorable development in specialized treatment and supervision.

**Keywords:** pregnancy, cardiac insufficiency, tetralogy of Fallot, transposition of the great arteries, bicuspid aortic valve

## 20. USING OF NEGATIVE PRESSURE IN THE TREATMENT OF PURULENT WOUNDS WITH CLOSE NON-STANDARD EQUIPMENT VACUUM ASSISTED (VAC)

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**Introduction:** VAC therapy is widely used in wound management. Standard equipments cost is a big impediment for its use.

**Purpose and Objectives:** To demonstrate the effectiveness of negative pressure assisted in purulent assisted wound treatment using non-standard Equipment VAC.

**Materials and Methods:** This paper presents a retrospective analysis of 12 cases of purulent wounds recorded in last year at Surgery Clinic No.1 "Nicolae Anestiadi" treated by negative pressure assisted using non-standard equipment of easily available materials to any surgeon and most importantly at an allowable price (50\$ USA vs 10500 €). This method consists of applying polyurethane foam sponge in the wound, and then the wound is covered with 3M Ioban<sup>1M</sup> antimicrobial adhesive film. The wound tightly closed, is connected to a container vacuum manifold and to a negative pressure generator through silicone tubing. The sponges sterilizing is performed in autoclave in a standard way. Negative pressure was maintained at 85 mmHg continuously. Non-standard system VAC has been installed on the wounds debrided preventive with application on 24 hours of conventional dressing to avoid bleeding. The exchange of sponges was made at intervals first 24 - 36 hours followed by 48-72 hours. Efficiency of negative pressure assisted with non-standard equipment was demonstrated by the amount of germs from wound, cytological smears on the wound walls, retraction of the wound edges, cover time of the wound with granulation.

**Results:** The quantity of bacteria in the wound decreased significantly after day 5-6 of vacuum aspiration, up to  $10^2$  -  $10^3$  microorganisms. Inflammatory - regenerative type of cytological smears from the wound was present starting with the 4<sup>th</sup> day. Retraction of wound edges up to 0.5 – 1 cm on entire perimeter of the wound was observed after 72 ore. Granulation tissue missing from the beginning in wounds, after 2 courses of 48 hours each, covered the wound surface at a rate of 45-50 %, and after 6 days practically all wound was covered with live granulations, plethoric.

**Conclusions:** The final results of this study are encouraging. We, in no way, don't claim that non-standard Equipment VAC is better or worse than VAC® system, but we can safely state that it works well, is inexpensive and effective technique in the management of purulent wounds and we recommend its use in situations where standard equipment is not accessible.

**Keywords:** VAC, purulent wound