

favorable response to therapy, the efficacy of corticosteroid therapy), immunologic (increased level of IgG, CIC) and histopathological (presence of lymphoplasmacytic infiltration). Was practiced Hassab-Kaliba operation associated with omentopexy, and in 3 cases porto-caval anastomosis.

Results and discussions. Postoperatively, all patients received a special protocol treatment with the aim to interrupt pathogenic autoimmune chain by high-dose corticosteroids administration type of puls-therapy administrated from case to case. Obtained results showed the positive effect of applied therapy. Yet, most patients (38p; 59.4%) had hard postoperative evolution, with developing of hepatorenal insufficiency and / or transient ascites and high level of postoperative septic and thromboembolic complications.

Conclusions. OS has an increased incidence in patients with autoimmune hypersplenism: requires a different, judicious approach and administration of individualized immunosuppressive treatment.

Key words: Splenopathy, overlap syndrome, patients

DIAGNOSTICUL ȘI MANAGEMENTUL FISTULEI ARTERIOVENOASE CRONICE POSTTRAUMATICE DE MEMBRU INFERIOR



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Traumatismul penetrant al extremităților cu lezarea asimptomatică a vaselor sangvine magistrale duce la apariția fistulelor arteriovenoase (FAV). Complicațiile tardive ale FAV netratate pot fi: dilatarea arterială proximală, congestia venoasă, insuficiența cardiacă cronică și ischemia membrului. Prezentăm cazul unui pacient de 59 de ani, care a suportat un traumatism prin armă de foc (schrappnell) a abdomenului și membrilor inferioare cu 8 ani în urmă, fără clinică de leziuni vasculare. Acuzele la spitalizare au fost durerea inghinală pe dreapta, asimetria coapsei și dispnee la efort moderat. CT-angiografia a fost sugestivă pentru prezența FAV iliace și poplitee. Angiografia DSA confirmă doar FAV poplitee la nivel P1. A fost efectuată protezarea arterei cu aloproteză sintetică ePTFE și suturarea fistulei prin acces venotomic. Lichidarea FAV a fost confirmată postoperator prin angiografie DSA. Efectuarea angiografiei DSA este recomandată pentru stabilirea corectă a volumului operator și confirmarea rezultatului postoperator.

Cuvinte cheie: durere, tratament, fistulă arteriovenoasă

DIAGNOSIS AND MANAGEMENT OF A LEG CHRONIC POSTTRAUMATIC ARTERIOVENOUS FISTULA.

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Penetrating trauma of the extremities with asymptomatic blood vessels damage can cause arteriovenous fistulas (AVF). The late complications of the untreated AVF can be: proximal arterial dilatation, venous congestion, chronic heart failure and limb ischemia. We present a 59 years patient, who suffered 8 years ago an abdomen and both legs schrapnell injury without vascular lesion symptoms. His complaints at the moment of hospitalization were : pain in the right groin, thigh asymmetry and moderate dyspnea on exertion. CT-angiography was suggestive for the presence of both iliac and popliteal AVFs . DSA angiography confirmed only the popliteal AVF at the P1 level. It was performed an ePTFE graft repair of the popliteal artery and the AVF suturing through the popliteal vein. The AVF liquidation was confirmed by a postoperative DSA angiography. Preoperative and postoperative DSA angiography is recommended in the AVF management.

Key words: pain, treatment, arteriovenous fistula