

(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

Mihaela Gutu, Olga Arama

Scientific adviser: Codreanu Nadejda, MD, PhD, Associate Professor, Obstetrics and Gynecology Department, Faculty of Medicine N1, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

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

fetal distress characterized by increased heart rate, exacerbate or reduced fetal movements – in 37 cases (37.8%) and perinatal death – in 4 cases (4.1%). Therefore, perinatal mortality was 4.08%.

Depending on the clinical and laboratory results, diagnosis of severe preeclampsia was established in 71 cases, the 27 others being mild. Among women who gave birth per vias naturalis in 11 women labor began spontaneously, in 6 cases was performed amniotomy. Epidural anesthesia was performed in 58 (71.6%), 23 cases (28.3%) being under general anesthesia (the ratio 3: 1).

Conclusion: This study showed that preeclampsia is Associated with an increased risk of maternal and fetal morbidity. Prematurity, intrauterine growth restriction have to be anticipated and dealt with in preeclampsia. A good neonatal intensive care unit will help improve neonatal outcomes.

Key Words: preeclampsia, fetal and maternal morbidity, complications in pregnancy.

142. TUMORS OF PELVIC BONES

Iulia Isac

Scientific adviser: Ion Mereuta, PhD, Professor, Oncology Department, Faculty of Medicine N1, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction: Bibliographic analysis of data confirms that incidence of tumor of pelvic bones is on the increase and remains a difficult and current oncology. The epidemiological survey, clinical and morphological research and surgical treatment of tumors of pelvic bones increases the vigilance.

Materials and Methods: To realize the purpose were subjected retrospective review the medical records of 53 patients treated in Oncology Institute in the department Musculoskeletal tumors and tissues tumors during 2011-2015. All patients were treated surgically. Postoperative material was taken for histological examination.

Discussion results: The most tumors pelvic bones tumors group were assessed as malignant (45.28%), the first being chondrosarcoma, (35.84%) are benign and (18.86%) pseudotumoral injuries. From the benign tumors chondroma is on first place, and from the pseudotumors prevails processes fibrous dysplasia of the coccygienne vertebrae. Report men:women in the group of patients with bone tumors of the pelvis is 1.4:1. In most cases affected was the age between 40-60 years. Depending on the location of the tumor process more frequently affects the body and the right wing of iliac bone, pubic bone and vertebrae coccygea. Ischial bone is rarely involved. In patients with benign tumors and pseudotumoral lesions commonly was biopsied and marginal resection of iliac bone. In 7 cases after removing tumors pelvic bones were used preserved allografts for substitution of the defect.

Conclusion: Between malignant tumors of pelvic bones the highest incidence has primary chondrosarcoma and metastasis without primary outbreak found. In most cases the neoplastic process involving pelvic bone and vertebrae as coccygienne. The pubic bone and bone sciatic are affected in unique cases. The surgery for tumors of the pelvis bone involve defect filling with allograft preserved. It is necessary to implement new methods of treatment with a view to improve the quality of treatment in tumors of the pelvic bones.