

Results: There were 15 pts (F-9, M-6) with mean age of 52.9 ± 5.1 years (range from 17 to 79). Intussusceptions (n=6), intestinal obstruction (n=3), perforation (n=2), intussusceptions/ perforation with GI bleeding (n=2) were the most common clinical presentations. In 2 cases primary tumors of jejunum and ileum were detected as incidental findings during surgical procedure. Most tumors (n=11, 73.3%) were located in the ileum. In 15 pts intestinal resection (R_0 -12, R_1 -1) with end-to-end (n=7), side-to-side (n=6), Maydl procedure (n=1) and terminal ileostomy (n=1) were performed. There were 9 benign tumors (leiomyoma-4, angioleiomyoma- 2, fibrolipoma -2, fibroid polyp-1) and 6 malignant (c-KIT/CD 117 positive GISTs-2, lymphomas-2, neuroendocrine tumor-1, adenocarcinoma-1).

Conclusion: Primary tumors of jejunum and ileum are rare, the symptoms often non-specific, and the accuracy of different diagnostic tests needs to be improved. Timing and type of the intervention to the process and biological behavior of the pathological cells predict the prognosis.

Key words: small intestine, tumor, surgery.

CAN EPIGASTRIC FLAP BE SENSITIVE AND SURVIVE ON THE NEURAL PEDICLE?

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Introduction: Nowadays in reconstructive plastic surgery it is very popular to use island flaps for covering soft tissue defects. I.Kuran et al (2000) reported high level of satisfaction after surgery in the group of patients who received a treatment by using sensitive flaps. In this way transposition of flap that includes in pedicle sensitive nerve is very actually. It is well known that all nerves have their own vasculature (vasa nervorum) to supply nerve fascicles. In 1992 A.Masquelet reported about sural flap for covering defects of lower extremity. In pedicle of this flap situated sural nerve. Authors improved that vascular axis of this nerve can supply skin. In 2004 surgeons from Turkey presented a new model of flap – neural-island flap. This flap has no axial blood flow and based on sensitive nerve of rat (n.cutaneus femoris lateralis). For experimental surgeons is very necessary to have simple and reliable model of this flap. In this investigation we offer to use well known epigastric flap because its pedicle has sensitive nerve.

Material and Methods: All Wistar rats (N=43) were divided into 2 series of experiment: anatomical study and surgical study. In anatomical study (n=5) under general anesthesia was made microdissection of epigastric nerve by using operating microscope. In surgical study all animals were divided into 4 groups. In group A (n=11) was raised conventionally 2x2 cm epigastric flap in addition with ligation of superficial epigastric artery and vein, but epigastric nerve leaves intact. In group B (n=11) was made epigastric skin graft - after raising of standard epigastric flap neurovascular pedicle was legated and cut. In group C (n=11) epigastric flap 2x2 cm was raised in new area in considering with anatomical study of epigastric nerve. Artery and vein was legated, but nerve was intact. In group D (n=5) was raised 1,5x1,5 cm epigastric flap in new area. Data analysis was made by using nonparametric statistics and Spearman correlation.

Results: Anatomical study shows that epigastric nerve has another area of innervation comparing with epigastric angiosome. This nerve goes with epigastric vessels in the first time. Than nerve that is deflected lateral and goes to the internal surface of femur and lateral surface of the back. In experimental study in the group A survival rate of flaps was 18,2%, in group B – 0%, in group C – 27,3%, in group D – 60%. There are no significant difference in survival between group A and B, and between group C and D ($p > 0.05$). Correlation between group C and D is not significant.

Conclusion: This investigation shows that epigastric nerve has different topography than superficial epigastric vessels. It is important for raising neural-island flap, because conventional epigastric flap of the rat (Finseth F., 1976) has not sensitive innervation. Epigastric nerve supplies epigastric skin flap in area of innervation but it is not significant for flaps with size 2x2 cm. There are positive statistical trend between survival rate and flap size. So, we propose new model of neural-island flap – sensitive epigastric flap. It is a good model for investigation survival rate of sensitive flap and role of epigastric nerve in blood supply of the skin.

Key words: epigastric flap, anatomy, plastic surgery.

THE OXIDATIVE STRESS INFLUENCE ON PLAQUES, IN MAMMALS TUMORS SURGICAL TREATMENT

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Introduction: The objectives of our study were determination by the plasmatic oxidative status over the patients with operated breast cancer, the assessment of the ratio between the intensity of the induced S.Ox (tumor + surgical act) and the plasma antioxidant potential, evidencing the parameters, allowing elaboration of a prediction with regard to the quality of the post-operation wound cure.

Material and Methods: We investigated 32 patients with breast cancer and 37 healthy patients (witness lot), 69 cases, in total. We have calculated the total anti/oxidant potential, of plasma (TAOP), measured the concentration of total peroxides from plasma and calculated the ratio between the two values, which is expressed as an index of oxidative stress (ISO). These values are used in order to appreciate the oxidative status of plasma. We achieved four groups of study, considering the morphopathological aspect of tumors and the prognosis over the quality of wound healing, post-surgery. In order to explain the psychopathological mechanisms involved in healing the surgery wounds done on the neoplastic field, we checked the evolution of clinical parameters: clinical: wounds appearance, umorals interactions between the residing cells and those migrating from the blood vessels into the wound tissues. We associated to the conventional therapy, post-surgery a diet with exogenous oxidants (C vitamin, selenium, and beta carotene) and we noted down the features of wound healing, after 3/6 weeks post/operation, up to 2-4 years of life, as appropriate.

Results: TAOP has been reduced, the index of the oxidative stress significantly increased at the patients with operated CS, who had a faulty wound healing. The additional exogenous anti/oxidants have different effects, from none effect, to the patients with a lipids and glucoses rich diet up to defaultless healing and improvement of the general clinical condition.

Conclusions: Reduction of the oxidative stress intensity has a positive role in wound healing and for this reason the administration of some exogenous anti/oxidants could influence the evolution of the general condition of the patients operated for breast cancer with a favorable sense for life.

Key words: breast cancer, oxidative stress.