

Materials and Methods: The authors have studied 48 medical records and carried out a survey of 46 patients who had suffered from spleen injury and undergone treatment at the National Scientific-Practic Center of Emergency Medicine, RM, 2009-2011.

Results and Discussion: The average age of the researched group was $38,72 \pm 17,93$. Early complications in the case of post-splenectomy patients have appeared in the case of 60% of patients, 44,66% being infectious complications; in the case of patients who undergone organ-preserving operations - 6,25% while the late complications. The late post-operative period in the post-splenectomy patients' group was marked by a larger number of infectious complications' cases ($36,33 \pm 14,99$ compared to $36,33 \pm 14,99$ and $14,44 \pm 7,24$ in two other groups) and by a significantly lower quality-of-life index.

Conclusions: 1. The frequency of early complications in the post-splenectomy group is 9 times higher than in the case of the group of patients who undergone organ-preserving operations. Most complications are caused by infections (pneumonia, sub-diaphragmatic abscess, peritonitis).

2. The late complications in the post-splenectomy group have a mostly infectious nature (increased incidence of infections and increased frequency of chronic diseases' exacerbations). The use of organ-preserving tactics in cases of spleen injuries allows to improve the quality-of-life index of operated patients in the late post-operative period.

Key words: splenectomy, spleen injury, quality-of-life index, post-splenectomy syndrome, complications.

THE OBJECTIVES OF THE TREATMENT OF PATIENTS WITH VASCULAR TRAUMA

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Aim of the study: Assessment of the possibility of surgical treatment of vascular trauma using the open wound method.

Material and methods: During the period of 1990-2011, 66 patients with vascular injuries associated with bacterial contamination and delabrante wounds were treated using the open wound method. Extraanatomic by-passes with reversed internal saphenous graft have been applied to 12 patients. The initial wound was left opened for proper drainage and repeated debridement. In 54 cases the extraanatomic by-pass was not possible for such technical reasons as insufficient diameter and length of the autologous saphenous graft, considerable tissue destruction and contamination in the region with opportunity to pass the graft. In these patients open wound vascular repair was used.

Results: During the postoperative period 2 cases of erosive bleeding occurred, which were stopped by applying autovenous patches, adequate wound drainage and suturing on granulation tissue. Such interventions as arterial ligation and amputations were not necessary.

Conclusion: In cases of vascular trauma associated with extended damage and important bacterial contamination of the adjacent tissue, it is preferable to perform extraanatomic by-passes within viable and uncontaminated tissues. In cases when the by-pass cannot be performed, revascularization in situ using the open wound method is required. Access for control and repeated debridement of the tissues adjacent to the repaired vessel is realized through the unsutured postoperative wound or through large additional contraperture incisions.

Keyword: vascular trauma, extraanatomic by-pass, autologous saphenous graft.