

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

Victor Oprea, Victor Schiopu, Mihai Bolocan

Scientific adviser: Rojnoveanu Gheorghe, MD, PhD, Professor, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

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

Natalia Cucos, Alina Stoian, Olesea Catarau

Scientific adviser: Grigore Verega, MD, PhD, Professor, Chair of Department of Orthopaedics and Traumatology, Clinical aesthetic plastic surgery and reconstructive microsurgery, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

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

determination of nerve continuity, lesion severity, and fascicular lesion distribution are essential for assessing the potential of spontaneous recovery and thereby avoiding delayed or inappropriate therapy. The aim of this study is to identify and detail posttraumatic and postoperative neuropathies.

Material and Methods: We identified 11 patients diagnosed with the posttraumatic sciatic nerve palsy, including postoperative one. We examined clinical data, trauma's information, surgery, symptoms and medical records.

Discussion results: From the group of patients involved in the study 9 patients were men. Patients' age ranged from 21 to 63 years old. We determined that 5 cases were during trauma or after surgery, and in 6 cases – at distance. Our data find their confirmation in literature data published by the authors: Farrell CM, Springer BD, Haidukewych GJ, Morrey BF.

Conclusion: Knowing the complications allows finding the preventive measures that are targeted towards monitoring the intraoperative neurophysiological complex depending on performed procedure.

Key-words: sciatic, neuropathy, posttraumatic, surgery

163. LAPAROSCOPIC TREATMENT OF OVARIAN CYSTS IN CHILDREN AND ADOLESCENTS

Diana Madan

Scientific adviser: Anna Mishina, MD, PhD, Department of Surgical Gynecology, Institute of Mother and Child, Chisinau, Moldova

Introduction: Ovarian cysts in children and adolescents are rare and mostly benign. The aim of this study was to evaluate the laparoscopic management of the ovarian cysts in this age group. Laparoscopic surgery has been accepted as the gold standard in the management of ovarian cysts.

Materials & Methods: During the last 15 years were performed 201 surgeries to children, all related to ovarian cysts in the age group between 8 and 18 years (15.62 ± 0.15). The surgical approach was the laparotomy in 138 cases (68.7%) and the laparoscopy in 63 patients (31.3%).

Results: A total of 63 patients with average age of 15.8 ± 0.25 years (ranged from 9 to 18) were treated by laparoscopy. There was registered a significantly higher rate of unilateral mass compared to the bilateral ovarian lesions (93.7% vs. 6.3%, $p < 0.001$). According to the ultrasound and radiology data the maximum diameter of the cyst was of 8.07 ± 0.4 cm (95% CI: 7.2-8.8) and the min was 6.6 ± 0.3 cm (95% CI: 5.9-7.3). By means of the laparoscopic approach was performed: cystectomy in 44 cases (67.7%), partial resection of the ovary in 13 cases (20%), adnexectomy in 7 cases (10.8%) and ovariectomy one case (1.5%). The ovarian-preserving surgery was a significantly predominant procedure (57/65 (87.7 %) vs. 8/65 (12.3 %)). In 19 (31.7%) cases was used the combined laparoscopic technique and extracorporeal enucleation of the cysts. Histopathological report revealed: simple cyst (n=45, 69.2%), ovarian dermoid cyst (n=5, 7.7%) cystadenoma (n=13, 20 %), endometrioma (n=2, 3.1%). There were no operative or postoperative complications.