

MULTIFACTORIAL AND COMPLEX APPROACH TO SURGICAL TREATMENT OF BENIGN BILIARY STRICTURES

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Objective of study was to systematize the experience of treating benign biliary strictures, analyzing the complex results.

Materials and methods. The integral prospective and retrospective cohort study analyzed the long-term results of 203 patients who underwent biliodigestive reconstructions during 1989-2015 years. Patients included in the research were supervised during 2-5 years: depending on the local anatomic particularities at the moment of reconstructive surgery, as well the remote clinical-evolutive particularities, using the clinical Terblanche score.

Results. The reconstructive surgical treatment was individual and directly proportional with the level of biliary strictures with a preference of selection of biliodigestive derivations on jejunal loop a la Roux. The reconstructive treatment of benign biliary strictures, classified according to Bismuth's classification, included the following surgical techniques: choledocojejunostomy in 86(42,4%) cases of type I and II strictures; hepaticojejunostomy to 102 (50,2%) patients with type III strictures, and in 15(7,4%) cases of type IV strictures bihepaticojejunostomy was performed. There were determined the following remote results based on the clinical-evolutive classification: very good / gr. I – in 123 (60,6±4,41%) cases, good / gr. II in 39 (19,2±6,31%) cases, relative satisfactory / gr. III – 18 (8,9±6,91%) cases and unsatisfactory / gr. IV in 23 (11,3±6,75%) cases.

Conclusions. The surgery of election in biliary strictures is hepaticojejunostomy on Roux loop. Analysis of remote results proved clinical efficiency of reconstructive interventions performed in 88,67% observations.

THREE COLUMNS VERTEBROTOMIES IN EXTRA-APICAL AREA AS A METHOD OF SURGICAL DEFORMITY CORRECTION OF CERVICOTHORACIC TRANSITION: ANALYSIS OF THE CLINICAL SERIES AND LITERATURE DATA

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Design: retrospective analysis of the clinical observations. Level of evidence – III.

Aim: retrospective analysis of the treatment results of the patients with malformation and segmentation of the cervical and upper thoracic vertebrae.

Materials and methods. Retrospective multi-center cohort of 8 cases aged from 8 to 15 years. Inclusive criteria are as follows: children aged less than 15 years by the time of operation, deformity in the frontal plane, application of three columns vertebrotomy and complete radiological archive availability.

Results. Patients with multiple abnormalities with a leading component maldevelopment of vertebral segmentation and formation are predominated. There were no violations of sagittal balance in patients. The amount of scoliotic deformity according to Cobb ranged from 30 ° to 66 ° (mean value - 46.1 °), with a frontal imbalance in 6 (55,5%) patients. After operations scoliosis values were from 3 ° to 34 ° (mean value - 15.3 °). However in all cases after operation the frontal balance was restored. The amount of correction ranged from 49% to 90% (mean 69,4%). No permanent neurological complications were observed in peri- and post-operative periods.

Conclusion. The key criterion for surgical correction of the defects of the cervicothoracic transition is the reconstruction of the local balance in the frontal and sagittal planes, and not the absolute correction of local deformation. Spine osteotomy in extra-apical area in children with multiple mal-developments of the cervical and upper thoracic spine allows us to produce adequate deformity correction (for mean 69,4%) and to reduce the risk of neurological disorders through main compression manipulation. That reduces the zone of instrumental fixation which is important for preservation of the axial growth.