

## Surgery Section

### Juxtapapillary Diverticulas

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Duodenal diverticulas incidence is 10% of the total number of gastrointestinal tract diverticulas, 70% being localized in D2 peri- or papillary. These can affect all layers of the duodenal wall or just the mucosa, which herniates through the weak points – vessel and common bile duct penetration points in D2. One hundred and thirty four bilio-duodeno-pancreatic specimens collected within 12 hours, from fresh human cadavers, with age range 18-85 years, without upper gastrointestinal pathology, fixed in 10% formaline for 15 days were examined. Methods – anatomical micro- and macropreparation, morphometry, common bile duct/duodenal angle measurement, histotopography and frequency appreciation of the pancreatic channel of the common bile duct were performed. In 11.16% juxtapapillary diverticulas were observed Peripapillary diverticulas incidence – 67%, while parapapillary diverticulas incidence was 33%. Pancreatic channel was observed in 30% and its length varied from 4 to 7 mm. In 75% the common bile duct/duodenal angle was 20°-45° and in 25% - 20°-90°. The diameter of the common bile duct in the supraduodenal, pancreatic and intramural portions was in the range 1-3 mm. The determining factors for distal common bile duct stricture were: 1-diverticular length; 2-diverticular axe; 3-diverticular diameter; 4-diverticular opening diameter. The anatomical particularities of the juxtapapillary diverticulas impair the biliary tree drainage by compression of the distal part of the common bile duct. Under these circumstances strictures, bile and wirsung stasis occurs with subhepatic jaundice, colangitis and chronic pancreatitis.

### Aneurysmal Dilatations of the Vascular Access for Hemodialysis: Surgical Treatment

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The aim of the research is to choose the optimal methods of diagnosis and rational surgical treatment in patients with aneurysmal type dilatations (ATD) who are on dialysis. Dilatation type aneurysms (DTA) are part of the late complications of arterio-venous fistula (AVF) and can be seen in all types of fistulas, as a result of both repeated puncture and decreased vein elasticity. Surgical management is controversial for DTA. In the study were included 15 patients with CRF, stage V (KDOQI) who are on dialysis in the department of Hemodialysis (HD) in the CNSPMU with AVF dysfunction caused by DTA between 2006-2009. The mean age was 51,07±3,05 years (34 – 75 years). The male/female ratio was 6/8. The mean treatment period of iterative HD was 6,54±0,76 years (2-12 years). The mean period of time of aneurysm occurrence from the formation of AVF was 45,38±9,47 months (6-84 months). Using Duplex ultrasound preoperative is compulsory both for the assessment of peripheral vascular system condition, and for setting the diagnosis. In 9 patients indications for surgical treatment were: a) decrease of blood flow in AVF (n=2); b) spontaneous