

72. THE USEFULNESS OF THE MIIS - SCORE FOR DEFINING THE LEVEL OF DIFFICULTY OF SPLENECTOMY FOR THE CIRRHOTIC PATIENTS

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Introduction. The evaluation of the cirrhotic patient for surgical intervention must be performed carefully and completely with the stratification of the perioperative risk.

Aim of study. The analysis of the prognostic accuracy of the MIIS score (minimally invasive splenectomy score) in predicting the outcome of splenectomy to patients with cirrhotic portal splenopathy.

Methods and materials. There were 43 splenectomised cirrhotic patients included in the survey. Retrospectively, the MIIS score (platelet count, BMI, splenic index, diagnosis, type of splenectomy) was taken into account and the difficulty of the splenectomy correlated with the postoperative results was calculated.

Results. At the enrollment: average age - 53.21 ± 7 years, prevalence of Child B score -86% and sister MIIS > 3 - 57; the ratio of severe thrombocytopenia (Tc no. <40000 / mmc) / moderate thrombocytopenia (50000 -75000 / mmc) = 23% / 76% and the ratio of spleen diameter <1.5 / > 1.5 = 12 / 88. All patients had surgeries: laparoscopic vs open splenectomy = 9/34. Postoperative complications (18) had as a result of the death of 2 patients (4.6%); conversion / reinvention was required for 8 patients (18.6%), 7 of them were included in the MIIS score > 3. Overall, the results of the study show that there was a good correlation between the MIIS predictive index, the difficulty of splenectomy and the postoperative evolution. An important clarification is that marked perisplenism, intraoperative blood loss, degree of liver fibrosis and conversion itself increase the risk of the severity of the case.

Conclusion. The MIIS score has a modest diagnostic accuracy and can be used as an index of regency, useful for benchmark for selecting the right approach (open or laparoscopic) associated with good post-splenectomy results.