

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^{1M} 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 4th 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