

Introduction: Tracheo-bronchial surgery is a challenging part of thoracic surgery. In modern intensive care, paradoxically a greater number of patients with complications after mechanical ventilation occur, as the efficiency of resuscitation and intensive care in patients with profound comas (posttraumatic, septic, toxic) increases.

Aim: To share the experience and possibilities of thoracic surgery in our department.

Material and methods: A group of 110 patients were operated on the trachea-bronchial tree. Tracheal stenosis consisted the majority of indications for tracheal reconstructions – 50 cases, followed by tracheo-broncho-pulmonary tumors – 24, inflammatory processes with bronchial scar stenosis – 15, trachea-bronchial trauma – 10, mediastinal tumors – 6, tracheoesophageal fistulas – 5.

Results: The following operations were performed: circular resections with anastomosis of the cervical and thoracic trachea – 31, marginal resections – 11, bifurcational resections – 4, laryngo-tracheal resections with osteoplastics – 8, lobectomies with bronchoanastomosis – 22, tracheal membrane osteoplasty – 15, suture of tracheo-bronchial injury – 8, bronchial resection followed by bronchoanastomosis for posttraumatic stenosis of primitive bronchus – 6, esophagotracheal fistulas – 5.

Conclusions: Tracheo-broncho-pulmonary surgery poses significant complexity and requires great experience in thoracic surgery, as well as a strong cooperation with anesthesiology and bronchology teams.

CHIRURGIA ESOFAGULUI – EXPERIENȚA CLINICII CHIRURGIE FECMF, USMF „NICOLAE TESTEMIȚANU”

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Introducere: Esofagul, pentru chirurși, rămâne un segment deosebit al tractului digestiv atât din cauza particularităților anatomo-topografice a organului, a căilor de acces către acesta, cât și a tehnicilor operatorii asupra respectivului.

Scopul lucrării: De a ne împărtăși cu experiența Clinicii de 30 ani în domeniul chirurgiei esofagiene.

Material și metode: Clinica de Chirurgie FECMF a USMF „Nicolae Testemițanu” – secția de chirurgie toracică și chirurgie generală a Spitalului Clinic Republican își are direcția cercetărilor, studiilor practico-științifice ale intervențiilor pe esofag din 1974. Fișierul clinicii deține mai mult de 1000 operații pe esofag.

Rezultate: Punct de pornire au servit traumele esofagului adunând 70 cazuri. Alți 83 pacienți – operați pentru diverticul, 192 cu hernii a hiatusului esofagian, 226 suferinzi de diferite forme de stenoze postcaustice, 118 pacienți s-au operat pentru boala de reflux gastroesofagian, 115 cu achalazii, cu neoplasm esofagian s-au operat 92 pacienți, esofag Barrett au avut 34 bolnavi, neoplasm al joncțiunii esofago-gastrice – 37 pacienți. Avem 32 cazuri cu ruptură spontană de esofag (sindromul Boerhaave).

Concluzii: Aceasta este experiența Clinicii, în baza căreia s-a susținut o teză de doctor habilitat și două teze de doctor în medicină.

ESOPHAGEAL SURGERY – THE EXPERIENCE OF THE DEPARTMENT OF SURGERY OF CME FACULTY OF SUMPh “NICOLAE TESTEMITANU”

Introduction: Esophageal surgery represents very special kind of digestive surgery, because of multiple factors – anatomical-topographic features, specific surgical access and surgical technique.

Aim: To evaluate our clinical experience of 30 years of esophageal surgery.

Material and methods: Since 1974, in the Department of Surgery of CME Faculty of SUMPh „Nicolae Testemitanu”, thoracic and general surgery departments of Republican Clinical Hospital, were performed about 1000 clinical cases of esophageal surgery.

Results: Our first experience in esophageal surgery, as a start point was esophageal injuries – 70 patients, followed by esophageal diverticula – 83 patients, esophageal hiatus hernia – 192 treatment cases, esophageal stricture of various origin – 226 cases, 118 patients have been treated for gastro-esophageal reflux disease, 115 cases with achalasia of esophagus, 92 patients have been treated for esophageal cancer, 34 cases – with Barrett’s esophagus, gastroesophageal junction cancer – 37 cases. In addition, we have experience of 32 cases of spontaneous esophagus rupture (Boerhaave syndrome).

Conclusions: The experience of the Clinic mentioned above was reflected in a thesis of doctor habilitatus of medical since and two thesis of doctor of medical since.

TRATAMENTUL HERNIILOR INGHINALE PRINTR-UN SINGUR PORT PRIN METODA LAPAROSCOPICĂ TOTAL EXTRAPERITONEALĂ (LESS-TEP SINGLE PORT)

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Introducere: În acest studiu argumentăm avantajele tratamentului videolaparoscopic printr-un singur acces transombilical total extraperitoneal (LESS-TEP) în cura herniilor inghinale, ce poartă totalmente caracteristicile intervențiilor ultramoderne, minim-invasive, specific metodelor endoscopice, cu risc chirurgical minimal, reabilitare rapidă a pacienților și o rată redusă a complicațiilor postoperatorii.