Berliba Sergiu[1], Vlad Ion[2], Liuba Streltov[1], Zaharia Sergiu[2], Lescov Vitalie[1]
[1] SUMPh "Nicolae Testemitanu", Chisinau, Republic of Moldova; [2] Emergency Medicine Institute, Chisinau, Republic of Moldova

Aim of study. The approach to the patient with closed abdominal trauma (CAT) confronts the surgeon with two major dilemmas: the rapid establishment of the diagnosis and the therapeutic attitude. In closed abdominal trauma, the presence of free intra-abdominal fluid is the basic criterion, sometimes the only sign of injury to the intraperitoneal organs. The aim is evaluation of treatment outcomes of patients with CAT and hemoperitoneum.
Materials and methods. The study includes 49 patients with CAT treated during 2021-2023. The presence of free fluid was established by USG and CT. The age ranged from 18 to 82 years, with a mean of 39.3±6.8 years. Ratio m/f – 38/11. The mechanisms of trauma were diverse. Associated trauma - 46.9% of cases.
Results. Conscious, hemodynamically stable patients, in the absence of active hemorrhage and peritonitis, free fluid <500 ml according to USG and CT, underwent conservative treatment with dynamic evaluation - 22 patients with lesions of parenchymal organs. Unconsciousness, unstable hemodynamics, fluid volume >1000 ml, as well as <1000 ml with subsequent increase in fluid volume served as criteria for diagnostic laparoscopy - 4 patients. Indications for laparotomy were: failure of laparoscopic hemostasis - 3 patients and the presence of peritonitis and instability of retroperitoneal hematomas confirmed clinically and instrumentally in 23 cases. The lethality was 14.3%, with the exception of patients treated non-operatively, the causes being hemorrhagic shock gr. II-III(7.6%), traumatic(2.1%), septic complications(4.1%) and TCC(2.1%).
Conclusions. The key elements that determine the surgical tactics in CAT with hemoperitoneum are – the activity of the hemorrhage and the fluid volume evaluated dynamically. The differentiation of diagnostic and treatment tactics with the implementation of mini-invasive technologies in traumatic hemoperitoneum allows the considerable reduction of lethality, complications and unproven laparotomies.
Keywords. Hemoperitoneum, closed abdominal trauma, CT, laparoscopy

SCLEROZA PERITONEALA ÎNCAPSULATĂ. OBSERVAȚII CLINICE

Alexandru Iliadi, V.Cazacov, V.Bogdan, T. Maritoi, A. Focsa, D Lotocovschi
[1] Catedra Chirurgie Nr. 2, USMF „Nicolae Testemiţanu”, Republica Moldova

Scopul lucrării. Scleroza peritoneală încapsulată este o boală fibro-inflamatoare cronică a peritoneului, având ca rezultat formarea unei membrane fibroase groase, care înglobează parțial sau total organele abdominale. Scopul studiului este prezentarea 2 cazuri de scleroza peritoneală încapsulată.
Caz clinic. Caz clinic nr.1: Pacienta V., 76 ani s-a prezentat la departamentul de urgență cu simptome clinice de ocluzie intestinală, caracterizate prin crize recurente de obstrucție intestinală acută și subacută.A suportat 8 luni echinococectomie hepatica pentru chist hidatic hepatic, erupt în cavitatea abdominala. Rezultatele examenului fizic, ecografia și radiografic abdominal au fost în concordanță cu obstrucția intestinală. Laparotomia a evidențiat o capsulă unica fibroasă, care acoperă ansele intestinale, ficatul, splina, cloazonari lichidiene peritoneale. Tratamentul chirurgical prin decapsulare completă atestă absenţa planului de delimitare netă între sacul fibros şi seroasa visceralã si altor leziuni stenozante intestinale. Perioada postoperatorie trenanta. Externată pentru tratament ambulator. Caz clinic nr. 2: Pacienta N., 17 ani, cu anamneza ginecologică agravată, se intervine chirurgical pentru tumora abdominală, sindrom ocluziv. Intraoperator se constată formațiune de volum ce include porțiunea terminală a ileonului (80 cm) închistată într-o membrană unică. S-a practicat decapsularea. Perioada postoperatorie simplă.
Concluzii. Scleroza peritoneală incapsulată reprezintă o entitate clinico-morfologică ce pune reale probleme de diagnostic și tratament, fiind adesea o descoperire operatorie. Managementul include necesitatea biopsiei peritoneale. Prognosticul rămâne rezervat cu o mortalitate semnificativă.
Cuvinte cheie. Peritonita fibroasa, peritonita încapsulată sclerozantă

ENCAPSULATED PERITONEAL SCLEROSIS. CLINICAL OBSERVATIONS

Alexandru Iliadi, V.Cazacov, V Bogdan, T. Maritoi, A. Focsa, D Lotocovschi
[1] Surgery Department No. 2, „Nicolae Testemitanu” SUMPh, Republic of Moldova

Aim of study. Encapsulated peritoneal sclerosis is a chronic fibro-inflammatory disease of the peritoneum, resulting in the formation of a thick fibrous membrane that partially or totally encloses the abdominal organs. The aim is presentation of 2 cases of encapsulated peritoneal sclerosis.
Clinical case. Clinical case nr. 1: Patient V., 76 years old, presented to the emergency department with clinical symptoms of intestinal occlusion, characterized by recurrent bouts of acute and subacute intestinal obstruction. She underwent 8-month hepatic echinococcectomy for a hepatic hydatid cyst, which erupted in the abdominal cavity. The results of physical examination, ultrasound and abdominal radiography were consistent with intestinal obstruction. Laparotomy revealed a single fibrous capsule, covering the intestinal loops, liver, spleen, peritoneal fluid cloazonaries. Surgical treatment by complete decapsulation attests to the absence of a clear demarcation plane between the fibrous sac and the visceral serosa and other intestinal stenosing lesions. Terrible postoperative period. Discharged for outpatient treatment. Clinical case nr. 2: Patient N., 17 years old, with aggravated gynecological anamnesis, surgical intervention for abdominal tumor, occlusive syndrome. Intraoperatively, a volume formation is found that includes the terminal portion of the ileum (80 cm) enclosed in a single membrane. Decapsulation was practiced. Simple postoperative period.
Conclusions. Encapsulated peritoneal sclerosis represents a clinical-morphological entity that poses real diagnostic and treatment problems, being often an operative discovery. Management includes the need for peritoneal biopsy. The prognosis remains reserved with significant mortality.
Keywords. Fibrous peritonitis, sclerosing encapsulated peritonitis.