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.

**Conclusions:** Initial experience of using COLLOST™ in local treatment of trophic ulcers indicates on perspectives of its application.

**Key words:** COLLOST™, collagen type I, chronic leg ulcer.

## 133. PROPHYLACTIC MASTECTOMY AND SIMULTANEOUS RECONSTRUCTION

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**Background.** Prophylactic Mastectomy (PM) meets several controversies which are especially: the value of PM for preventing breast cancer and also the extent of the mastopathy drug therapy that may reduce the risk of breast cancer without requiring PM.

**Materials and methods**. PM was performed on 7 patients, aged between 25 and 41 years. Preoperative examination included ultrasound, mammography, CT, MRI (two cases), cytology, tests BRCA-1 and BRCA-2. Subcutaneous PM was performed bilaterally in 5 cases. In two cases of breast cancer PM was performed unilaterally for contrlateral gland. In 6 cases the operation was finished with reconstruction breast implant.

Each case of PM had an individual type of incision depending on the presence and location of previous scars after the sectorial resection of the breast and degree of breast sagging. Simultaneous breast reconstruction was performed in 5 cases with implants.

**Results and discussion.** Two patients had a pronounced ischemia of areola and nipple. The decrease skin and areola sensitivity was observed in all cases. There has been no extrusion of the implant, no breast inflammation or contracture in the postoperative period. The aesthetic result of breast reconstruction for PM "skin sparing" mastectomy after reconstruction is superior to classical mastectomy.

**Conclusions**. We consider defining the following criteria of PM: aggravated familiar history, previously supported contralateral cancer, multicenter and multifocal cancer, age of patient, histologic factor and positive BRCA 1 and BRCA-2 tests. The decision in favor of PM should be taken only after thorough examination and in full agreement with the patient.

Originality and scientific relevance of the presented study. Originality and scientific relevance of the presented study. Breast cancer is the most common form of malignancy in women that causes humanity a significant loss via not only important financial aspects, but also a high rate of physical and intellectual disability. Fibrocystic mastopathy is held responsibble for increased risk of breast carcinoma, serving as prediction marker of histological lesion or malignacy. The question is whether prophylactic treatment alone is enough or surgery has to be carried out in order to eliminate unnoticed debutant cancer.

**Key words:** prophylactic, mastectomy, reconstruction