

**Introduction:** The traditional surgical treatment of CBD lithiasis is a reference procedure and has increased chances of being replaced by celioscopic / endoscopic treatment that expands inexorably.

**Materials and methods:** The retrospective study between 1998-2019 targeted 201 patients with mechanical jaundice caused by cholestatic lithiasis. The suggestive clinical picture in accordance with the imaging investigations (EUS, CT, MRI, and ERCP) have dictated the surgical treatment.

**Results:** 93 patients (46.2%) were treated with endoscopic sphincterotomy associated with or without litextraction and laparoscopic cholecystectomy. Traditional surgical treatment was established in 108 patients (53.7%), of which: mechanical jaundice syndrome - 66 cases; choledocholithiasis associated with chronic pancreatitis - 7 cases; duodenal stenosis ulceration - 2 cases; haemorrhage - 1 case; acute cholecystitis 12 cases. The CBD dimensions in all cases exceeded 1.5 cm. Choledocholithotomy was performed in all cases, followed by: external biliary drainage in 68 cases, biliodigestive anastomosis in 36 cases; associated with gastric resection - 3 cases; DPC-1 case. Morbidity: biliary fistula- 2 cases; massive erosive haemorrhage - 1 case, acute pancreatitis - 1 case. In 2 cases extensive intrahepatic purulent processes caused death (1.8%).

**Conclusion:** Currently there are persistent indications for surgical treatment in mechanical jaundice, when the etiological diagnosis is not progressing. Complicated choledocholithiasis is solved by complicated choledocholithotomy with biliary drainage or coledocoduodenal anastomosis. The existence of other related diseases requiring combined and hard treatment is resolved through a classic surgery.

**Key words:** choledocholithiasis, traditional surgery, mechanical jaundice,

## Operații primare în icterul mecanic tumoral



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**Introducere:** Discuțiile referitor la drenajul preventiv sau la operațiile primare în icterul mecanic tumoral persistă.

**Materiale și metode:** Studiul din perioada 2008 – 2018 cuprinde 53 cazuri de icter tumoral. Raportul barbați-femei e de 1 la 1, vârstă înaintată, peste 60 de ani - 75%. Tabloul clinico-paraclinic sugestiv de icter mecanic, e confirmat imagistic EUS în 100% cazuri, CT/RMN – 37,7%, așa că 62,3% de cazuri au reclamat indicații operatorii de sindrom. Caracteristica biologică a pacientului agravat arată astfel: bilirubina totală 259,4 +121,9; AIAT 188,4; AsAT 157,7 mmoli/l; Mt hepatice 10 caz., ascită canceroasă 6 caz., tromboză/ implicare v. portă 6 caz.; comorbiditățile fiind prezente în toate cazurile.

**Rezultate:** Intraoperator s-au depistat: tumoră Klatskin - 5 caz, cancer: de 1/3 medie de CBP 4 caz., de 1/3 distală -3 caz., de cefalopancreas 24 caz., ampular 5 caz., de veziculă biliară 5 caz., gastric 3 caz., Mt de melanom în pancreas și duoden 1 caz., Mt în hil hepatic + ficat 6 cazuri. Operații radicale au solicitat 18 cazuri (33,9%) – 9 rezecții de cale biliară și 9 DPC; celelalte au fost operații derivate biliodigestive interne; rezecții gastrice paliative (3caz..) și colecistectomii ( 42caz.) . Biopsie s-a prelevat laparoscopic din Mt hepatice în 6 cazuri. Mortalitate postoperatorie 3 cazuri – 5,6%.

**Concluzii:** Valorile bilirubinemiei (icterului) nu influențează asupra rezultatelor postoperatorii. Operațiile primare în icterul mecanic tumoral pot fi efectuate, amploarea lor fiind impuse de biologia tumorii și a pacientului. Icterul mecanic prezintă indicații pentru tratament chirurgical în urgență temporizată dacă demersul diagnostic nu progresează (3-5 zile).

**Cuvinte cheie:** icter mecanic, tumoră, operație

## PRIMARY OPERATIONS IN THE TUMORAL MECHANICAL JAUNDICE

**Introduction:** Discussions on preventive drainage or primary surgery in tumoral jaundice persist.

**Materials and method:** The study from 2008 to 2018 includes 53 cases of tumor jaundice. The male / female ratio is 1 to 1, old age, over 60 years - 75%. The suggestive clinico-paraclinical picture of mechanical jaundice is confirmed by EUS in 100%, CT / MRI - 37.7%, so 62.3% of cases have claimed indications of the syndrome and accordingly for surgery. The biological characteristic of the aggravated patient is as follows: total bilirubin 259,4 +121,9; A1AT 188,4; AsAT 157,7 mmol / L; Hepatic Mt - 10 cases, Malignant ascites - 6 cases, thrombosis / portal vein involvement 6 cases; comorbidities being present in all cases.

**Results:** Intraoperative was found: Klatskin tumor - 5 cases, cancer: 1/3 medium of CBP- 4 cases, 1/3 distal -3 cases, head of the pancreas- 24 cases, ampullary - 5 case, gallbladder- 5 cases, gastric- 3 cases, melanoma Mt in the pancreas and duodenum-1 case, hepatic hilum Mt + liver- 6 cases. Radical operations required 18 cases (33.9%) - 9 gallbladder resections and 9 DPC; the other were internal biliodigestive derivative operations; palliative gastric resections (3 cases), and cholecystectomies (42 cases). The biopsy was laparoscopically collected from hepatic Mt in 6 cases. Postoperative mortality 3 cases - 5.6%.

**Conclusions:** Values of bilirubin (jaundice) do not affect postoperative outcomes. Primary operations in tumoral jaundice can be performed, their magnitude being imposed by the biology of the tumor and the patient.

**Key words:** mechanical jaundice, tumor, surgery

## Rupturile și perforațiile diastatice de cec consecutive ocluziei intestinale acute tumorale



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