MINIMALLY INVASIVE SURGICAL TREATMENT IN ADVANCED PANCREATIC CANCER AND CHRONIC RELAPSING PANCREATITIS

Cazac A.

The Departament of surgery Nr.2, Research laboratory "Reconstructive surgery of digestive tract", SMFU "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction. The pain is one of the common and important aspects of care for pacients with pancreatic nonresecable cancer (CPN) and severe chronic relapsing pancreatitis (CPR).

Material and metode. The study includes 56 (69,1%) patients with CPR and 22 (27,2%) patients with CPN - 3(3,7%) patients with extrapancreatic unresectable cancer, held during the years 2008 - 2016 in the Departament of surgery Nr.2. The patients with CPR included 49 (87,5%) men and 7 (12,5%) women, CPN -20 (90,9%) men and 2 (9,09%) women.

Results. They practiced 68 (83,95%) SPLT on the left 13 (16,05%) toracoscopic splanhnicectomy (SPLT) on the right, 4 (4.94%) patients also required SPLT on the right on 8 weeks after SPLT on the left due tot he minimal therapeutic response). SPLT and endoscopic stenting of CBP were done in 15 (68,18%) cases with complicated with jaundice. The analgesic effect on short-term (<3 months) had an efficacy in 56 (100%) relapsing CPR cases and 20 (90.9%) cases of CPN. Between 3-6 months, the analgesia efficacy was maintained at 38 (67,86%) cases of relapsing CP (continuing after 6 months) and 14 (63,63%) cases, 11 (50%) cases of CPN (after 6 months). The perioperative mortality was 0.

Conclusion. The main adventage of SPLT is complete exlusion or semnificative redueing of doses of opioid analgetics in treatement of CPN and CPR resestant to conservative antalgic therapy. SPLT and endoscopic stenting of main biliary tract represent minimally-invasive procedures a safe surgery in CPN of complicated with jaundice.

THE DOUBLE KIDNEY IN CHILDREN. THE CLINICAL AND MORPHOPATHOLOGICAL ASPECTS

Celac Victoria, Petrovici V.

Public Medico-sanitary Institution Mother's and Child's Institute Chisinau, Republic of Moldova

The study included a batch of 86 children from 3 months to 3 years age with double kidney diagnostics treated in pediatric urology departments during the years 2006-2016. From the 86 patients - 42 were diagnosed with double kidney and obstructive megaureterohydronephrosis of superior pelvic; 34 - with double kidneys with refluxing megaureterohydronephrosis of superior pelvis and 12 - with nonfunctional kidneys.

The surgeries were performed:

1. The Lumbotomia. The heminefrectomy of upper renal pelvis. The capsulotomy of the resting kidney segment (17 cases);
2. The Lumbotomia. The heminefrectomy of upper renal pelvis. The capsulotomy of the rest of the kidney segment. The second approach - survezical ureterectomy of the residual stump (11 cases);
3. The Gregoire's plastic joint antireflux surgery in a common block (34 cases);
4. The resection of the lower ureter segment of the renal pyelone with ureterocystoneanastomosis, the procedure by Mö-bly (4 cases)
5. The lumbotomia. The nephroureterectomy of both kidneys. The supravezical ureterectomy of both ureteral stumps (12 cases);
6. The Ureteral resection with ureter neoimplantation, the procedure by Mö-bly (10 cases).

The morphological explorations were performed intraoperatively and postoperatively with retrospective examinations based on the material (renal and ureteral complexes, kidneys, kidney and ureter segments), removed in surgical interventions and biopsy of the renal pelvis at distance by applying macroscopy (organometry, macrometry) and microscopy of tissue specimens. The histological processing methods included the method by cryotomy and the usual histochemical method. The methods of coloring with hematoxylin-eosin, picrofuxin by Van Gieson, Arnold's silvering method after Bilshovski-Grosse were used.

The results of morphopathological investigations have allowed us to establish the mechanisms of lesions at the cell, tissue, organ level, which require new solutions in the choice of effective diagnostic methods and the level of surgical interventions, which is of decisive importance in the choice of surgical management.