

Material and methods: The retrospective analysis was carried out on 53 medical case-histories of extraorgan intra-abdominal abscess patients treated in surgical department of Regional clinical hospital No 1 in Kemerovo. The ultrasonic data, such as size, wall structure and characteristics of content were analyzed. The patients were divided into two groups: the 1st group (37 patients, n=37) consisted of patients who underwent only abscess paracentesis or drainage under ultrasound guidance; the 2nd group consisted of patients (n=16) who underwent open abscess drainage after inefficient paracentetic-drainage.

Results: the etiology analyses of intraabdominal collections showed the paracentetic-drainage approach to be more often efficient for surgery on hepatobiliary system of patients with fluid collections in subhepatic area (42%). The most frequent cause for fluid formations in the 2nd group patients was acute pancreatitis, pancreatonecrosis – 45.3%. The volume of fluid collection in the 1st group patients was significantly less (74.4 ± 0.3 ml) than in the 2nd patients group (117.8 ± 2.3 ml). The formation echostructure analyze of both groups showed the 1st group to have formations with well-defined shapes ($\chi^2 = 2.55$; $p=0.01$) and smaller size ($\chi^2 = 5.71$; $p=0.017$). Heterogeneous echostructure and infiltrated fluid collections around were characteristicly to the 2nd group patients. The analysis also showed that infected fluid collections containing pus in the 1st patients group were smaller in volume than in the 2nd group (73.84 ± 0.3 ml to 111.75 ± 0.5 ml respectively).

According to the leukocyte index of intoxication (LII) analysis there is no reliable difference between LII in the 1st and the 2nd groups ($p=29$). But it is certain that LII reduces on the 3rd day after the drainage (the 1st group patients from 1.9 to 1.3; the 2nd group patients from 4.6 to 1.45).

Conclusion: The efficiency of transcutaneous paracentesis under ultrasound guidance depends on etiology and echostructure of intraabdominal abscess. In case of pancreatic necrosis the minimal invasive method has an insignificant effect as the final treatment stage because of sequestrs.

Key words: minimally invasive surgery, intraabdominal extraorgan infected fluid collection.

GASTROINTESTINAL AUTONOMIC NERVE TUMOR: REPORT OF A CASE

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Introduction: Gastrointestinal autonomic nerve tumors (GANT) are a rare subgroup of gastrointestinal stromal tumors (GIST). Their histological appearance is similar to that of other GISTs. Up to date only about 200 cases were published in English literature.

Aim: We report an additionally case of gastric GANT.

Methods: A 72 years old female patient was admitted with abdominal tumor mass which occurred in the stomach according CT scan. She underwent a surgery and subtotal gastrectomy was performed.

Results: Postoperative recovery was uneventful. Histological examination and immunohistochemical analysis revealed the diagnosis of a gastrointestinal autonomic nerve tumor. The immunohistochemical profile of the tumor revealed positive staining to *c-kit* (CD117), CD34, vimentin and S-100, positive staining to neuron-specific enolase (NSE) and negative staining to desmin. Three months after initial diagnosis and surgery the patient is asymptomatic and was scheduled for very close follow up.

Conclusion: Radical surgical resection of gastrointestinal autonomic nerve tumors seems to be the only available curative approach to date in patients with no metastasis.

Key words: gastrointestinal autonomic nerve tumor, gastrectomy, immunohistochemical stain.