

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.