

Results: The clinical examination included 154 patients to which was revealed: GERD, esophagitis and Barrett esophagus. The male sex was predominant and represented 104 (67.5%) patients and female sex represented 50 (32.4%) patients.

The clinical signs were determined by heartburn that was revealed at 130 patients (92%) from the first group and 2 patients (14%) from the second group. The second sign most commonly found was belching that was revealed at 20 patients from the first group (14%) and 9 cases from the second group (64%). The endoscopic examination was the basic examination of all patients. At 103 patients from all (70%) was found evident signs of incapacity of inferior sphincter of esophagus, and namely the hiatal cardia, and its opening to a light air blast, but at 43 patients was not found these signs, despite of presence of clinical and endoscopic sign of esophagitis reflux. At 48 patients (32.9%), endoscopy set nonconfluent island hyperemia at lower region of the esophagus, which corresponded to the first level of reflux esophagitis after Savary Miller. At 57 patients (39%) was revealed hyperemia and confluent mucosal erosions that corresponded to the second level of reflux esophagitis after Savary-Miller. The third level after Savary-Miller was found at 29 patients (19%) and the fourth level at 12 patients (8%). The radiological examination was performed at 106 patients from which 104 patients was with gastro-esophageal reflux disease, and 2 patients with Barrett esophagus. At patients with GERD-78 cases was found with radiological signs of reflux, but at 24 patients was not found any signs.

Conclusions: Barrett esophagus was found mostly at male sex, the average age being 45-50 years. The most common clinical signs were heartburn 89% cases, followed by epigastric pain and belching-78%. At 103 patients from all (70%) was found evident signs of incapacity of inferior sphincter of esophagus, and namely the hiatal cardia, and its opening to a light air blast, but at 43 patients was not found these signs, despite of presence of clinical and endoscopic sign of esophagitis reflux.

169. SINUS-SAVING MODIFICATION OF EVERSION CAROTID ENDARTERECTOMY AS A METHOD OF STABILIZATION PERIOPERATIVE ARTERIAL HEMODYNAMICS

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Introduction: In surgery of the carotid arteries, from all known techniques of carotid endarterectomy, eversion technique has several important advantages. It helps to avoid the longitudinal arteriotomy, patch angioplasty and reduces the length of operation. However the standard version of it is attended with damage of carotid sinus nerve, which has a negative impact on perioperative arterial hemodynamics with a tendency to hypertension. Our goal is to develop an operative technique that could let us avoid intersection of the carotid sinus nerves, which reduce the risk of complications thanks to a more manageable blood pressure, due to decreased sympathetic influence on the regulation of vascular tone.

Materials and methods: The research included 193 patients operated on carotid arteries in Chelyabinsk Regional Clinical Hospital since 2012 to 2015. Groups are even in age, sex, initial

neurological and cardiac status and contralateral blood flow. The first group included 98 patients with eversion technique with the intersection of the carotid sinus nerves. The second group included 95 patients who had been used a modified technique, with saved carotid sinus nerves. On the 1st and 4th day after surgery the state of the autonomic regulation was assessed by analyzing heart rate variability.

Discussion results: In the group of patients with saved carotid sinus nerve on the 1st day after surgery was more than noticeable decrease sympathetic influence on the rhythm, with a tendency to restore autonomic regulation on the 4th day.

Conclusion:

1. Obtained results show lower activity of the sympathetic and the higher activity of the parasympathetic system in the group with non-damaged carotid sinus nerves.
2. Application glomus-saving technology in carotid surgery reduces the risk of patient complications Associated with postoperative hypertension.

Key words: eversion carotid endarterectomy, carotid sinus nerve, sinus-saving modification.

170. CHARACTERISTICS OF PLACENTAL COMPLEX IN ABRUPTIO PLACENTAE

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Abruptio placenta (AP) is one of the causes of massive bleeding in 2nd and 3rd trimester of pregnancy, causing high maternal mortality and fetal morbidity rates.

The purpose of the study: Determining the characteristics of placental complex in case of premature separation of a normally situated placenta in pregnant women with gestational age more than 22 weeks.

Materials and Methods: A prospective study included 50 cases of AP that occurred in two tertiary level maternity hospitals in Moldova during the years 2015-2016. The comparison group consisted of 50 obstetrical cases without AP. Groups were matched by sex, term of pregnancy and age. Totally 100 placentas were subjected to organometric and macroscopic analysis.

Results: The study included a number of 50 women who gave birth after 22 weeks of pregnancy. Several variations in placental morphology were observed in 65,6% cases in the main group and only 16,0% cases in the control group ($p < 0,05$) like: single lobed discoid placenta, bilobed placenta, placenta with succenturiate lobes, circumvallated placenta and circummarginate placenta. Abnormal umbilical cord insertion (eccentric, marginal or velamentous) was identified in 64% of cases compared to 10% in the control group, ($p < 0.001$). Placental venous lakes were observed in 50%, compared to 18% in the