

with patent ductus arteriosus and cor triatriatum. In the second case the ostium primum ASD and the persistent LSVC as well as an anterior mitral valve cleft were diagnosed by echography and CT. Both patients underwent elective surgery. The coronary sinus was reconstructed in both cases using autologous pericardial patches. Moreover, in the first patient the ductus arteriosus was ligated and the intraatrial trabeculum was excised. In the second case the interatrial septum was reconstructed with autologous pericardium. Both cases had an unremarkable postoperative recovery.

Conclusions: Both cases showed that although the diagnosis for these malformations requires multiple investigations, a surgical correction with good long term results is feasible if the mechanism of the shunt is well documented.

Key words: Coronary sinus reconstruction, ostium primum

12. TEXTILOMAS OF ABDOMINAL CAVITY

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Introduction: The term "textiloma" denotes a textile foreign body that is retained inside the patient during surgery. Intra-abdominal textilomas are a rare condition, which is reported non-frequently. Their natural evolution is unclear, whereas diagnosis and treatment are difficult and not standardized.

Purpose and Objectives: To assess the features of presentation, reliability of preoperative diagnostic methods, and treatment modalities in patients with textilomas.

Materials and methods: During 12-years period three patients with suspicions on retained textile foreign bodies were admitted in the National Center of Emergency Medicine. Males – 2, female – 1, with median age 26.6 years. In the past all patients underwent urgent surgical procedures: for penetrating abdominal wounds (2) and ruptured ectopic gestation (1). Time to readmission after first surgery was 9 days, 8 years, and 60 days, respectively. Examination included routine laboratory tests, abdominal ultrasound, and computed tomography in all cases.

Results and discussion; On the basis of imaging studies the diagnosis of intraabdominal postoperative abscess was supposed in two patients, and a gastric tumor – in one. The ultrasound scan features included a well-defined mass with a hypoechoic rim and a strong posterior shadow. Abdominal computed tomography revealed a well-defined "spongiform" mass with gas bubbles inside. All three patients had repeated surgery with removing foreign bodies and drainage of the residual cavity (2 cases), and subtotal gastrectomy en bloc with textiloma (in one). All patients had a complicated postoperative recovery with length of in-hospital stay 50, 39 and 33 days, respectively.

Conclusions: The possibility of textiloma should be in the differential diagnosis of any postoperative patient, who presents with signs of peritoneal infection or with abdominal mass. Repeated surgery is required for removing foreign bodies from abdominal cavity. Avoidance of leaving foreign bodies inside the patients could be possible by careful count of surgical materials, and thorough exploration of the surgical site.

Key words: Textiloma, abdominal cavity, imaging studies, repeated surgery

13. MITRO-AORTIC SUBACUTE BACTERIAL ENDOCARDITIS IN A PATIENT WITH SITUS INVERSUS TOTALIS

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Introduction: Situs inversus is a genetic disorder in which the main organs are in reversed position inside the human body (mirror image). The situation in which the heart is positioned on the right side of the thorax is known as situs inversus with dextrocardia or situs inversus totalis. If the heart