

Concluzii: Pacienții cu tromboza protezelor valvulare în stare critică pot fi rezolvați efectiv prin aplicarea trombolizei medicamentoase care poate vindeca pacientul complet sau poate servi drept un procedeu de salvare până la aplicarea tratamentului chirurgical de schimbare a protezei valvulare. Având rata complicațiilor embolice joasă, tromboliza poate fi implementată ca tratament de prima linie. La răspunsul parțial tratamentului de tromboliză, pacientul poate fi operat în condiții hemodinamice satisfacatoare, cu un risc scăzut.

Cuvinte cheie: Proteze valvulare cardiace; Tromboză; Tromboliză

CARDIAC VALVES PROSTHESES THROMBOSIS: MANAGEMENT OF TREATMENT

Background: The thrombosis phenomenon and „pannus” thrombosis of cardiac valves prostheses remains among the complications that require prompt intervention by cardiac surgery or thrombolysis.

Methods and materials: In the study group were included 1827 patients with valvular pathologies, operated (2007-2018) in Cardiovascular and Thoracic Surgery Department, Republican Clinical Hospital "Timofei Mosneaga", whom 1762 cardiac valves were implanted, of which 198 were biological prostheses and 1564 - mechanical prostheses. Prosthesis dysfunction due to thrombosis was found in 40 patients (2.2% of total patients) aged between 35 and 65 years. Surgical treatment underwent 13 patients. Thrombolysis was performed in 27 patients.

Results: Of 27 cases undergoing thrombolysis with Alteplase and Reteplase, complete restoration of valvular prosthesis function was achieved in 23 patients; two lethal cases occurred (1 - hemorrhage, 1 - anaphylactic shock). In 2 cases of thrombolysis incomplete restoration of prosthesis function was obtained, but with hemodynamic improvement. These patients were successfully operated in two weeks.

Conclusions: Critical patients with valve prostheses thrombosis can be effectively resolved by applying thrombolysis drugs that can cure the patient completely or serve as a rescue procedure until surgical treatment for prosthesis replacement. Having low rate of embolic complications, thrombolysis can be implemented as a first-line treatment. In case of partial response to thrombolysis treatment the patient can be operated in satisfactory, low-risk hemodynamic conditions.

Keywords: Cardiac valves prostheses; Thrombosis; Thrombolysis

ABORDUL MINIM INVAZIV AL TUMORILOR COLO-RECTALE – 3 ANI DE EXPERIENTA INTR-UN SPITAL PRIVAT

MARTIAN B¹, MIHAILA E¹, STAVRI R¹, BULIGA T¹, GANGONE E¹, ROMANESCU D¹, AVRAM P¹, LAZAR C¹

¹Spitalul Privat "Sanador", București, România

Introducere: Abordul minim invaziv al tumorilor colo-rectale reprezintă o preocupare a colectivului Spitalului privat Sanador, în pofida adresabilității crescute a cancerelor în stadii avansate, procentul acestora din totalul intervențiilor chirurgicale pentru această patologie rămânând constant, printr-o atentă selecție a pacienților, care să beneficieze de avantajele laparoscopiei.

Material și metode: Studiul prezent analizează intervențiile chirurgicale pentru tumori colo-rectale efectuate între anii 2016-2018 în Spitalul Sanador București. Din totalul de 214 intervenții chirurgicale pentru patologia colo-rectală, 41 au fost prin abord minim invaziv, reprezentând procentual 20% din totalul intervențiilor pentru această patologie, procentul fiind constant în fiecare din acești ani: 2016 – 13 intervenții prin abord minim invaziv din totalul de 68 (19.11%); 2017 – 17 intervenții prin abord minim invaziv din totalul de 79 (21.5%); 2018 – 11 intervenții chirurgicale prin abord minim invaziv dintr-un total de 57 (19.3%).

Rezultate: Cele mai frecvente localizări ale tumorilor pentru care indicația a fost de abord minim invaziv, au fost cele recto-sigmoidiene (28). Selecția pacienților s-a făcut după stadializarea preoperatorie, admitându-se ca și abord laparoscopic tumori T1, T2, T3, în rare cazuri T4. În cazul tumorilor avansate, substadializate preoperator, s-a tentat efectuarea a cât mai multor timpi din cadrul rezecției, prin abord minim invaziv, iar cazurile în care anastomozele au fost efectuate extracorporeal nu au fost interpretate ca și conversie.

Concluzii: Rezultatele bune se înscriu în rândul celor ale centrelor cu volum și experiența mari în abordarea minim invazivă a tumorilor colo-rectale și constituie premise pentru creșterea procentului de astfel de intervenții în clinica noastră.

Cuvinte cheie: abordul minim invaziv, tumorile colo-rectale

MINIMALLY INVASIVE APPROACH TO COLORECTAL TUMORS - 3 YEARS OF EXPERIENCE IN A PRIVATE HOSPITAL

Introduction: The minimally invasive approach of colorectal tumors is a concern of the Sanador private hospital team, despite the increased addressability of cancers in advanced stages, their percentage of total surgical interventions for this pathology remaining constantly through a careful selection of patients who benefit from the advantages of laparoscopy.

Material and methods: The present study examines surgical interventions for colorectal tumors performed between 2016-2018 at Sanador Hospital Bucharest. Of the total of 214 surgical procedures for rectal pathology, 41 were by minimally invasive approach, accounting for 20% of all interventions for this pathology, the percentage being constant in each of these years: 2016-13 interventions through the minimally invasive approach of the total of 68 (19.11%); 2017 - 17 interventions through minimally invasive approach from the total of 79 (21.5%); 2018 - 11 minimally invasive surgical interventions from a total of 57 (19.3%).

Results: The most common tumor localizations for which the indication was minimally invasive were the recto-sigmoid (28). Selection of patients was made after preoperative staging, admitting as a laparoscopic approach T1, T2, T3 tumors, in rare cases T4.

In the case of advanced tumors, pre-operative substations, it was tempting to perform as many times as possible in the resection through a minimally invasive approach, and the cases in which the anastomoses were performed extracorporeally were not interpreted as conversion.

Conclusions: Good results are among those with large volume centers and great experience in the minimally invasive approach of colorectal tumors and are prerequisites for increasing the percentage of such interventions in our clinic.

Keywords: minimally invasive approach, colorectal tumors