

closure and total (91.7%) or partial (8.2%) fundoplication. Pre- and postoperative quality of life was assessed using Velanovich score.

Results: The length of surgery has averaged 94 min, with decreasing below 80 min in recent years. Five (2.6%) conversions were due to uncontrollable bleeding and marked adhesions. Most patients had a transient postoperative dysphagia lasting under 2 weeks. Repeated surgery for GERD recurrence or for complications required 9 (4.6%) patients. The average Velanovich score decreased from 19.1 (preoperative) to 2.1 (1 year postoperatively), and remains stable low – 2.3 (at 3 years postoperatively).

Conclusions: Thorough selection of patients with GERD for surgery: those with typical symptoms, abnormal pH test and anatomic defect curable surgically, is crucial for achieving optimal postoperative outcomes.

IMPACTUL CROSECTOMIEI ASUPRA REZULTATELOR TRATAMENTULUI CU LASER ENDOVENOS AL VARICELOR MEMBRELOR INFERIOARE: STUDIU COMPARATIV

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Introducere: Tratamentul endovenos cu laser (TEVL) reprezintă actualmente una dintre cele mai frecvent utilizate tehnici curative adresate varicelor membrelor inferioare. Necesitatea asocierii crosectomiei în cazurile respective continuă a fi un aspect controversat.

Scopul studiului: Ilucidarea impactului crosectomiei asupra rezultatelor clinice la un an după TEVL.

Material și metode: A fost realizată analiza comparativă între 2 loturi convenționale de pacienți cu maladie varicoasă în sistemul venei safena magna, tratați cu laser endovenos: cu crosectomie asociată (lotul "CE"; n=20) și fără crosectomie (lotul "non-CE"; n=20). TEVL a fost aplicat utilizând dioda laser cu lungimea de undă de 940 nm, energia termică fiind emisă endoluminal în regim continuu, prin intermediul unei fibre "bare-tip" de 600 mkm. Accesul endovenos s-a realizat percutan ecoghidat sau prin mini-incizie în 1/3 distală a coapsei sau 1/3 proximală a gambei ("non-CE"); ori prin propulsarea retrogradă a fibrei după crosectomie prin incizie în plica inghinală ("CE").

Rezultate: Coraportul în funcție de gen a constituit – 4/1 (F/B) pentru ambele loturi; vârsta medie a bolnavilor fiind 44,2 ani ("CE") vs. 38,3 ani ("non-CE"). Repartizarea cazurilor în funcție de clasa clinică (C) a clasificării CEAP: C2-C3 – 45% și C4-C6 – 55% în lotul "CE" și C2-C3 – 60%, C4-C6 – 40% în lotul "non-CE". Valoarea medie a indicelui LEED (linear endovenous energy density) a constituit 71,6±4,86 J/cm ("CE") vs. 60,73±5,39 J/cm ("non-CE"). Totodată, recurența clinică a fost înregistrată doar la 1 (5%) bolnav ("non-CE"), fiind cauzată de dezvoltarea refluxului prin vena safenă accesorie anterioară a coapsei competentă preoperator.

Concluzii: Datele studiului reflectă absența unei diferențe semnificative între rezultatele clinice la un an după TEVL cu și fără crosectomie. Până la obținerea evidenței științifice certe asocierea de rutină a crosectomiei la TEVL al maladiei varicoase nu pare a fi justificată.

THE IMPACT OF HIGH LIGATION ON RESULTS OF ENDOVENOUS LASER TREATMENT FOR VARICOSE VEINS OF LOWER LIMBS: COMPARATIVE STUDY

Introduction: Endovenous laser treatment (EVLT) is currently one of the most commonly used minimally invasive technique addressed to varicose veins of lower limb. The necessity to add high ligation in these cases continues to be a controversial issue.

The aim of study: To highlight the impact of high ligation on clinical outcomes one year after EVLT.

Material and methods: We conducted a comparative analysis between two conventional groups of patients with varicose veins, refers to great saphenous vein system, treated with endovenous laser: associated with high ligation (group "HL"; n=20) and without high ligation (group "non-HL" n=20). EVLT was applied using diode laser with a wavelength of 940 nm, thermal energy being emitted endoluminally on a continuous basis through a 600 mkm bare-tip fiber. Endovenous access was achieved by percutaneous echo-guided puncture or through a small incision in the distal thigh or proximal calf ("non-HL"); or by retrograde passing of the fibre after high ligation, performed through an incision in the groin fold ("HL").

Results: The female/male ratio was 4:1 for both groups; while the average age of patients was 44.2 years ("HL") vs. 38.3 years ("non-HL"). The distribution of cases according to clinical class (C) of the CEAP classification: C2-C3 – 45%, C4-C6 – 55% in the "HL" group and C2-C3 – 60%, C4-C6 – 40% in the "non-HL" group. The mean linear endovenous energy density (LEED) accounted 71.6±4.86 J/cm ("HL") vs. 60.73±5.39 J/cm ("non-HL"). However, clinical recurrence was registered only in 1 (5%) patient ("non-HL"), and was caused by development of pathological reflux in previously competent anterior accessory saphenous vein of the thigh.

Conclusions: Our study data reflects the absence of significant differences in clinical outcomes at one year after EVLT performed with and without high ligation. Until accumulation of reliable scientific evidence routine association of EVLT with high ligation for treating varicose veins does not seems to be justified.

INTERVENȚII VASCULARE DE URGENȚĂ ÎN ATEROTROMBOZA EXTREMITĂȚILOR INFERIOARE

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