

strategy and the analysis of endoscopic possibilities in solving the distal tumor biliary obstruction.

Materials and Methods: 846 cases were analyzed between 1998 and 2018 in patients with distal biliary obstruction. The cases were divided into two main groups: Group I. Non-tumor distal bile obstructions (lithiasis disease, inflammatory strictures, pancreatic edema, etc.) - 688 (81.3%); Group II. Tumor distal biliary obstructions - 158 (18.7%) Male - 87 (55%), females - 71 (45%). Of them: adenoma p.Vateri - 39 (24.6%), carcinoma p.Vateri - 28 (17.7%), cholangiocarcinoma - 14 (8.8%), cephalopancreatic cancer - 64 (40.5% metastatic tumors of the pancreatoduodenal region - 13 (8.2%). According to the established pathology, minimally invasive endoscopic interventions were applied: 1. Duodenoscopy (DS) with biopsy; 2. CPGRE; 3. Endoscopic sphincterotomy (EST); 4. Endoscopic sphincterotomy + lithoextraction (EST + LE); 5. Invasive diagnosis, endobiopsy (SEB); 6. Endobiliary drainage (DEB); Endoscopic resection of p.Vaterial (RE) tumor. Endoscopic interventions were separated or combined, depending on the volume required.

Results: Evaluation of minimally invasive endoscopic interventions allowed patients to be assigned to groups different from the operative effect. The effect was rated 1. Radical - 21 (13,3%); 2. Temporarily, as the first stage of the radical operation - 26 (16,5%); 3. Temporarily, as the first stage of palliative surgery - 37 (23,4%); 4. Palliative surgery - 42 (26,6%); 5. Invasive diagnosis, endobiopsy - 12 (7,6%); 6. Invasive diagnostic with negative prognosis - 12 (7,6%); 7. Non-informative - 8 (5,0%).

Conclusions: Minimally invasive endoscopic interventions in patients with distal biliary obstruction can solve the pathology in most cases. The surgical effect can be either radical, palliative, or temporary.

Key words: distal biliary obstruction, ERCP, endoscopic sphincterotomy, jaundice, cholangitis.

REZECȚIE LAPAROSCOPICĂ A RINICHIULUI ÎN TUMORILE MALIGNE

DANCI A, SAMOHVALOV S, VASILIEV E, SECANIA TATIANA, BOCANCEA A

IMSP „Spitalul Cancelariei de Stat”, Secția Endoscopie și Chirurgie Miniinvasivă, Chișinău, Moldova

Introducere: Anual în lume se atestă aproximativ 250 de mii de cazuri de carcinom renal, dintre care 100 de mii de oameni decedază de această patologie. În Republica Moldova anual se înregistrează 130 cazuri de carcinom renal. În structura globală a neoplasmelor maligne, cancerul renal reprezintă circa 3% din totalul neoplasmelor întâlnite la adulți. Operația organomenajată prin rezecția laparoscopică a rinichiului este “Gold standard” în tratamentul acestui grup de pacienți.

Material și metode: Studiul include 6 pacienți cu tumora renală stadiul T2M0N0 care a fost operați pe parcursul anilor 2016-2018 a IMSP „Spitalul cancelariei de Stat”. Dimensiunile tumorilor au variat de la 3-5 cm., fără învadarea în sistemul pielocaliceal. Vârsta medie 52-65 ani, raportul bărbați –femei 1/5. Afectare preponderentă a rinichiul drept 4 cazuri.

Rezultatele: În 4 cazuri a fost efectuată rezecția laparoscopică a rinichiului cu tumorile maligne și în 2 cazuri laparoscopic asistată. La toți pacienți a fost efectuată rezecția tumorii cu operația organomenajată. Examenul patomorfologic a confirmat carcinom renal. Durata spitalizării 5 zile. La tomografie computerizată în regim renografiei la distanțta 6-12 luni - funcția renală este suficientă, recidiva tumorii nu s-a depistat.

Concluzii: Principalele avantajele ale chirurgiei laparoscopice sunt - reducerea duratei spitalizării, recuperarea funcțională rapidă a pacientului, probabilitate minimală de apariția complicațiilor infecțioase, absența cicatricilor mari postoperatorii. Rezecția laparoscopică a tumorii renale, are principalul avantaj – păstrarea organului vital, motivul pentru care centrele specializate mondiale aleg chirurgia miniinvasivă laparoscopică.

Cuvinte cheie: Tumori renale, rezecția laparoscopică

LAPAROSCOPIC RESECTION OF THE KIDNEY IN MALIGNANT TUMORS

Introduction: Annually about 250,000 cases of renal carcinoma are diagnosed, 100,000 from them die. In the Republic of Moldova there are inregistered 130 cases of renal carcinoma. In the global structure of malignant neoplasms, renal cancer accounts for about 3% of all neoplasms diagnosed in adults. The surgical intervention by laparoscopic resection is "Gold standard" in the treatment of this group of patients.

Material and methods: The study included 6 patients with T2M0N0 renal tumor that were operated during 2016-2018. The sizes of the tumor ranged from 3-5 cm., without invasion in the pyelocaliceal system. The average age is being 52-65 years, the ratio of male - female 1/5. Predominant right kidney damage in the 4 cases.

Results: In 4 cases the laparoscopic resection of the kidney with malignant tumors was performed and in 2 cases laparoscopic intervention was assisted. In all patients, tumor resection was performed by surgery. The patomorphologic examination confirmed renal carcinoma. Duration of hospitalization 5 days. In renographyc mode computed tomography at 6-12 months distance control was confirmed sufficient kidney function, relapse of the tumor was not observed.

Conclusions: The main advantages of laparoscopic surgery are hospitalization duration reduction, faster functional recovery of the patient, minimal probability of infectious complications occurrence, absence of large postoperative scars. The laparoscopic resection of the renal tumor has the main advantage – saving of the vital organ, the reason why the specialized centers choose laparoscopic miniinvasive surgery.

Keywords: Renal tumors, laparoscopic resection

SFINCTEROTOMIE ENDOSCOPICĂ DUPĂ MRCP VS ERCP

DANCLIA¹

¹Secție Endoscopie și Chirurgie Miniinvasivă, IMSP „Spitalul Cancelariei de Stat”, Chișinău, Republica Moldova

Introducere: Sfinceterotomia endoscopică (SE) și alte intervenții endoscopice pe sistemul biliopancreatic necesită vizualizarea