31(86.1%) *vs* 5(13.9%) more often (p<0.0001). Ischemia of the ovary of grade III and IV is met statistically more frequently (p<0.05), rather than grade I and II - 23(63.9%) *vs* 13(36.1%). The average grade of UAT was 465±28.1° (95% CI:407.9-522.1), including 180° - 5(13.9%), 360° - 11(30%), 540° - 14(38.9%) și 720° - 6(16.7%). In the case of grade II ischemia, the mean rotational intensity indices was 382.5 ± 22.5° (95% CI:329.3-435.7), in grade III - 460±31.6° (95% CI:387.1-532.9) and grade IV - 617.1±24.7° (95% CI:563.8-670.5) (p=0.0001, ANOVA). In the case of UAT surgery, OPI tactics are practiced and the stages of surgery consist of: (1) determining the intensity of rotation and degree of ischemia; (2) performing dosed detorsion; (3) after restoration of the color (I-III grade ischemia) cyst (-tumor)ectomy was performed with ovarian reconstruction. The period to restore the ovary after UAT was 28.7±1.4 min. (95% CI:25.77-31.76). Turn-over complications were not found. OPI were performed more frequently than OE throughout the study period, and their frequency was 22(61.1%) *vs* 14(38.9%). An important factor influencing the OPI is the degree of UAT, thus in the detorsion and cyst (-tumor)ectomy group statistical more often (p<0.0001) there is a lower degree of rotation than in the group where OE was performed - 368.2±27.7° (95% CI:310.5-4.25.8) *vs* 617.1±24.7° (95% CI:563.8-670.7). The implementation of the detorsion method in the UAT has made it statistically true (p = 0.0054) to increase the number of OPI from 35.2% (2000-2008) to 84.2% (2009-2019). At the patomorphologic examination it was established that in most cases (n = 22, 61.1%) the UAT was benign tumors and in 14(38%) ovarian cysts. Follow-up of these patients was in average of 83.4±9.3 months (95% CI:64.16-102.7), and nevermore were no recurrence of UAT. At USG with dopplerography, normal and normalized blood flow and normal folliculogenesis were detected in all cases.

Conclusions: In case of UAT, median torsions are found more frequently: clockwise rotation of the left adnexa, counterclockwise rotation of the right adnexa. Detorsion with cyst (-tumor)ectomy should be considered the method of choice, is not accompanied by complications and maximally preserves the function of the ovary. A potential risk of OE in the case of UAT should be considered as the torsion rate ≥540°.

Key words: ovaries, torsion, detorsion

HIPERTENIUNE PORTALĂ STÂNGĂ POSTTRAUMATICĂ MANIFESTATĂ PRIN VARICE FUNFDICE HEMORAGICE

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Introducere: Varicele gastrice izolate (VGI) hemoragice sunt o complicație potențial letală cauzată de tromboza izolată a venei splenice. Autorii prezintă un caz de VGI hemoragice rezolvat prin fundectomie și splenectomie.

Material și metode: Un pacient, 50 de ani, a fost spitalizat cu hemoragie digestivă superioară. Din anamneză – traumatism abdominal bont rezolvat nonoperator. Examenul clinic: puls – 98 bătăi/min, tensiunea arterială - 100/60 mmHg. Splina de dimensiuni normale. Hemoglobina - 66 g/L, eritrocite - 2.4x10^{12} /L, Ht - 22%; leucocite - 9.3x10^{9}/L, trombocite 250x10^{9}/L. Biochimia sângelui normală cu excepția unei hipoproteinemii minore. Examenul endoscopic: VGI cu hemoragie, clasificate F3 Lg-f (The Japan Society for Portal Hypertension) sau IGV type 1 (clasificarea Sarin), acoperite cu un cheag. Deoarece ligaturarea endoscopică cu mini-loop a fost considerată ineficientă a fost decisă rezolvarea chirurgicală. Intraoperator au fost depistate varice subseroase fundice gigante și vena gastrică scurtă cu un diametru de 1.5 cm; nu au fost semne de ciroză sau patologie pancreatică. S-a efectuat devascularizarea pe curbura mare, splenectomie și fundectomie cu stapler liniar Proximate® 60 (Ethicon).

Rezultate: Perioada postoperatorie a fost fără complicații și pacientul a fost externat la a 11-a zi postoperator. Monitorizarea timp de 4 luni nu a înregistrat semne de recidivă.

Concluzii: Hipertensiune portală stângă cu varice fundice hemoragice este o situație rară, însă cu potențial letal înalt, care trebuie luată în considerație la pacienții cu hemoragie digestivă superioară și probe hepatice normale. Tratamentul de elecție este considerată rezecția fundică cu splenectomie.

Cuvinte cheie: Varice fundice izolate; Hemoragie; Fundectomie; Splenectomie

POSTTRAUMATIC LEFT-SIDED PORTAL HYPERTENSION MANIFESTED WITH BLEEDING FUNDAL VARICES

Background: Hemorrhagic isolated gastric varices (IGV) are a life-threatening complication induced by isolated splenic vein thrombosis. We describe herein a case with bleeding IGV successfully managed by stapling fundectomy with splenectomy.

Methods and materials: A 50-year-old male patient referred to our department for upper gastrointestinal bleeding. No past medical history except for a blunt abdominal managed non-operatively. Physical exam was unrevealing; heart rate – 98 beats/minute, blood pressure - 100/60 mmHg. No splenomegaly. Hemoglobin - 66 g/L, red blood cells - 2.4x10^{12} /L, Ht of 22%; white blood cell count - 9.3x10^{9}/L and platelet count was 250x10^{9}/L. Biochemical test was normal except for a minor hypoproteinemia. An upper endoscopy revealed bleeding IGV, considered as Lg-f F3 (The Japan Society for Portal Hypertension) or IGV type 1 (Sarin classification), covered with a clot. Since endoscopic mini-loop hemostasis was unfeasible, surgical management was decided. During surgery huge subserosal fundal varices and a 1.5 cm in diameter short gastric vein were observed and no liver cirrhosis or pancreatic pathology. Devascularisation on the greater gastric curvature, splenectomy and stapling fundectomy using a Proximate® linear stapler 60 have been performed.

Results: The postoperative period was uneventful and the patient discharged 11 days after surgery. During a 4 month follow-up the patient is free of disease recurrence.

Conclusion: The sinister portal hypertension with hemorrhagic fundal varices is a rare, but life-threatening condition, which should be suspected in all the patients with upper gastrointestinal bleeding and normal liver tests. The treatment of choice is considered to be the fundal resection and splenectomy.

Keywords: Isolated fundal varices, Hemorrhage; Fundectomy; Splenectomy