

diameter pancreatic pseudo cyst in the body of the pancreas that persisted 6 for weeks after the onset and later became infected. The diagnosis was set upon the clinical signs of infection, enhanced dynamic intravenous contrast CT scan and endoscopic ultrasonography. The patient was submitted to transgastric endoscopic drainage considering the fact that the pseudocyst was bulging into the stomach. Endoscopic ultrasound was use to choose an avascular window structure in the walls of the pseudocyst. After needle-knife puncture and guide wire introduction, a balloon dilator was inserted and an orifice of 1.5 cm was created through which a turbulent fluid and tissue debris were removed. The endoscope was then inserted in the cavity to check for residual debris and fluid and the cavity was rinsed with abundant saline and povidone-iodine. Healing of the residual cavity was followed by endoscopy and CT scan at 1 month, showing an important reduction in size. No hemorrhagic or septic complication occurred during the endoscopic procedure and during the follow-up interval. In cases of infected pancreatic pseudocyst, transgastric endoscopic cystgastrostomy may be a better solution for the patients that the classical external drainage performed by any other approach.

Methods of Bone de Calcification and Their Efficiency

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The purpose of the paper was to appreciate the optimal decalcification method of the cortical bone for grafting. The objectives of the paper were: determination of the efficiency of decalcification with hydrochloric acid 1M, determination of the efficiency of decalcification with hydrochloric acid 0,5M, determination of the efficiency of decalcification with hydrochloric acid 0,5M being accelerated by electrolysis, determination of the efficiency of decalcification with hydrochloric acid 0,1M being accelerated by electrolysis, determination of the efficiency of decalcification with EDTA 14%. It has been used 73 pieces of bovine compact bone. All bone pieces were devised in five experimental groups (14 pieces for each group) and 3 pieces as control specimens. The experiment duration – was 21 days. Every three days the solutions for demineralization were changed. The presence of Ca²⁺ ions in the demineralization solution was evaluated every three days, also every three days two specimens from each experimental group were investigated by X-rays methods. After by analytical method was determined the remaining calcium in the specimens.

Decompressive-Reconstructive Surgery in Treatment of Vertebro-Medular Traumatism Consequences

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Corresponding authors' dates on vertebro-medular traumatism represent from 10% to 48% of vertebral column disease. Vertebro-medular traumatism consequences, which underline in clinical evolution a traumatic disease period, restore partial in time, spinal functions reappear in dependence of lesion severity or worsening neurological symptoms, progressing in following traumatic spinal deformities, vicious bone callus formation, etc. Currently, to improve patient clinical outcomes with vertebro-medular traumatism consequences is practicing a rational combination of decompressive-reconstructive surgical methods, with or without stabilization, and complex conservative treatment. The aim of the work was to research in dynamic development and results analysis of surgical

treatment at patients with severe posttraumatic spinal vertebra disease. Was analyzed the records of observation and dynamic assessment in clinical development to 24 patients with spinal vertebra disease and severe posttraumatic spinal vertebra disease, surgical intervention in Central Clinical Military Hospital during 2003-2009. Females – 4(16, 66%) and males – 20(83, 33%). Patient's age constituted from 17 to 54 years, with average age of $35 \pm 1, 2$ years old. From anterior side was performed surgical interventions to 4(16, 66%), from posterior side 20(83, 33%). Surgical interventions were made to patients from the traumatism within 8 months until 8 years, in average $2,4 \pm 0,4$ years. Most patients 20(83,33%) from 24, whom were performed surgical reinterventions, were unable to work. Disabled Grade I -17(70,83%), of them 13 (76.47%) - clinical manifestation of inferior paraplegia with pelvic organs functions disorder, but 4(23,53%) patients - deep inferior paraparesis. Disabled Grade II - 2(8,33%) patients with posttraumatic myelopathy with static disorder and movement. Disabled Grade III –just 1 patient (4,1%) – posttraumatic discirculatory caudopathy and sphincter disturbance. Four cases (16,66%) – had no neurological disorders. Surgical intervention's time ranged within the 125 minutes until 180 minutes, with average time $155 \pm 6,8$ minutes, intraoperator hemorrhage average $705 \pm 10,1$ ml. Duration of hospitalization was within 14 until 24 days, in average $19 \pm 1,4$ days. In all cases was obtained partial neurological regress of neurological symptoms. The improvement of the Vertebral algic syndrome, significantly increased patient's life quality (locomotion, autodeservation). Conclusion: 1. Surgical interventions applied in posttraumatic deformities of the spine with severe neurological disturbanses are one of the most difficult method, influenced by high risc of spinal traumatization, wound depth, long period of intervention; 2. Compression of vertebral deformities, fracture-luxation with spinal compression needs to make laminectomy or hemilaminectomy, not just at injury level, but also with partial rezeceation of upper vertebral lamina.