Aim: Evaluation of different types of sphincter of Oddi dysfunction using the Scintigraphic Score

Materials and methods: Thirteen patients with SOD were prospectivelly enrolled. Hepatobiliary scintigraphy was performed to all patients. Normal sphincter had scores 0-4 points, while patients with SOD had values of 5-12 points. Patients were divided into 2 goups depending on the scinthigraphic score appreciated <5 or >5 points. The evaluated criteria were algic and dyspeptic syndrome, biochemical and ultrasound parameters.

Results: Four patients (score <5 points) caused equally (50%) pain with swelling and pressure character, evolution in accesses, located predominantly in the right upper quadrant and epigastrium with irradiation (double-duct type of SOD). In nine patients was assessed pain with pressure character, constant, located predominantly in the right upper quadrant (66.6%) with irradiation, associated with cholestatic syndrome (biliary type of SOD).

Conclusions: In patients with scintigraphic score > 5 points was established the biliary of sphincter of Oddi dysfunction. Hepatobiliary scintigraphy scored may become the noninvasive test of choice to screen postcholecystectomy patients with suspected sphincter of Oddi dysfunction.

Keywords: postcholecystectomy syndrome, sphincter of Oddi dysfunction, scintigraphic score.

DIFFICULTIES IN IDENTIFICATION OF TRAUMATIC DIAPHRAGMATIC INJURIES

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Introduction: The diagnosis of traumatic diaphragmatic injury (TDI) still remains a real challenge for the surgeons, and its delay can lead to unfavorable outcomes.

Purpose: Assessment of diagnostic tests for the patients with TDI.

Methods: The casuistic comprises 17 consecutive patients with TDI admitted to the Emergency Department from 2008 to 2011. The average age was 31 (ranging 17-56) years, with a sex ratio 4,7:1 (male:female). Penetrating thoracoabdominal trauma predominated (76,47%) over blunt injury. There were fourteen (82,35%) left-sided diaphragmatic ruptures. The underlying mechanism for TDI was assaults – 64,70%, followed by falls – 17,65% and motor vehicle collision – 17,65%. The average time from hospital admission to surgical management was 89 (ranging 20-180) min for penetrating wounds, and 806 (ranging 65-2220) min for blunt trauma. The median systolic blood pressure and heart rate were 109 (ranging 40-160) mmHg, and 96 (ranging 74-130) beats per minute, respectively. There were five (29,41%) patients in hypovolemic shock. Alcohol intoxication was present in 35,29% of the cases. The associated injuries in these patients included hollow viscus laceration (5), liver laceration (5), splenic laceration (4), lung injury (3), rib fractures (2), limb fractures (2), pelvic fracture (2), pancreatic injury (2), kidney laceration (1), urinary bladder injury (1), head injury (1). The average Injury Severity Score (ISS) was 27 (ranging 12-48). Only three patients (17,65%) had solitary diaphragmatic injuries. The distribution of severity of diaphragmatic injuries by grade was: grade I – 17,64%, grade II– 41,18%, grade III – 29,41%, grade IV – 11,77%.

Results: The majority of patients (62,50%) with penetrating wounds were sent straight by to the operating theatre for vital signs: predominantly performed by laparotomy, and only in 2 cases by thoracotomy. Other patients have been investigated: fourteen patients had chest radiographs, with four (23,53%) patients suspicious of a diaphragmatic rupture, CT scan – performed in 2 cases, excluded TDI. Laparoscopy

determined TDI in 3 of 7 cases, while the remaining establishing other injury requiring laparotomy. Postoperative complications occurred in 2 patients: posttraumatic pneumonia, pleurisy and pericarditis. Two people died due to severe polytrauma. The average length of hospital stay was 11(ranging 4-44) days.

Conclusion: TDI remains a difficult diagnostic problem determined by multiple injuries and the severity of polytraumatism. In the presence of a wound over the lower half of the chest and left abdominal flank, as in polytrauma patient, TDI requires a high index of suspicion to prevent further complications. The diagnostic of TDI can be made in complex, dynamically: chest radiograph and CT scanning in blunt injuries, and laparoscopy being the investigation of choice in penetrating ones.

Keywords: Diaphragmatic rupture, thoracoabdominal injury, polytrauma.

SURGICAL TREATMENT OF DEFECTS TiBi

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Introduction: The study aims to therapy treatment methods used in tibial defects. It is necessary to know the methods and cases in which these methods were used to get that positive treatment.

Purpose and Objectives: The criteria that guided us in making this research were the following:

literature review with reference to the issue concerned;

Material and methods: This study was performed on 50 patients admitted to the IMSP Hospital of Traumatology and Orthopedics, Section 5, during the period of 2000-2011, in order to examine the type and methods used in treatment. Patients of both sexes with an age of between 16-61 years. Examination of both tibia.

Results: According to the data from the record of cases investigated we found:

In 82% has been used Ilizarov method; In 2% External fixation has been made; In 10% was performed osteoplasty; In 2% was made alloplastic; In 2% was performed fixing brooch.

This mirror image of the results we obtained in this study by type of methods used in treatment.

Conclusion: After this presentation I became aquainted with the main methods of tibialis treatment defects.

After performing the case study we observed that the treatment was effective, the patients were satisfied with the treatment. The results of these works were recorded and a great number of men who suffered of tibilal fault, right tibia was affected (including the distal end), Ilizarov technique was used and the incidence of posttraumatic osteitis.

Keywords: Ilizarov method, Avascular Grafts, graft vascular Grafts OSAS (from stem cells).

EXPERIENCE IN THE USE OF ULTRASOUND EXAMINATION IN DIAGNOSIS OF ACUTE PLEURAL EMPHYEMA

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