

alternative for the treatment refractory to analgesic therapy.

Aim of the study: Assessment the role of TS in the treatment of pain syndrome in CRP and UPC.

Methods and materials: The study includes 37 (46.84%) patients with CRP, 34 (43.04%) patients with UPC 8 (10.13%) patients with localized unresectable pancreatic cancer, held during the years 2008-2018 in the Department Surgery No.2. The patients with CRP includes 30(81.08%) men and 7 (18.02%) women, the average of 55.6 years (48-72 years). The patients with UPC - 30 (71.43%) men and 12 (18.57%) women, average of 59,8 years (within 45-78 years).

Results: 66 (83.54%) TS were on the left, 13 (16.46%) TS on the right. Due to the presence of postoperative severe painful syndrome in the right upper quadrant 6 (7.59%) patients required TS on the right after a TS on the left.

The analgesic effect on short-term (<3 months) had an efficacy in 37 (100.0%) cases of CRP and 35 (83.3%) cases of UPC. Between 3-6 months the analgesia efficacy was maintained at 25 (68.42%) cases of CRP (continuing after 6 months), and 25 (62.0%) cases of UPC. The perioperative mortality was 0. Mean postoperative hospital stay was 3.6 days (2-5 days).

Conclusion: TS presents the advantages of the minimally invasive approach to reduce a painful syndrome, with implications on the quality of life of patients with CRP and UPC refractory to conservative analgesic treatment.

Keywords: Chronic recurrent pancreatitis; Pancreatic cancer; Thoracoscopic splanchnectomy

MANAGEMENTUL ENDOSCOPIC AL VARICELOR ESOFAGIENE PRIN HIPERTENSIUNE PORTALĂ (HTP)



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Introducere: Eradicarea endoscopică a varicelor esofagiene (VE) reprezintă un progres realizat în tratamentul general al HTP.

Material și metode: Am efectuat un studiu retrospectiv de tip intervenție endoscopică ce a inclus 301 pacienți cirofici operați pentru HTP, VE, hipersplenism sever (6-Bși 24-F; vârsta 43,24±11).

Scopul: S-a urmărit beneficiul clinic al tratamentului endoscopic al VE.

Rezultate: Preoperator, lotul de studiu este repartizat astfel: 30% au avut VE gradul I-II și 70%- varice de gradul III-IV cu risc hemoragic care a aderat la ligarea endoscopică a varicelor esofagiene (LEVE) profilactic (8% din ei cu un episod anterior hemoragic). Numărul sesiunilor LEVE a variat de la 1 la 3, rata de eradicare a fost de 91,8%. Toți pacienții au fost operați: devascularizare azygo-portală Hassab cu splenectomie. Evenimente hemoragice în timpul perioadei de spitalizare nu au fost observate. Recidiva VE în perioada de urmărire de 12-24-36 luni postoperator a fost de 6,6% - 12,9% - 25,9%, variabilitate asociată în principal progresiei cirozei hepatice și trombozei de venă portă. În condiții de monitorizare endoscopică la 52,2% (72 pacienți cu risc hemoragic) s-a practicat LEVE; rata de sângerarea variat de la 0.8% la 1 an la 7,6% la 5 ani, cca 1% - 9,7% în literatură.

Concluzii: Managementul VE prin HTP este complex și deficiliar timing-ul endoscopic al acestora reprezintă un avantaj terapeutic important.

Cuvinte cheie: ciroză, varice, eradicare.

ENDOSCOPIC MANAGEMENT OF ESOPHAGEAL VARICES IN PATIENTS WITH PORTAL HYPERTENSION (PHT)

Introduction: Endoscopic eradication of esophageal varices (EV) represents a breakthrough in the overall treatment of PHT.

Material and methods: We performed a retrospective study in endoscopic intervention involving 301 cirrhotic patients operated for PHT, EV, severe hypersplenism (6-M and 24-F; age 43,24±11).

Aim: Monitoring the clinical benefit of endoscopic treatment of EV.

Results: Preoperatively, the study group was distributed as follows: 30% had EV grade I-II and 70% - EV grade III-IV with hemorrhagic risk that have adhered to prophylactic endoscopic variceal ligation (EVL) (8% of them with a previous hemorrhagic episode). The number of EVL sessions ranged from 1 to 3, the eradication rate was 91,8%. All patients were operated: azygo-portal disconnection Hassab with splenectomy. Bleeding events during the period of hospitalization were not observed. Recurrence of EV in the follow-up period of 12-24-36 months postoperatively was 6.6% -12.9% -25.9%, variability associated primarily with the progression of hepatic cirrhosis and portal vein thrombosis. In conditions of endoscopic monitoring at 52.2% (72 patients with hemorrhagic risk) was practiced EVL; bleeding rate ranged from 0,8% to 1 year, 7,6% to 5 years, about 1%-9,7% in literature.

Conclusions: Management of EV in patients with PHT is complex and difficult; therefore the endoscopic approach is an important therapeutic benefit.

Key words: cirrhosis, varices, eradication.

TUMORĂ GASTROINTESTINALĂ STROMALĂ (TGIS) ASOCIATĂ SINCRON CU ADENOCARCINOMUL GASTRIC



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Introducere: Apariția sincronă a tumorilor în stomac, mai ales coexistența carcinomului gastric (CG) și a tumorii gastrointestinale stromale (TGIS) gastrice, este rar întâlnită, în literatură fiind descrise doar cazuri sporadice. Prezentăm un caz clinic de asociere sincronă a adenocarcinomului gastric slab diferențiat cu celule „în inel cu pecete” cu o TGIS la un pacient de gen masculin.