

Sclerotherapy procedure lasts on average 15-20 minutes and does not require hospitalization. Surgery takes 1-1,5 hours and requires an average of 7 days of hospitalization.

Conclusion: The current trend of treatment of anghes is selecting a method which solves the subjective symptoms, has a maximum aesthetic result, but also has an index of relapse minimum possible. Selection of the optimal method for the treatment of varicose veins depends on the degree of the disease, presence of complications, but also of patient's request. However varicose disease is a continually progressive pathology whatever the treatment method applied.

Key Words: varicose, sclerotherapy, surgical.

140. THE ENDOVASCULAR LASER OBLITERATION (EVLO) IN THE TREATMENT OF VARICOSE VEINS

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Introduction: The varicose disease has a great impact upon human life and maintains leading positions among surgical pathologies of blood vessels. During the last years, phlebology supported significant changes in the approach of varicose veins, and one of the best achievements was the invention of the endovenous laser and the further development of EVLO.

Materials and Methods: Our study included 203 patients with varicose disease C2-C6 according to CEAP classification, treated with EVLO during 2011-2015 years, using a diode laser, model Velure S9 (980 nm wavelength). The research was based on evaluating the effectiveness of EVLO in the treatment of lower limbs varicose veins, as well as studying the in vitro laser impact on blood vessels' walls and blood components.

Discussion results: In the experimental part significant results were shown in case of the veins filled with heparinized blood. The blood boiled forming a gas and combustion products, which resulted in vascular ablation, in contrast with no change in other ones. In the clinical part we treated 203 patients with varicose veins, using EVLO combined with crosssectomy and Müller miniflebectomy. All interventions were completed successfully. The average hospital stay was about 1 day. The most common early manifestations were low grade fever within first 24 hours and postoperative moderate pain, which were solved by administration of anti-inflammatory drugs, and hyperpigmentation of the skin, which have been solved independently during 1,5 to 6 months. The installation of aseptic phlebitis and skin hyperpigmentation was more frequently in patients with GSV diameter > 10mm. During late period, recanalization of GSV occurred in 4 cases (1,97%) and segmentary recurrences of varicose veins in 6 cases (2,96%), which was less than in the literature data. Also, our tactics and new techniques implementation allowed us to change and extend the indications.

Conclusions: (1) The endovenous laser has an effective action of coagulation and obliteration upon blood vessels, which allows to use it efficiently in the treatment of varicose veins. (2) EVLO allows the ablation of saphenian trunk in most cases, with a minimal trauma and fast recovery of the patient.

(3) The complications' rate, such as phlebitis and recanalization, increases with blood vessels' diameter, and it is also difficult to perform the procedure in case of sinuous veins. (4) In order to avoid complications and to increase the effectiveness of EVLO, it is indicated to perform it in association with crossectomy and miniflebectomy.

Key Words: endovascular obliteration, varicose veins, crossectomy, miniflebectomy.

141. MATERNAL AND FETAL MORBIDITY IN PREECLAMPSIA

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Introduction: Globally, preeclampsia complicates about 2-10% of pregnancies. Preeclampsia is a potentially life-threatening complex disorder. It contributes to maternal and perinatal mortality and morbidity worldwide.

The purpose of this study was to present the impact of preeclampsia on the structure of maternal and fetal morbidity and mortality, long-term maternal risk assessment as well as highlighting the need to implement the precocious modern management methods.

Materials and methods: The study was carried out in the Department of Obstetrics and Gynecology SCM-1, Chisinau during 2012.

The present study included 98 pregnant women whose pregnancy was complicated by various degrees of preeclampsia investigated according to the conducted questionnaire.

Discussion results: Considering the proposed criteria for analysis were obtained following: depending on age 34 patients out of 98 were aged between 19-24 years (representing 34.7 %), 33 patients – aged between 24-29 years (33.8 %), 17 pregnant – aged between 29-35 years (17.3 %) and there were 14 pregnant women (14.3%) older than 35 years. Therefore, there is a predominance of patients aged between 19-24 years. Ratio primiparous / multiparous was 3:1 (71 primiparous and 27 multiparous). Depending on the time of occurrence we observed a higher incidence of preeclampsia in pregnant women at gestational age below the term, 55 gave birth prematurely, 30 of them (30.6 %) at 34-36 weeks; 21 (21.4 %) – in the period of between 30-34 weeks and 4 patients (4.8%) gave birth at gestational age below 30 weeks. 43 pregnant women (44.8 %) gave birth between 37-41 weeks. Some maternal complications were appreciated: in 65 cases (66.3%) hypertensive angiopathy has been developed, in 37 cases (37.8%) – acute fetal distress, in 21 (21.4%) – HELLP syndrome, in 11 patients (11,2%) – abruptio placenta, in 10 (10.2%) seizures were recorded (either before or after hospitalization), disseminated intravascular coagulopathy syndrome was established in 7 cases (7.1%), respiratory distress syndrome – in 6 pregnant women (6.1%), antenatal fetal death – in 2 cases. The presented criteria show that in 71 (72.4 %) cases, severe preeclampsia were determined and in 27 cases (27.5 %) – mild preeclampsia. Fetal complications were appreciated: intrauterine growth restriction in most of cases (74 pregnancies – 75.5 %), placental insufficiency – in 49 cases (50.0%), oligohydramnios – in 27 cases (27.6%), acute