

Purpose. Assessment of the impact of BV on perinatal results (reproductive losses and septic complications).

Materials and Methods. The research was carried out retrospectively – there were studied 445 histories of disease of pregnant women with the miscarriage threat at 13-28 weeks of pregnancy (cervix <2 cm USG). Cases of BV were identified. There were excluded other reasons of complications.

Results. The BV part out of 445 cases of miscarriage threat is $26.1 \pm 2.08\%$ (CI95%: 22.02-30.18). Reproductive losses made up $30.2 \pm 4.26\%$ (CI95%: 21.85 – 38.55), from which 29.3% - abortion, 0.9% - neonatal death. The index of septic complications -13.2% (CI95%: 7.71 ~ 18.69): 5.3% - chorioamnionitis, 2.6% - endometritis postpartum, 2.6% - newborn's omphalitis, 2.6% - early neonatal sepsis.

Conclusions. BV has a great impact on reproductive losses and septic complications in our country. The BV treatment is the preventive measures from those complications.

Keywords: bacterial vaginosis, reproductive losses, septic complications.

124. SURGICAL INSTRUMENTS

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Introduction. Surgical instruments – are weapons that lie in surgeon's hand and are intended to produce some influence on patient's tissue in order to eradicate the disease and also to restore the function of the body. The vast number of surgical instruments have the same construction, function and technique production as modern instruments and are known from the 16th – 18th centuries. There were a lot of outstanding events in the 20th century, one of them was the appearance of endoscopic and miniinvasive surgery. The technologies of endoscopic and miniinvasive surgery influenced the next step in the development of new techniques, that allow to perform radical interventions through the minimal traumas for the patient or without large cuts of skin and tissues.

Purpose. Definition, description and enumeration of surgical instruments according to the applied fields of modern surgery.

Objectives. In order to obtain fuller information, there were proposed following objectives: 1. To define the surgical instruments. 2. To classify surgical instruments. 3. To group instruments by their use in various surgical fields. 4. To describe instruments' shape, structure and composition. 5. To enumerate instruments' functions and methods of use in various surgical interventions.

Scientific novelty of the obtained results. Integrative analysis of obtained results represents a specific assessment of an indispensable multilateral components of surgical tools. The result of this work represents a source of original information that characterizes classical and modern tools, how to use them and other particularities of the activity of surgeon.

Theoretical importance. The theoretical significance of this work consists in the differentiation of surgical instruments, their correct and specialized use only in certain surgical techniques.

The applicative value of the work. This work can be used for teaching purposes, for familiarization of students and medical staff for right use of instruments in surgical practice. The introduction of new edoscopic instruments in place of the traditional instruments has its' importance to. It is relevant in some interventions, which decreases tissue traumas during surgical interventions, thus reducing the patient's post-operative complications, and postoperative nosocomial infections, including joining during the period of hospitalization of the patient.

125. POSTOPERATIVE SCAR ENDOMETRIOSIS OF THE ANTERIOR ABDOMINAL WALL

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Introduction: Postoperative scar endometriosis (PSE) is a rare pathology caused by gynecological-obstetrical surgery. The aim of the study was to assess PSE of the anterior abdominal wall.

Material and methods: The research included 26 consecutive cases of the anterior abdominal wall PSE surgically treated during 1991-2015.

Results: The mean age of the patients with PSE was 31.1 ± 1.1 (95% CI:28.85-33.30) years. PSE developed after 45.8 ± 3.2 (95% CI:39.27-52.34) months. PSE developed after caesarian section (88.4%, n=23), laparoscopic surgery (7.6%, n=2) and myomectomy (3.8%, n=1). A mass was found in the postoperative scar (n=28). Pfannenstiel incision (n=23), inferior median (n=2), umbilical (n=1). Monofocal vs bifocal PSE (92% vs. 8%, $p < 0.0001$). PSE in the left corner of the postoperative scar in 76.9% (n=20). Cyclic pain was the main symptom (57.6%, n=15). The diagnostic workout included: ultrasonography with Doppler (n=9), CT and MRI (n=10). PSE was localized in the abdominal wall layers as follows: subcutaneous vs. fascia and muscles vs. rectus abdominis muscle vs. umbilicus (30.7% vs. 53.8% vs. 11.5% vs. 3.8%, $p < 0.0001$). All the patients underwent enbloc surgical excision of the PSE. The aponeurosis defect was closed by: aponeurosis suture in 23/26 (88.4%) patients, abdominal alloplasty with synthetic meshes (n=3). Diagnosis was confirmed histopathologically and immunohistochemically (CD10, PR, ER α , CK7).

Conclusion: Imaging methods (ultrasonography with Doppler, CT and MRI) have an important role in establishing the diagnosis of PSE and surgical tactics. Definitive diagnosis is confirmed histopathologically and immunohistochemically.