in 48 hours). From this 24 patients 7 used methotrexate, and 17 used laparoscopy, in 7 (41,18%) of them was identified hemoperitoneum and 5 (29,41%) had rupture vs 73 (59,35%) hemoperitoneum and 55 (44,72%) had rupture in the group of patients that used just USG.

Conclusion: After a review of the literature and our study results, we are in a position to recommend the following steps at three levels: public, primary healthcare, and specialist center. Aim should be early diagnosis and prompt treatment of EP without unnecessary delay in presentation, diagnosis, and treatment.

At public level we should lunch education program about the risk factors to all females through Mass Media. All these patients should register themselves at a specialist hospital for care of their pregnancy where specialist gynecologists and facilities for diagnosis and treatment of EP are available.

General practitioners working in primary healthcare centers should be educated to have a high index of suspicion for EP.

At specialist-level hospitals, all females (at their child-bearing age) presenting with hemodynamic instability or pain in the lower abdomen should be admitted and immediate investigations like pregnancy test, β-hCG, and ultrasound should be ensured even if there is no history of amenorrhea. Early diagnosis and prompt treatment are the ultimate goal to decrease the morbidity in the first trimester of pregnancy.

Key Words: Ectopic Pregnancy

131. CONTEMPORARY ASPECTS OF DIAGNOSIS AND TREATMENT OF CHOLEDOCHOLITHIASIS

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Introduction: Over the last decades the incidence of gallstones points out a major ascension. As a result we notice an increase of choledocholithiasis level, often being Associated with jaundice and angiocholitis. Optimal diagnosis and treatment evaluation, addressed to patients with choledocholithiasis on the basis and experience of Surgery Department No.2.

Material and methods: 41 patients with choledocholithiasis were examined, who were treated in the hepato-biliary-pancreatic department of the Republican Clinical Hospital during 2014-2015 years. Diagnostic algorithm included several consecutive steps: I step - biochemical testing, sonographic examination; II stage - biliary tree direct contrast running the endoscopic retrograde cholangiopancreatography ERCP. In cases of difficulty in diagnosis magnetic resonance cholangiopancreatography (MRCP) or computed tomography was made.

Discussion results: ERCP was confirmed to be an optimal method both in topic diagnosis establishment and in decompression of biliary tree realization for a preoperative preparation. So in 30

cases (73,17%) the full endoscopic extraction of stones with final recovery of patients was possible. In 4 cases (9,75%) the method allowed the CBP drainage over obstacle through a stenting with 7 Fr stent preparing patients for the second stage of the treatment of these 3 patients (7,31%) required choledochotomy with classical litextraction. And one patient (2,43%) had a megalocholedoch with multiple stones, but the situation was resolved by transection of choledoch with choledochojejunostomy on Roux loop. Postoperative complications were recorded in 3 patients being motivated by wound suppuration treated conservatively. Fatal outcomes in the study group were none.

Conclusions: Minimally invasive endoscopic technologies allow final settlement of choledocholithiasis with stones up to 15 mm, but for exceeded cases there is a stage of decompression and drainage of cholangitis, a preparation for surgical interventions calmly. For an up to 20 mm choledoch in the absence of duodenostasis or distal strictures choledocholithotomia is done. Megalocholedoch is an indication for choledochojejunostomy on Roux loop.

Keywords: Choledocholithiasis, ERCP, CRMN, stenting, choledochojejunostomy on Roux loup;

132. HEALING OF TROPHIC ULCERS WITH BIOPLASTIC COLLAGEN MATERIAL COLLOST

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Introduction: COLLOST™ is sterile bioplastic collagen material with preserved fibrous structure which activates regeneration of affected tissues. It is based on bovine collagen type I, which is close to human collagen by its composition and structure. The aim of the study was to assess the efficacy of COLLOST™ in treatment of the trophic ulcers, which have been refractory to previous treatment modalities.

Material and methods: In our study there were included 9 patients who had trophic ulcers in lower limbs with reduced or no response to standard treatment during a long time periods: from 1 month to 30 years. The etiology of trophic ulcer was diabetes mellitus (5 patients), osteomyelitis (1) and post-thrombotic syndrome (3). In 5 patients the wounds were closely covered by COLLOST™ in form of perforated membranes. In 4 patients the treatment was performed using both COLLOST™ 7% gel and perforated membrane.

Discussion results: All patients showed good response to the treatment. After the 2nd day of treatment the patients reported no pain. The edema and size of the wounds were reduced in the period from 7 to 14 days. The efficiency of COLLOST™ is determined by the following factors: high penetration of the cells; good adhesion to the wound; providing of tissue regeneration; no inducing of antigenic reaction, and has low risk in transition of viral or microbial infections.