

Methods and materials: Between 2007-2012, there were 20 harvests in the spleno-pancreatic-duodenal block, during the multiorgan harvests made by the sampling team from IC Fundeni (in 2 cases it was harvested in this block and the liver). The harvested pancreas was used in 2 cases for whole pancreas transplantation, and in the other 18 cases, the pancreatic islets were obtained. The main result was the formation of qualified national teams in pancreas extraction and the isolation of pancreatic islets, which is a first step in the clinical implementation of a National Pancreatic Transplantation Program. As a clinical implementation of this procedure, the first allotransplant of pancreatic islets in Romania was performed simultaneously with liver transplantation in a 40 year old, cirrhotic, insulin-dependent diabetes mellitus. Another indication of pancreatic islet transplantation was the management of chronic pancreatitis. Total pancreatectomy followed by pancreatic islet transplantation is a good option in the treatment of chronic pancreatitis, particularly narrow-duct form, which even with the extra exogenous insulin requirement, provides more efficient control of diabetes by long-term secretion of insulin and peptide C.

Results: For this purpose a pancreatic islet transplant was performed in a patient with total pancreatectomy for chronic pancreatitis. The surgical indication of pancreatic resection was permanent algic syndrome, refractory to major antalgics, and recurrent acute pancreatitis episodes.

Conclusion: The results of this study are promising and places Romania on the map of countries that are concerned with the use of pancreatic islet transplantation in the management of diabetes mellitus and chronic pancreatitis.

Keywords: Diabetes mellitus; Chronic pancreatitis; Pancreatic resection; Total pancreatectomy; Pancreatic island transplantation

TRATAMENTUL ENDOSCOPIC A POLIPILOR DE DIMENSIUNI MARI AL COLONULUI

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Introducere: Polipii de dimensiuni mari al colonului sunt predespui spre creștere și apariția următoarelor complicații: hemoragii, ocluzii intestinale. În cazul polipilor de dimensiuni mai mari de 2 cm, riscul de dezvoltare a cancerului colorectal este înalt. Polipectomie endoscopică este o soluție pentru acest grup de pacienți, de a evita intervențiile chirurgicale laborioase, care sunt legate cu riscul înalt de complicații.

Material și metode: Studiul prospectiv a inclus 27 de pacienți cu polipi de dimensiuni mari al colonului, care au suportat polipectomie endoscopică în perioada anilor 2013-2018, cu vârstă cuprinsă între 53-87 ani. Criteriu pentru includerea în studiu a fost polipi de dimensiuni mai mari de 3 cm. În toate cazurile polipectomie endoscopică a fost efectuată prin diatermoexcizie pe fragmente.

Rezultate: Din 27 de pacienți la 19 polipectomie a fost efectuată totalmente, dar în 8 cazuri (29,6%) a fost necesară polipectomie de stadializare în 3 și 6 luni. În majoritatea cazurilor n=22 (81,4%) examenul histopatologic a confirmat adenomul tubular, în 12 cazuri adenomul tubular-vilos. În 5 (18,5%) cazuri s-a depistat adenocarcinomul. În acest grup de pacienți monitorizarea endoscopică a fost efectuată odată la 6 luni și a confirmat absența recidivelor de neoplasm. Complicațiile majore ca perforația colonului au survenit la 3 (11%) pacienți, care au fost operați în mod urgent. Volumul operației a inclus laparotomie cu rezecția segmentului afectat cu aplicarea suturilor primare. Hemoragiile intraoperatorie n=5 (18,5%) au fost stopate endoscopic prin endoclamarea și diatermocoagulare.

Concluzii: Polipectomie endoscopică este metoda de elecție pentru polipii colonici de dimensiuni mari cu rata complicațiilor nesemnificativă.

Cuvinte cheie: polipectomie endoscopică, adenom tubular-vilos, adenocarcinom

ENDOSCOPIC TREATMENT OF THE LARGE COLONIC POLYPS

Introduction: The large colonic polyps are able to grow and may lead to the following complications: bleeding and intestinal occlusions. For polyps larger than 2 cm, the risk of colorectal cancer is high. Endoscopic polypectomy is a solution for this group of patients to avoid laborious surgery that is linked to the high risk of complications.

Material and methods: The prospective study included 27 patients with large colonic polyps that undergone endoscopic polypectomy during the years 2013-2018, aged 53-87 years. The criteria of this study was the polyps larger than 3 cm. In all cases endoscopic polypectomy was performed by diatermoexcision by fragments.

Results: From 27 patients, in 19 was performed total polypectomy, but in 8 cases (29,6%) - staging polypectomy, which was required in 3 and 6 months. In majority of cases n = 22 (81,4%) the histopathological examination confirmed the tubular adenoma, in 12 cases the tubular - vilous adenoma. In 5 (18,5%) cases adenocarcinoma was detected. In this group of patients, endoscopic monitoring was performed once per 6 months and confirmed the absence of neoplastic relapses. Severe complications such as perforation of the colon occurred in 3 (11%) patients who were urgently operated. The volume of surgery included laparotomy with the resection of the affected segment with the application of primary sutures. Intraoperative haemorrhages n = 5 (18,5%) were stopped endoscopically by endoclamization and diathermoagulation.

Conclusions: Endoscopic polypectomy is a method of choice for large colonic polyps with insignificant complications.

Keywords: endoscopic polypectomy, tubular-vilous adenoma, adenocarcinoma

ROLUL CHIRURGIEI TORACICE VIDEO-ASISTATE ÎN DIAGNOSTICUL ȘI TRATAMENTUL AFECȚIUNILOR PLEURO-PULMONARE ȘI ESOFAGIENE

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