161. ANALYSIS OF FACTORS THAT LEAD TO CONVERSION DURING LAPAROSCOPIC CHOLECYSTECTOM

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Introduction. Laparoscopic cholecystectomy is considered the "gold standart" for the surgical treatment of gallstone disease. However, this method is not risk-free, and in certain situations there is the need to convert to open cholecystectomy, the aim is to minimize the postoperative complications. Nowadays, the overall conversion rate is 1,5%-10% [Bender SJ, 2001].

Materials and methods. Analysis of 49 cases of conversion to open cholecystectomy out of 2620 laparoscopic cholecystectomies performed in our clinic from 2010 to march 2016. The F/M ratio was 23/26, the mean age was 60,15 (range: 26–88). The analyzed criteria were: the time period between the onset of acute cholecystitis and operation, the duration of gallbladder disease, intraoperative morphopathologic status and the results of histologic examination.

Results. The rate of conversion from laparoscopic to open cholecystectomy was 1,87% (n=49). Urgent interventions were performed in 37(75,51%) cases, scheduled -12(24,48%). The postoperative diagnosis of acute cholecystitis was found in 31(64%) cases, while chronic cholecystitis in 18(36%). The deliberate conversions were 39(79,59%) cases, while conversions of necessity were 10(20,4%), p<0.01. The deliberative factors that lead to conversion were: billiary fistulas -10(20,4%), plastron -9(18,36%), destructive inflammatory process (perivesical abscess, gangrenous cholecystitis) -9(18,36%), scleroatrophic gallbladder -4(8.16%), purulent cholangitis -2(4,08%), choledocholithiasis -1(2,04%), pancreonecrosis -1(2,04%). Conversion of necessity were due to: iatrogenies -4(8,16%), hemorrhage -3(6,12%), bile leakage -3(6,12%). The results of histologic examinations revealed: acute forms -26(53%), chronic -21(42,85%), adenocarcinomas -2(4,09%) cases.

Conclusions. The deliberative causes were the main reasons for conversion to open cholecystectomy. We consider that surgical attention should be focused on the remaining 1/5 of cases of conversions of necessity. The assessment of morphopathological particularities and surgical possibilities in these cases would minimize the intraoperative incidents and postoperative complications.

POSTERS

162. POST TRAUMATIC AND POST SURGICAL SCIATIC NEUROPATHY

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Introduction: Sciatic nerve neuropathy surgical related is an unpleasant event with repercussions on the patient and the surgical team. The precise localization and extension of the nerve lesion, the