

traumatized patients in "N.Anestiadi" clinic.

**Purpose.** Reporting the accumulated results, unique in local surgical area.

**Material and methods.** The prospective study covers two periods: I).2005-2011 – demonstrating the possibility and benefits of NOM of LI (n=49), in comparison to the group of operated patients (n=15); II).2012-2016 – standard approach in hemodynamically stable patients with LI (n = 62).

**Results.** During I period: NOM success rate of strictly selected patients – 97,9%, NOM failure – one case operated for biliary peritonitis; The mortality rate – 6,12%(n=3), caused by severe TBI confirmed on forensic examination, the severity of LI – 2<sup>nd</sup> grade(AAST); Morbidity – 44,9%, specific for LI – 4,08%(n=2), bile leakage and infected hematoma solved by laparotomy and ultrasound-guided puncture. During II period there were 62 patients with LI, ISS>25 over 75%. 52(83.9%) patients were selected for NOM. 10(16.1%) patients had an emergency operation for haemoperitoneum and hemodynamic instability (atypical resection-1, mesh-wrapping-1, sutures and local hemostatics-9, biliary drainage-3 and simultaneous splenectomy-2). Failure of NOM – 2(3,84%) cases, subphrenic infected hematoma and biliary peritonitis, both favorable evolution. Overall mortality – 18(14,3%) cases, 4 deaths in the group operated in emergency. Mortality in the group with NOM – 26,9%(n=14) due to severe TBI, MODS, chest trauma and developed complications.

**Conclusion.** Nonoperative tactics secured its place in surgical assistance to traumatized patients with abdominal contusions and haemoperitoneum. The advantage of NOM in patients with severe TBI is incontestable, but requires strict surgical monitoring and specific professional skills.

**Keywords:** liver injury, nonoperative treatment, polytraumatized

## ROLUL NEUROMONITORINGULUI POLIMODAL ÎN ANESTEZIA PENTRU ABLAȚIA TUMORILOR ENDOCRANIENE GIGANTE



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**Material și metode.** În studiu au fost incluse 2 loturi de pacienți: I lot– 6 pacienți cărora li s-a administrat anestezie combinată (i/v + pivot inhalator cu sevofluran); lotul II– 5 pacienți cărora li s-a administrat anestezie totală intravenoasă (propofol+fentanil).

Monitoring: TAs, TAd, TAm (invaziv), PVC, echilibru acidobazic, gazos (arteră și venă periferică, bulbul jugular), electrolitic, acidul lactic, diurezei orară, PESS.

**Discuții.** În lotul pacienților cu anestezie inhalatorie s-a determinat o incidență înaltă a depresiei hemodinamice profunde (Tam - 74,3 mmHg, p= 0,02). Tot aici s-a determinat: utilizarea dozelor mai mici de analgetice și miorelaxante (sol. atracurium bromid 0,35-0,4mg/kg) , trezire mai rapidă, incidență mai scăzută a greții și tremorului postoperator. S-a reușit efectuarea mai veridică a neuromonitoringului, datorită cantității mai mici de miorelaxante utilizate. La pacienții cu anestezie intravenoasă s-a determinat o stabilitate hemodinamică (Tam - 82,7 mmHg, p ≤ 0,05), hemoragie intraoperatorie nesemnificativă. În lotul dat s-a reușit efectuarea neuromonitoringului, cu doze obișnuite de miorelaxante (sol. atracurium bromid 0,5 mg/kg).

**Concluzii.** Tehnicile descrise pot fi utilizate pentru neuromonitorizare multimodală în ablația de tumori endocraniene. Tehnica de anestezie inhalatorie, respectând farmacocinetica preparatelor, ar putea fi de preferat, din cauza evitării riscurilor de supra - sau sub dozare de medicamente anestezice, oferind o trezire mai rapidă, cu o evaluarea neurologică imediată, care este extrem de importantă.

**Cuvinte cheie:** tumoră, neuromonitoring, anestezie, ablație

## THE ROLE OF MULTIMODAL NEUROMONITORING DURING ANESTHESIA FOR ABLATION OF GIANT ENDOCRANIAL TUMORS

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**Materials and methods.** The study included two groups of patients: I-st group - 6 patients receiving combined anesthesia (i / v + inhaled sevoflurane); II-nd group - 5 patients who received intravenous anesthesia (propofol + fentanyl).

Monitoring: sBP, dBP, mBP (invasive), CVP, acid-base, gas (peripheral artery and vein, jugular bulb) and electrolytic balances, lactic acid, hourly diuresis, neurology evoked potentials.

**Discussion.** In the group of patients with inhalation anesthesia was determined a higher incidence of hemodynamic depression (Tam - 74,3 mmHg,  $p=0,02$ ). Also it was determined: use of lower doses of analgetics and muscle relaxants (sol. atracurium bromid 0,35-0,4mg/kg), faster awakening, lower incidence of postoperative nausea and tremors. We managed a more accurate recording of evoked potentials due to the small amount of muscle relaxant used. In patients with intravenous anesthesia was determined a more stable BP (mBP - 82,7 mmHg,  $p \leq 0,05$ ), less intraoperative bleeding. In the group given was carrying neuromonitoring managed with dose of muscle relaxant common (ground. atracurium aromide 0.5 mg / kg).

**Conclusions.** The techniques described can be used for multimodal neuromonitoring in ablation of tumor endocranial. Inhalational anesthesia technique, respecting the pharmacokinetics preparations could be preferable because avoid the risks of over - or under dosage of anesthetic agents, providing an awakening faster with immediate neurological evaluation, which is extremely important.

**Keywords:** tumor, neuromonitoring, anesthesia, ablation

## CHISTADENOM MUCINOS RETROPERITONEAL PRIMAR



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**Introducere.** Chistadenomul mucinos retroperitoneal este o tumoare extrem de rară, diagnosticată doar la femei.

**Material și metodă.** Autorii prezintă un caz clinic de chistadenom mucinos retroperitoneal confirmat histopatologic la o pacientă de 41 ani. Tomografia computerizată a pus în evidență o tumoră chistică de 21×16 cm cu localizare retroperitoneală dreaptă.

**Rezultate.** S-a practicat excizia tumorii fără alte proceduri adiționale, iar examenul histologic a confirmat chistadenom mucinos. Examenul histologic a sugerat că tumora are origine în mezoteliul celomic cu metaplasie mucinoasă.

**Concluzie.** Sunt prezentate particularitățile clinicopatologice, modalitatea de diagnostic, opțiunile terapeutice și rezultatul tratamentului prin prisma cazurilor clinice publicate în literatura de specialitate.

**Cuvinte cheie:** chistadenom mucinos, tumora retroperitoneală

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## PRIMARY RETROPERITONEAL MUCINOUS CYSTADENOMA

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**Introduction.** Retroperitoneal mucinous cystadenomas are extremely rare tumors found exclusively in women.

**Material & methods.** An additional case of retroperitoneal mucinous cystadenoma histological confirmed in a 41-year-old woman is reported herein. Computed tomography (CT) scanning showed a cystic mass, 21×16 cm in size, in the right retroperitoneal space.

**Results.** Removal of the cystic tumor was performed without any other additional procedures, and further histological diagnosis was confirmed as primary mucinous cystadenoma of borderline type. Histological findings suggested that the tumor developed from mucinous metaplasia of the coelomic mesothelium.

**Conclusion.** Clinicopathological features, diagnostic findings, therapeutic options and the outcome are analyzed in this paper having reviewed the cases reported in world literature.

**Keywords:** mucinous cystadenoma, retroperitoneal tumor

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