

126. POSTOPERATIVE MEDIAN INCISIONAL HERNIAS OCCURRENCE AND THEIR SURGICAL TREATMENT WITH RETROMUSCULAR PROLENE MESH AND HERNIAL SAC

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Introduction: Median incisional hernias are the most frequent postoperative complications in the surgical practice. They can occur in different forms and at different ages. Because of its high incidence rate, many surgical techniques are being used, but neither one is superior over the others. However some creative combined techniques show promising results.

Aim: Analyzing occurrence rates and types of postoperative median incisional hernias at different ages and genders. Evaluation of the efficiency of different surgery techniques.

Materials and Methods: We conducted a retrospective study at the 2nd Department of Surgery, Emergency County Hospital in Tirgu Mures, during January 2010 and January 2016.

Results: From 763 patients 517(67.76%) were females and 246(32.24%) were males. The highest incidence rate was noticed between the age of 60 and 70, at both genders (35.13%). We found in 18(2.36%) cases giant incisional hernias and in 98(12.84%) cases multilocular hernias. There were 48(6.29%) life threatening cases, caused by incarcerated incisional hernias. Recurrences appeared in 51(6.68%) cases. In most of the cases (485=63.57%) abdominal wall reconstructions were made with prolene mesh in retromuscular position, followed by primary suture repairs (211=27.65%) and finally (67=8.78%) prolene mesh in retromuscular position and hernial sac were used together in the surgical treatment. The two most common early complications were: rectus sheath hematomas and subcutaneous seromas.

Conclusion: Postoperative median incisional hernias have a high incidence and recurrence rate, especially between the age 60 and 70. Prolene mesh in retromuscular position or primary suture repairs are not always enough. Using prolene mesh in retromuscular position together with the hernial sac is a more secure and low cost proceeding, especially in cases of giant incisional hernias.

Key words: prolene, hernia, treatment.

127. ABDOMINAL WALL HERNIAS SURGERY IN PATIENTS WITH CIRRHOSIS AND ASCITES.

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Background: Management of abdominal wall hernias in patients with liver cirrhosis with massive resistance ascites is still under debate. The objective of this study was to compare the outcome in our series of urgently versus scheduled operated treatment of these patients.

Methods. In the period between 2011 and 2015, 102 patients with an abdominal wall hernias combined with liver cirrhosis and ascites were identified from our hospital database.

I group: 48 cirrhotic patients operated on urgently, including 36 (75%) - with hernia sac erupts with ascites fluid overflow and 12 (25%) with strangulated hernias. 9 (18.8%) patients was performed endoscopic hemostasis simultaneously for variceal bleeding. In 85% cases ascites fluid was present bacterial microflora. In all cases was installed abdominal drainage, for drainage ascites and lavage abdominal cavity. Group II: 54 cirrhotic patients with massive ascites and spontaneous eruption risk of hernia, operated scheduled after a thorough preoperative preparation, laparoscopic drainage of abdominal ascites and abdominal cavity lavage with antibacterials. In 55% cases ascites fluid was present bacterial microflora.

Plasty method - "tension-free no mesh". Prophylactic endoscopic variceal sealing was performed in 29 (53.7%) patients.

Results. 7 patients from the first group died postoperatively with hepatic insufficiency (14.6%), including 4 with variceal bleeding and 3 ascites-peritonitis. In group II was 1 (1.9%) death - hepatorenal failure. Postoperative eventration 3-6 months: I group - 10 (20,8%); II group - 2 (3.7%). Suppuration of postoperative wound: I group - 8 (16.7%), II group without complications.

Conclusions. Abdominal wall hernias in cirrhotic patients with ascites preferable operated planned. Laparoscopic abdominal drainage and lavage with antibacterials reduces the risk of ascites-peritonitis, improves wound healing. The preferably solution is hernioplasty "tension-free no mesh".

Key Words. Hernia, ascites, hernioplasty

128. REMOVAL OF XENOANTIGENIC GLYCOSYLATION PATTERNS FROM PORCINE PULMONARY HEART VALVE MATRICES IS DEPENDENT OF THE APPLIED DECELLULARIZATION METHOD

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Introduction: Matrix guided tissue regeneration (GTR) based on allogeneic decellularized matrices has been shown as an overall convincing method for heart valve replacement. Nevertheless, a substantial donor shortage prevents an unlimited clinical application of human GTR-valves. Utilization of porcine decellularized heart valve matrices could offer a possible solution for overcoming this considerable limitation. In the past, implantation of xenogeneic valve tissues considered to be acellular