

Conclusion: This study has demonstrated that the laparoscopic ovary-preserving surgery and the use of the extracorporeal enucleation of the cyst is a safe and easy method of treatment of ovarian cysts in children and adolescents with short-term hospitalization, the minimum of analgesic dose and a good cosmetic result.

Key words: ovarian cysts, laparoscopic surgery, children

164. DIAGNOSIS AND TREATMENT OF ESOPHAGEAL DIVERTICULA COMPLICATIONS

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Introduction: The modern diagnosis and treatment of the complications caused by esophageal diverticula represent a major and little-studied problem of nowadays thoracic surgery. Generally, the actuality of this problem is closely related to its rare incidence within the pathology of alimentary duct, and particularly within the pathology of esophagus. The incidence of esophageal diverticula occurs at a frequency of 0,01% - 0,11% in the USA. Usually, it befalls between the 7th and 8th decade of a man life, and rarely before 40. This disease more frequently affects people living in Northern Europe. The appraisal of complex diagnosis principles of complications caused by esophageal diverticula. The appraisal of optimal methods of surgical treatment; and analysis of esophageal diverticula treatment results; and its complications in the early postoperative period.

Materials and methods: We present the clinical material which includes an analysis of 32 patients diagnosed with esophageal diverticula treated at The Republican Clinical Hospital, in Thoracic Surgery during 2010-2015.

Discussion results: The clinical state of these patients was dominated by severe dysphagia symptomatology, presented at 26 of the patients (81.25%), 6 (18.75%) patients had regurgitations. 13 of the patients (40%) presented symptoms of dyspnea, retrosternal pain and weight loss. The patients' state at the moment of hospitalization was assessed as being critical at 8 patients (25%), and medium severity at 24 patients (75%).

The diagnosis of esophageal diverticula was made on the base of objective and subjective data, laboratory data, and methods of invasive and non-invasive investigation. The diagnosis was assessed after a digestive barium swallow examination of all 32 patients (100%) and in combination with upper digestive endoscopy of 8 (25%) patients.

The strategy of surgical treatment of esophageal diverticula of all 32 patients consisted in diverticulectomy with surgical approach depending on the diverticulum localization. Postoperative evolution was favorable. The postoperative examinations which included meticulous anamnesis and imagistic examinations (digestive barium swallow, upper digestive endoscopy) had good results; it means improvement of symptomatology and a definite recovery of the esophageal wall.

Conclusions: Esophageal diverticulum, even if is a “benign” disease requires complex surgical procedures, encumbered with significant mortality and morbidity, the postoperative complication are redoubtable and difficult to control. The diagnosis is assessed by subjective complaints and easily confirmed thanks to imagistic examinations such as digestive barium swallow and upper digestive endoscopy. Surgical indications must be carefully set after a thorough clinical and laboratory examination.

Keywords: esophageal diverticula, complications, diagnosis, treatment.

165. CONTEMPORARY DIAGNOSIS AND TREATMENT OF SEVERE PANCREATIC NECROSIS COMPLICATIONS

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Introduction: The last years are characterized by a considerable increase of frequency of acute pancreatitis which ranks third (6-9 %) out of the number of patients with acute surgical pathology of abdominal cavity, yielding to appendicitis and acute cholecystitis. Destructive forms of acute pancreatitis are considered one of the most difficult problems of gastroenterological surgery because of its high mortality rates, ranging between 25 – 50 % and more. The appraisal of complex diagnostic principles of severe pancreonecrosis. The appraisal of optimal methods of surgical treatment; and analysis of severe pancreonecrosis treatment results; and its complications in the early postoperative period.

Materials and methods: We present the clinical material which includes the analysis of 22 patients diagnosed with severe pancreonecrosis treated at The Emergency Medicine Institute, in Septic-purulent Surgery during 2012-2015.

Discussion results: The clinical state of these patients was dominated by pain syndrome, presented at 22 patients (100%), being the first clinical symptom. Afterwards, the dyspeptic syndrome appeared at 18 patients (81 %). The patients' state at the moment of internment was assessed as being extremely critical at 6 (27%) patients, critical at 10 (45) patients, medium severity at 6 (27 %) patients.

The diagnosis of pancreonecrosis was made on the basis of objective and subjective data, laboratory data, and methods of invasive and non-invasive investigation. Pancreonecrosis diagnosis was assessed based on ultrasound imaging at 12 patients (54,4%), based on computer tomography with intravenous contrast material at 8 patients (36,3%), based on laparoscopy at 2 patients (9%).

The strategy of surgical treatment of complications caused by pancreonecrosis of all 22 patients consisted in necro-sequestrectomy, drainage of the lesser sac, bursoomentostomy at 21 patients (95%). Cholecystectomy was conducted in 6 patients (27%).

Conclusions: The diagnostic algorithm of patients suffering from pancreonecrosis will compulsorily include clinical and biochemical analysis, ultrasound, computer tomography. Also, patients require special surgery treatment, necro-sequestrectomy and drainage of the lesser sac.