

• Presence of islets of foveolar gastric mucosa in the distal segment with tracheoesophageal fistula could be a favorable morphological substrate for development of Barrett's esophagus in patients with esophageal atresia.

Keywords: esophageal atresia, fistula, pathomorphology

18. DIAGNOSIS AND SURGICAL APPROACH IN ACUTE APPENDICITIS

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Introduction. Acute appendicitis(AA) is the most common cause of acute abdominal surgical pathology. Usually, the diagnosis is based on a detailed history and a thorough clinical examination. However, there are groups of patients in whom the diagnosis is difficult because of the wide variety of clinical manifestations.

The aim of the study is to analyze the group of patients admitted with suspected acute appendicitis, rate of the cases with uncertain clinical presentation, medical and surgical approach of these patients and to determine the pathologies simulating acute appendicitis in order to avoid misdiagnosis.

Materials and methods. During 2011-2013, in Surgical Clinic No. 1 "Nicolae Anestiadi " were admitted 2568 patients with suspected acute appendicitis. Women were 1602 (62.38%), men - 966(37.62%). The mean age was 33.62 ± 17.07 years. The number of patients of working age was 2282(88.86%), those over 60 years - 286(11.14%).As diagnostic methods have been used clinical examination and laparoscopic examination.

Results. In 1494(58.18%) patients the diagnosis was established by history and physical examination, which were operated immediately. In 50 (1.95%) cases appendicular mass was found. Diagnostic laparoscopy performed on admission in 315 (12.27 %) cases confirmed AA in 151 (47.9%) patients, in 15 cases - appendicular mass, in 76(24.1%) cases other pathology and in 73(23,17) cases-no pathology. The remaining 709(27.60%) patients were hospitalized for dynamic supervision. Of them: in 103(14.53%) cases AA was found, in 131(18,47%) - other pathology and 271(38,22%) patients were discharged with intestinal colic. In 204(28,77%) cases laparoscopy after observation was performed. Of them: in 51(25%) cases AA was confirmed, in 67(32,8%)- other pathology, in 86(42,2%) – pathology was excluded. In 143 patients AA was simulated by: gynecological pathology in 84(58.8%) cases, perforated ulcer in 27(18.9%), colecystopancreatitis in 7(4.8%) cases,mezadenitis in 11(7.7%) patients and other pathology in 14(9.8%) cases, confirmed by laparoscopy at admission and after observation.

Conclusions. For diagnosis of AA in patients with unclear clinical presentation and other pathologies that simulate AA, laparoscopic exam is indicated at admission. Patients with uncertain clinical presentation at admission require hospitalization, observation in dynamic and, if necessary, laparoscopy after observation.

Keywords: AA, uncertain clinical presentation, laparoscopy

19. PREGNANCY AND HEART DISEASE

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Introduction: At present, 0.2–4% of all pregnancies in western industrialized countries are complicated by cardiovascular diseases (CVD). Guidelines on disease management in pregnancy are of great relevance. Such guidelines have to give special consideration to the fact that all measures concern not only the mother, but the fetus as well. Some general conclusions have arisen from these guidelines: