

pregnancy complications as: preeclampsia, recurrent fetal loss and other. Also, recent studies showed higher incidence of thrombophilia in people with varicose veins, suggesting an association between these diseases. As the screening of thrombophilia is expensive and the diagnosis is frequently established late, we aimed to evaluate in this study the relevance of using the varicose veins as an indirect marker of thrombophilia that could lead to an earlier diagnosis, reducing costs and morbidity.

**Materials and methods:** The case control study was based on the data of 140 pregnant women admitted in the Department of Obstetrics of The Institute of Mother and Child, in the period of 2011-2014. They were evaluated from the perspective of their obstetrical complications suggestive for thrombophilia.

**Discussion results:** The study of the anamnesis of the previous pregnancies revealed a large number of obstetrical complications in the group of women with varicose veins. Statistically significant data were obtained from the incidence of stagnated pregnancy, found 7 times more often (10% of women from the main group vs. 1,4% women from the control group,  $t=2,23$ ,  $p<0.05$ ) and preeclampsia, found 5 times more often (15.7% vs 2.9%,  $t=2.23$ ,  $p<0.05$ ) in women with varicose veins. During the current pregnancy, these women developed 3 times more often a hypertensive pregnancy disorders (17,1% vs 5,7%,  $t=2.88$ ,  $p<0.01$ ) and 5 times more often – venous thrombosis (15.7% vs 2.9%,  $t=2.23$ ,  $p<0.05$ ) and intrauterine growth restriction (IUGR) (20.0% vs. 4.3%,  $t=2.92$ ,  $p<0.01$ ). There were no pulmonary thromboembolism and abruptio placentae in control group. Evaluating the risks of developing complications, we found out that in the main group the risk was 3.41 fold higher to develop a hypertensive pregnancy disorder (OR=3.41, CI 95.0%: 1.043-11.169,  $p<0.01$ , AR%=70,7), 6.34 fold higher for venous thrombosis (OR=6.34, CI 95.0%: 1.35-29.761,  $p<0.01$ ; AR%=84.2), 5.58 fold higher for IUGR (OR=5.58, CI 95.0%: 1.527-20.415,  $p<0.01$ ; AR%=82.1), 7.7 fold higher for stagnated pregnancy ( OR=7.7, CI 95.0%: 1.118-24.061,  $p<0.01$ ); AR%=87.0) and 6.34 fold higher for preeclampsia (OR=6.34, CI 95.0%: 1.35-29.761,  $p<0.01$ ; RA%=84.2).

**Conclusions:** Women with varicose veins were more prone to develop thrombophilia Associated complications during pregnancy. This leads us to the idea of using the varicose veins as an early indicator /surrogate marker of a possible thrombophilic disorder, helping to establish the diagnosis and begin prophylaxis or an adequate treatment faster.

**Keywords:** thrombophilia, pregnancy complications, varicose veins.

## 149. DIAGNOSIS AND TREATMENT OF COLON POLYPS

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**Introduction.** Colon polyps are growths that develop in the colon or rectum. Most polyps are benign. A certain type of colorectal polyps (adenomatous) may be leading up to cancer. For this reason, regular screening is very important for people over age 50 or those at high risk of colorectal cancer.

**Objectives:**

1. Epidemiological study of colonic polyps in Moldova and worldwide;
2. Positive differential diagnosis of colon polyps;
3. Treatment strategy and the selection of optimal surgery;
4. Prevention methods of colon polyps.

**Materials and methods:** Scientific paper was conducted at Republican Clinical Hospital Department of Surgery No. 2 Medical University *Nicolae Testemitanu*.

To achieve this objectives of study were examined health records of patients who were hospitalized with colorectal polyps in colorectal surgery department during the years 2010-2015; 108 out of 8476 patients.

**Discussion results:** Based on the records of colorectal surgery department of surgical techniques used to remove small polyps, I concluded that small pedicle or sessile polyps up to 1 cm were removed by the method Electroexcision with diatermocoagulation. Polyps over 1,5-2cm were removed by Electrofragmentation and sessile polyps >2 cm, were removed by injection into the submucous with saline to raise the polyp from the plane lining (mucosectomy). Analyzing the clinical material I determined that colonoscopy is a screening method preferable for symptomatic patients and allows the doctor to inspect the entire colon to detect polyps during colonoscopy and practice polypectomy whenever polyps are detected and retrieve biopsy from the excised polyps for histological examination.

The scientific work was accomplished at The Republican Clinical Hospital Department of Surgery No. 2 Medical University *Nicolae Testemitanu*.

To achieve the objectives of the study were examined health records of patients who were hospitalized with colorectal polyps in colorectal surgery department during the years 2010-2015; 108 out of 8476 patients.

Statistical data

Year	Total patients treated	Polypectomies conducted	%
2010	1351	12	0,888231
2011	1138	13	1,142355
2012	1487	16	1,075992
2013	1484	39	2,628032
2014	1525	11	0,721311
2015	1491	17	1,140174
<b>Total</b>	<b>8476</b>	<b>108</b>	<b>1,27%</b>

I made the statistical analysis of the performed polypectomies conducted during 2010-2015

Which is 108 constituting 1.27% of total No-8476 treated patients in colorectal surgery department of Republican Clinical Hospital.

Incidence according to gender: From the data I collected, I observed that colorectal polyps have a bigger prevalence for men 54.63% to 45.37% women based on data analyzed from 2010-2015 in the colorectal surgery department of Republican Clinical Hospital.

Incidence according to age: Most of patients who have suffered polypectomies were aged between 51-60 years, 36 patients constituting 33.3%, total number of 108 patients.

Territorial spread of colorectal polyps: From the territorial spread of colorectal polyps in Moldova for 2010-2015, I observed the prevalence of colorectal polyps by 56% in the rural areas compared to urban areas by 44%.

The location of colorectal polyps: Based on the medical study records of patients with colorectal polyps in colorectal surgery department of the Republican Clinical Hospital, starting with January 2015-December 2015, I observed that most colorectal polyps are located in the sigmoid area (17 polyps), rectum (10 polyps), in the transverse colon (5 polyps), and in the descending colon (4 polyps).

Surgery techniques applied: I analyzed the techniques applied in 2015 for 17 patients. With a bigger use of the Diathermocoagulation electroexcization technique for 30 polyps out of 36 polyps for 14 patients. (In total 36 patients, 24 were hyperplastic - 66.7% and 12 adenomatous - 33.3%). Small sessile polyps or pedicle up to 1 cm have been removed by the Diathermocoagulation electroexcization method, sessile polyps >1.5-2 cm were removed by Electrofragmentation 2 polyps out of 36 sessile polyps. Polyps >2 cm were removed by injection of saline in the submucous to raise the polyp from the mucous plan and to be excised, technique called mucousectomy, 4 out of 36 polyps for 2 patients were excised

Clinical manifestations: Rectal bleeding- 2, Anemia-2, Constipation -7, Diarrhea-4, Tenesmus - 5, Abdominal pain-12, Abdominal discomfort-5.

### **Conclusion:**

Based retrospective study conducted on a sample of 108 patients with polypectomies conducted in 2010-2015, I found that polyps are prevalent more for men 54.3% than 45.37% for women.

Analyzing the clinical material I determined that colonoscopy is a screening method preferable for symptomatic patients and allows the doctor to inspect the entire colon to detect polyps during colonoscopy and practice polypectomy whenever polyps are detected and retrieve biopsy from the excised polyps for histological examination.

I concluded that the main group of patients in the study conducted by me with polypectomy are older than 40 years. The disease increases with age. Patients with polypectomy aged between 51-60 years is 33.3%.

I have examined the spatial spread of colorectal polyps in Republic of Moldova in the period 2010-2015 and observed prevalence of colorectal polyps by 56% in rural area vs. urban areas by 44%.

Based on the medical study records of patients with colorectal polyps I have noticed that most often localization in the sigmoid are- 47.22%, in rectum-27.7%.

Based on the study I concluded that most common clinical manifestations are: abdominal pain - 32%, constipation - 19%, tenesmus - 14%, diarrhea - 11%.

Rectal bleeding and anemia were found when large polyps were more than 2 cm.

Using more often methods for screening for the colorectal formations for asymptomatic patients between 40-60 years, attesting express stool occult bleeding, FOB test, sigmoidoscopy looming, FCS prophylactic chromoendoscopy, NBI colonoscopy, allows to detect early colon polyps and have excised them to prevent colorectal cancer development.

**Key Words:** colorectal polyps, screening, electroexcision with diatermocoagulation, electrofragmentation, mucousectomy.

## **150. COARCTATION OF THE AORTA IN CHILDREN – IS THERE A CURE?**

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Coarctation of the Aorta (CoA) is one of the Congenital Heart Defects (CHD) that can lead to heart failure in neonates or be asymptomatic in older children. The clinical outcome depends on the severity of the narrowing as much as the Associated lesions.

**Our purpose** was to follow-up on the evolutionary course of the different types of CoA We analysed clinical and echocardiographical data from patients admitted in the Cardiology III Children Clinic during 2008- 2015 and consulted the intraoperative notes o assess the intervention type. From the 131 patients diagnosed with CoA,65% male and 35% female, with a median age range from 1 month to 1 year, 34 % were patent ductus arteriosus-dependent (PDA), while 66 % were not, 9% of the 131 had simple CoA while 91% had Associated lesions. The data analysis was performed with Microsoft Excel Patients with postoperative recoarctation had a mean residual gradient of 59 as opposed to 24 in patients who did not develop recoarctation. From the 44 who had a PDA dependent CoA, 14 developed arterial hypertension, 16 pulmonary hypertension and 33 had valvular disease postoperatively with a mean residual gradient of 31. From the 65 patients with non PDA dependent CoA, 55 developed valvular disease, 41 arterial hypertension, 14 pulmonary hypertension, 44 left ventricular hypertrophy, 7 had dilated cardiomyopathy, 6 congestive heart failure with a mean residual gradient of 24. The type of intervention performed had small impact on the mean residual gradient. Our conclusions are that a high mean residual gradient can predict a possible recoarctation and the evolution is influenced by the PDA dependance of the CoA.

**Keywords:** coarctation, PDA, CHD