

Physiological parameters (mean±SD) of pts were: ASA score - 3.3±0.1, APACHE score - 25.2±1.6 and POSSUM - 36.9±1.8. In most cases AMI was induced by superior mesenteric artery (SMA) embolism (54.3%, n = 19) followed by SMA thrombosis (25.7%, n= 9) and venous thrombosis (VT) (20%, n=7).

Results: The affected bowel segments were: small intestine (n=16), small intestine + colon (n=13) and total ischemia (n=6). Surgical procedures were as follows: small intestine resection (n=14) with SMA embolectomy (n=2), small intestine + right colon (n=12) and small intestine + subtotal colectomy (n=1). In two cases of VT affected intestinal segments were not resected, instead anticoagulation treatment was initiated and the intestinal viability was confirmed by second-look laparotomy. Explorative laparotomy was used only in advanced intestinal gangrene (n=6). Twenty five pts with massive injury were scheduled for staged damage control approach (immediate resection of the involved bowel without gastrointestinal continuity reconstruction, patients' resuscitation in ICU) combined with Negative Pressure Wound Therapy (V.A.C., KCI or homemade) and later on definitive reconstructive procedure (delayed anastomosis). Primary anastomoses were performed only in 2 pts with short segmental intestinal infarction. The overall 30-days mortality rate was 24/35, 68.5% (in non-total AMI - 18/29, 62%, in VT zero).

Conclusions: Early diagnosis and prompt surgery improves the AMI outcome. Colon involved in AMI is a poor prognosis sign. Damage control approach improves the AMI patients' survival.

Key words: acute mesenteric ischemia, surgery, damage control.

MINIMALLY INVASIVE TREATMENT OF BACTERIAL ABSCESES OF THE LIVER

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Introduction: The problem of early detection and treatment tactics in liver abscess in our time is not fully resolved, due to lack of in-depth study of this section surgery.

Aim: The study of the effectiveness and improve puncture - aspiration treatment of patients with bacterial abscesses of the liver under laparoscopic control, reduction of morbidity and mortality.

Materials and methods: Over 10 years in the hospital cured 72 patients with BAP, including men - 41 (58%), women - 31 (42%). The patients' age from 19 to 72 years, an average of 51,7 ± 3,2 years, 40.2% were older than 50 years. Applied (in various combinations), the following methods: clinical, laboratory, ultrasound (ultrasonography) or computed tomography (CT), laparoscopy, cytological and bacteriological examination of the contents of a bacterial abscess of the liver. For the ultrasound device used sonographic «Dornier-5200» in color Doppler, using probes of 3.5 and 5 MHz. For laparoscopy and interventions under the control of machines and tools used firms «Wolf» and «Karl Storz» (Germany). BAP drainage was carried out by the installation of drainage Seldinger. Biliary drainage for used self-locking drainage «Meadox» and «Cook».

Results: The patients were divided into two groups according to age, sex, location of abscess, the severity of the initial state. In group I included 34 patients who were operated on during the period 2001 - 2005. Using conventional surgical methods. In the II group included 38 patients who were hospitalized in 2006 - 2010. Surgery was carried out by puncture or drainage under laparoscopic control. In the first group of patients (34), after laparotomy, hepatotomii, sanitation and drainage of purulent center, 7 (20.6%) had observed complications (wound abscess, pneumonia) and 1 patient died from sepsis. Average length of stay in hospital the patient was 27 ± 1,9 days.

Conclusions: Minimally invasive interventions for bacterial abscess of the liver under laparoscopic control reduces the duration of hospitalization by an average of 6-8 days may reduce the morbidity and mortality.

Key words: bacterial abscesses of the liver, laparoscopic control.

CONTEMPORARY TREATMENT OF HIATAL HERNIA AND GASTROESOPHAGEAL REFLUX DISEASE

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Introduction: The Gastroesophageal Reflux Disease (GERD) is the primary concern for the XXI century gastroenterology due to the hereinafter mentioned facts:

- GERD ranks among the most common gastrointestinal diseases among mature population; 10% of global population suffers from GERD, fact which caused the appearance of the term ‘Gastroesophageal Reflux’ in the 10th edition of the International Classification of Diseases.
- GERD requires a long-lasting antacid medication (min 3–6 months) and frequently repeated treatment courses inducing a high treatment cost.
- Patients suffering from GERD are exposed to the high risk of morphohistological inflammatory, metaplasia and cancer complications (Reflux Esophagitis, Esophag Barrette, Esophageal Adenocarcinoma).

Goal: Optimisation of contemporary individualized treatment of HH and GERD.

Objectives:

- Research of drug treatment schemes to elucidate the most efficient treatment schemes in curing the GERD depending on its evolution
- Research and description of indications, methodology and short-term results of laparoscopic surgeries performed under GERD treatment by comparing the efficiency and gaps created by the implemented technologies.
- Research of endoscopic methodology of GERD surgery to elucidate strengths and gaps among the short- and long-term results.

Materials and methods: The authors highlighted the principles of the GERD treatment basing on data received after the retrospective, descriptive and monocentric study performed at the Municipal Clinical Hospital Nr. 1, Chisinau, Republic of Moldova, during 2010 – 2012. The authors have studied medical records of a group of 30 patients hospitalized according to the schedule into the section ‘Aseptic Surgery’ being diagnosed with GERD and HH.

Results:

- Medical treatment: Is implemented step by step (step up/down) depending on the clinical and paraclinical evolution, is long-lasting (2-6 months) with disease’s relapse in 87-90% of cases at 12 months after the cessation of the treatment, PPI appear to be the most efficient causing 61% of clinical resolution cases compared to 41% in H2 blockers’ case.
- The endoscopic treatment: is poorly studied with short term results (12 months) that shows the reduction of the ER in 62% cases and healing in 40%. The abandoning of the PPI post operative treatment in 87% of cases. Is a bridge between the drug treatment and the laparoscopic one of the GERD.
- The surgery tactics could be applied in only 10% of the total number of GER patients who face