Rezultate. Pacienta 41 ani investigată prin RMN. D.c:Chist ovarian pe dreapta. Clinic dureri pelvine, eliminări patologice vaginale. Intervenit chirurgical laparoscopic cu excizia chistului 3x5 cm. Postoperator cu restabilirea totala în 3 zile. Pacienta 18 ani investigată prin USG și CT abdominal D.c Chist ovarian pe stânga. S-a intervenit chirurgical prin LMM unde se determina chist gigant 30x30 cm. S-a efectuat chist-ovarectomia în bloc pe stânga. Perioada de spitalizare 9 zile, cu dureri în plagă, drenuri abdominale, risc de infectare a plăgii
Concluzii. Acțiunea prin tratament laparoscopic: este minim invaziv, abord incizional mic, perioada de recuperare postoperatorie este scurtă, risc de infectarea plăgii minim. Dureri postoperatorii minime. Necesitate medicației postoperatorie minim.
Cuvinte cheie. Chist ovarian, Tratament Laparoscopic, Chistectomie

LAPAROSCOPIC SURGICAL TREATMENT OF THE OVARIAN CYST

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Aim of study. Ovarian cyst is a frequent pathology in women during the period of genital-reproductive activity, morphologically with abnormal liquid collections, delimited by a membrane and located inside an ovary. Ovarian cysts are classified into: functional cysts - represent 90% of cases (caused by hormonal dysfunctions) and organic cysts - endometriotic, dermoid, mucoid or serous. Purpose: Laparoscopic treatment vs traditional method. Laparoscopic ovarian cystectomy is necessary in the following situations: a twisted or ruptured ovary or cyst, severe pain and bleeding, 6-7 cm in size or in case of compression of other intra-abdominal organs. The progression of the cyst after 2-3 months with hormonal treatment is another surgical indication - especially if there were 1-2 periods during this period without regression dynamics or median laparotomy, in the case of giant cysts with a diameter of 10-14 cm.
Results. 1. Patient, 41-year-old, Investigated by MRI. Diagnosis: Ovarian cyst on the right. Clinical pelvic pain, pathological vaginal discharge. laparoscopic surgical intervention for excision of the 3x5 cm cyst. Postoperative, with total recovery in 3 days. 2. Patient, 18-year-old. Investigated by USG and abdominal CT. Diagnosis: Ovarian cyst on the left. Surgery was performed through laparotomy, where a giant 30x30 cm cyst was determined. En bloc ovariectomy was performed on the left side. Hospitalization period 9 days, with pain in the wound, presence of abdominal cramps, risk of wound infection.
Conclusions. Action through laparoscopic treatment: it is minimally invasive, small incisional approach, the postoperative recovery period is short, the risk of wound infection minimal. Minimal postoperative pain. Minimum necessary postoperative medication
Keywords. Ovarian cyst, laparoscopic treatment, cystectomy

SPLENECTOMIA PRIN ABORD LAPAROSCOPIC ȘI CUM PREFER SĂ O FAC

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Scopul lucrării. Studierea cazurilor de splenectomie prin abord laparoscopic și clasic în vederea stabilirii cauzalității tip procedură-incidente perioperatorii și demonstrării superiorității abordului laparoscopic.
Materiale și metode. Au fost selectate cazurile de splenectomie efectuate prin abord clasic și laparoscopic în Clinica de Chirurgie Colțea, perioada 01.01.2019-31.12.2022. Am revăzut filmările intraoperatorii, am evaluat factorii generali și locali asociați abordului chirurgical preferat.
Rezultate. Au fost selectate 29 de cazuri, vârsta medie 54.8 ani, 72.4% femei, 27.6% barbati, 55.2% (16) cu multiple comorbidități: antecedente chirurgicale majore, insuficiența cardiacă, asmul bronșic sever etc. Cazurile au fost împărțite în 2 grupe: Gr. I- cu abord laparoscopic 34.5% (10), Gr. II- cu abord clasic 65.5% (19). Incidența comorbidităților a fost de 10% (1) în Gr.I, cu dimensiunea medie a splinei de 13.2 cm (min 8.5 cm, max 21 cm) și 84.2 % (16) în Gr.II cu dimensiunea medie a splinei de 20.4 cm (min 10 cm, max 34 cm). Doar în Gr.II au fost înregistrate sângerări intraoperatorii în 78.9% (15), iar in 15.8% (3) au fost complicații postoperatorii. Pacienții din Gr.I au avut o perioadă de spitalizare postoperatorie medie de 4 zile, iar cei din Gr. II de 7 zile și au fost externați cu o evoluție postoperatorie favorabilă.
Concluzie. Abordul laparoscopic are aceleași indicații ca abordul clasic conform EAES, cu avantajul complicațiilor perioperatorii mult reduse și o spitalizare postoperatorie mai mică comparativ cu abordul clasic, iar în cazul echipelor experimentate este posibil abordul laparoscopic inclusiv la pacienții cu splenomegalii masive (>20cm), care poate fi asistat manual.
Cuvinte cheie. Laparoscopie, splenectomie, asistat manual, complicații postoperatorii

SPLENECTOMY THROUGH THE LAPAROSCOPIC APPROACH AND HOW I DO IT

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Aim of study. Study of cases of splenectomy by laparoscopic and classic approach in order to establish causality type procedure-perioperative incidents and demonstrate the superiority of the laparoscopic approach.
Materials and methods. The cases of splenectomy performed by classical and laparoscopic approach in the Colțea Surgery Clinic, period 01.01.2019-31.12.2022, were selected. We reviewed intraoperative films, assessed general and local factors associated with the preferred surgical approach.
Results. 29 cases were selected, average age 54.8 years, 72.4% women, 27.6% men, 55.2% (16) with multiple comorbidities: major surgical antecedents, heart failure, severe bronchial asthma, etc. The cases were divided into 2 groups: Gr. I- with laparoscopic

approach 34.5% (10), Gr. II- with classic approach 65.5% (19). The incidence of comorbidities was 10% (1) in Gr.I, with mean spleen size of 13.2 cm (min 8.5 cm, max 21 cm) and 84.2% (16) in Gr.II with mean spleen size of 20.4 cm (min 10 cm, max 34 cm). Only in Gr.II, intraoperative bleeding was recorded in 78.9% (15), and in 15.8% (3) there were postoperative complications. The patients in Gr. I had an average postoperative hospitalization period of 4 days, and those in Gr. II of 7 days, and were discharged with a favorable postoperative evolution.
Conclusions. The laparoscopic approach has the same indications as the classic one according to EAES, with the advantage of reduced perioperative complications and a shorter postoperative hospitalization, and in the case of experienced teams, the laparoscopic approach is possible, including patients with massive splenomegaly (>20cm), being manually assisted.
Keywords. Lparoscopy, splenectomy, hand-assisted, postoperative complications

STATE OF ART IN HERNIA SURGERY - RESULTS OF OUR RECENT EXPERIENCE

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Introduction. Minimally invasive surgery (MIS) has gained popularity in all surgical fields, and hernia surgery is one of the most recent. Inguinal, umbilical, and incisional hernias benefit from laparoscopic procedures. Short hospitalization, reduced return-to-work time, and fast recovery after surgery recommend MIS as the new standard for hernia surgery.
Methods. In this review, we analyzed our experience in the period 2019-2023, including patients with hernia defects who underwent MIS. The procedures performed were as follows: intraperitoneal onlay mesh (IPOM) and extended total extraperitoneal (eTEP) for umbilical hernias; total extraperitoneal (TEP) and trans-abdominal preperitoneal (TAPP) for inguinal hernias; and eTEP, IPOM, and trans-abdominal retromuscular (TARM) for incisional hernias. Surgeries were performed laparoscopically under general anesthesia. The study included 236 procedures:49 for incisional hernias (20.76%), 52 for umbilical hernias (22.03%), and 135 for inguinal hernias. (57.21%). eTEP was predominant in incisional hernias (61.22%), followed by IPOM (20.42%), and TARM (18.36%). Inguinal hernias were treated using TEP (88.89%) and TAPP (11.12%). Umbilical hernias were operated on using IPOM (23.08%) and eTEP (76.92%). Emergent surgery was performed in 38 cases (16.11%):7 cases of umbilical hernias, 26 cases of inguinal hernias, and 5 cases of incisional hernias.
Results: The conversion rate was 5.08% (12 cases), which was related to difficulties in dissection (eTEP) and peritoneal tear (TEP). The complication rate was 11.86% and included 12 hematomas, 10 bleeding events, 3 intestinal fistulas, and 2 bowel obstructions. Of these, 75% required a reoperation. One patient died of postoperative pulmonary thromboembolism. Seromas were observed in 7.2% of patients. Four recurrences (1.7%) have been reported to date.
Conclusion: Our results show reduced complication rates, reduced recurrences, and wound-related occurrences and support MIS as a valuable tool in hernia surgery.
Keywords: minimal invasive surgery, hernia surgery, laparoscopic, hernia

MANAGEMENTUL NON-REZECȚIONAL AL LEZIUNILOR SPLENICE ÎN CHIRURGIA LAPAROSCOPICĂ

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Introducere: Leziunile splenice iatrogene în chirurgia abdominală reprezintă o complicație subestimată și este important să fie recunoscute intraoperator pentru a se asigura un management adecvat. Dintre procedurile chirurgicale cu cea mai mare rată a leziunilor splenice se numără: hemicolectomia stângă (1-8%), procedeele antireflux în chirurgia deschisă (3-20%), nefrectomia stângă (4-13%) și reconstrucția aortei abdominale proximale și a ramurilor acesteia (21-60%). Pentru a gestiona acest tip de complicație, poate fi necesară splenectomia, dar tratamentul conservator prin orice mijloace, cu scopul de a obține o hemostază adecvată, ar trebui utilizat în orice situație.
Serie de cazuri: Vom prezenta trei cazuri clinice care au constat în diferite leziuni splenice apărute în timpul procedurilor laparoscopice, care au fost gestionate conservator, fără a fi necesară efectuarea splenectomiei. Primul caz a constat într-o efracție splenică la un pacient cirotic în timpul unei rectosigmoidectomii laparoscopice, al doilea pacient a suferit o hemoragie prin decapsulare splenică în timpul unei cure laparoscopice a herniei hiatale, iar în ultimul caz am gestionat o leziune splenică apărută la introducerea trocarelor pentru o suprarenalectomie dreaptă laparoscopică la un pacient cu obezitate morbidă.
Discuții: Seria de cazuri prezentate sunt foarte ilustrative pentru un tratament non-rezecțional efectuat laparoscopic în managementul adecvat al leziunilor splenice iatrogene. Hemostaza a fost realizată printr-o combinație de presiune locală aplicată cu o meșă, electrochirurgie și materiale șau substanțe hemostatice.
Concluzie: În concluzie, considerăm că managementul conservator al hemoragiilor splenice ce pot apărea în timpul intervențiilor chirurgicale laparoscopice ar trebui stăpânit de orice chirurg generalist, și de preferință, realizat laparoscopic.

NON-RESECTIONAL MANAGEMENT OF SPLENIC INJURIES IN LAPAROSCOPIC SURGERY

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Background: Splenic iatrogenic injuries in abdominal surgery represent an underestimated complication and it is important to be recognised intraoperatively to assure a proper management. Among surgical procedures with the highest rate of splenic injuries the following are to be mentioned: left hemicolectomy (1-8%), open anti-reflux procedures (3-20%), left nephrectomy (4-13%) and reconstruction of the proximal abdominal aorta and its branches (21-60%). In order to manage this type of complication, splenectomy may be required, but conservative treatment by any means with the aim of acquiring proper haemostasis should be employed at any chance.