

pregnancy after IVF, COA (bilateral salpingectomy) - in a progressively worsening condition, altered neuro-psychological status, Bp 50/0 mmHg, Ps 112, respiration 23/min, on palpation of the abdomen-abdominal muscles' endurance, ultrasonography determines - uterine pregnancy, monofetal, in terms of 12 weeks with positive fetal heartbeat, in the abdominal cavity - fluid up to diaphragm.

**Results:** Were performed lower median laparotomy and in the abdominal cavity were found: a product of conception with the placenta, endometrial fragments, 2500 ml blood, the source of the hemorrhage being rupture of the uterus. A decision was made to perform subtotal hysterectomy with preservation of the cervix and ovary. Postoperatively, on sectioning the uterus were found: another product of conception and an intramural myomatous node of 6 cm.

**Conclusion:** Due to the complexity and difficulty in the diagnosis of acute abdomen, on the uterine pregnancy background, the case was served by sanitary aviation team. The patient's life was saved, but reproductive organ preservation was not possible.

**Keywords:** IVF, subtotal hysterectomy, salpingectomy, COA, myomatous node

## 50. ECHO GUIDED BIOPSY IN DIAGNOSIS OF PROSTATE CANCER

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**Introduction:** According to the 2008 Guidelines on Prostate Cancer (PC) from the European Association of Urology (EAU), transrectal ultrasound (TRUS)-guided core biopsy of the prostate using a spring-loaded needle device is the standard way to obtain material for a histopathological examination of the prostatic gland. Today, elevated levels of prostate-specific antigen (PSA) in the serum are the most common indication for prostatic biopsy, because early stages of prostatic cancer are often neither palpable during digital rectal examination nor visible in TRUS examinations. There is little consensus about the number and localisation of cores that should be taken. This article focuses on the development of the procedure, current clinical practice according to the literature and possibilities of further optimisation of prostate biopsies.

**Propose and objectives:** Studying the current data about the role of echo guided biopsy in diagnosis of PC. Evaluating the elements of anatomy and physiology of normal prostate and of prostate affected by cancer. Evaluating the classification and stadialisation of PC.

**Materials and methods:** 1.Evaluating the methods of diagnosis of PC and appreciating the value of ultrasound in primary biopsy and in repeat biopsy for detection of PC. Clinical case presentation Medline – 10 sources, Up todate – 7 sources, Medscape – 15 sources, Evidence-based Guidelines for Best Practice in Health Care , Transrectal Ultrasound Guided Biopsy of the Prostate 2011, other sources – 20; 2.Studying the anatomy and physiology of normal prostate, and of prostate affected by cancer , and methods of diagnosis and monitoring of prostate cancer; 3. Studying of medical cases of patients with a suspicion to have PC

**Results** In the past decades two factors have been significantly influenced PC detection rate and the infraclinic discover: the extensive use of prostate specific antigen (PSA) as screening instrument and the schemes of ultrasound transrectal extensive multiple prostate biopsy. The digital guided biopsy is already history and the era of sextant biopsy being passed over the extensive biopsies have become the standard of PC detection. If we consider the detection of any price lead to overdiagnose and overtreatment of insignificant and unsympomatic cancers and the PC could be considered after some authors a chronic disease, it must searche for less aggressive solutions to avoid unfavorable effects of treatment, keeping long lasting good quality of life. It is looking for precise criteria for establishing active surveillance protocols to postpone the treatment for insignificant cancers but also to allow the right moment to start it.

**Conclusion:** Echo guided biopsy is the golden standard in detection of prostate cancer. Prostate biopsies are the most important step in the diagnose of prostate cancer. To be correct has to be lateralized and in big number. The number of cores depends on prostate volume, age, digital rect examination and prostate specific antigen

**Keywords:** prostate cancer, echo guided biopsy