

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

control group, ($p < 0.001$). More frequently the hematoma was localized retroplacental or marginal - 82.0% of the cases and only 18.0% - central.

Conclusion: The examined placentas from women with AP, revealed evident organometric differences in comparison with placentas obtained from normal deliveries: variation in placental morphology with atypical shapes of the placental disc, abnormal umbilical cord insertion, increased presence of placental venous lakes, signs of placental infraction with blood clots of different size.

Placental complex in abruptio placentae

Macroscopic analysis by organometric and macro measurements established that the lesions characteristic to abruptio placentae, especially of the retroplacental hematoma, occurred with preexisting vicious placentation presented by pathological insertion of the umbilical cord, pathological forms of placenta disc, placenta marginata and placenta circumvalata, and the presence of aneurismal caverns between cotyledons with ischemic infarcts in adjacent areas; statistically significant changes were obtained in the study group ($p < 0.05$).