

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.

Keywords: pancreatic necrosis, diagnosis, treatment.

166. STANDARDIZED FOAM FOR SCLEROTHERAPY OF VARICOSE VEINS OF LOWER LIMBS: IS IT BETTER?

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Introduction: Nowadays the foam sclerotherapy is becoming the top choice of the majority of vascular surgeons for varicose disease treatment, although a standardized method of producing SF has not been chosen yet.

Aims: To appreciate the difference between the half-life of the sclerosant foam (SF) obtained by using different types of syringes connected by a two-way connector, and the one obtained by using the Kreussler Pharma Easy Foam Kit.

Methods: In CCGS laboratory of USMF, „Nicolae Testemitanu” an experimental study was performed. By using Trombovar 3% and Etoxisclerol 3%, together with room air, different brands and volumes of syringes, siliconized and unsiliconized syringes, a two-way connector and Kreussler Pharma Easy Foam Kit, SF was obtained. The liquid-to-gas ratio was 1:4, with 20 passages.

Results: The SF half-life varied insignificantly when using both Trombovar 3% and Etoxisclerol 3%, as well as using Kreussler Pharma Easy Foam Kit did not increase the SF half-life, compared to the syringes connected by a two-way connector. The volume of the syringes used in the experimental study, had no influence on the SF half-life. However, the unsiliconized syringes seem to potentiate the durability of the SF.

Conclusion: SF formation is greatly influenced by the choice of the types of syringes, also unsiliconized syringes are to be preferred for obtaining of SF.

167. SURGICAL TREATMENT OF AFTER SCARS EXCISION WOUNDS IN CHILDREN

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Introduction: The ability of the primary wound healing, and hence the probability of formation of scar with favorable characteristics depends on how modern principles of surgery are implemented.

Materials and methods: During last 3 years (2013-2015), in PMSI "Emilian Cotaga" Clinic, in the Department of burns, plastic and reconstructive surgery, 162 surgeries of scar excision and plasty with local tissues were performed.