

PELVIC ECHINOCOCCOSIS

Madan Diana, Misina Liudmila, Misina Ana

Academic adviser: Gladun Eugen, M.D., Ph.D., Professor, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova

Introduction: Pelvic hydatid cysts (PHC) are rare and only a few sporadic cases have been reported.

Aim: The purpose of this study was to describe the cases of primary and secondary PHC in female patients.

Materials and Methods: Patients diagnosed with PHC over a 10 year period were identified from the comprehensive surgical database of our institution. The age, symptoms, previous surgeries, initial diagnosis, diagnostic modalities, current operation, and recurrences were surveyed.

Results: There were three patients with the mean age of 20.7 ± 5.6 years (range from 14 to 32). All patients had no history of surgery for hydatid disease. They presented chronic pelvic pain and on physical examination had a pelvic mass. The diagnosis of PHC was suspected preoperatively in one patient. All patients were treated surgically via Pfannenstiel incision. The PHC location was the uterus (n=2) and ovary (n=1). Unroofing (or partial cystectomy) was performed in 2 patients and complete cystectomy in one. The postoperative course was uneventful in all cases. Chest radiography and abdominal computed tomography did not reveal any other site of hydatid disease involvement (n=2, primary PHC). One patient (secondary PHC) was scheduled in the surgical department for treatment of hepatic cystic echinococcosis.

Conclusions: Pelvic hydatid disease is rare and its diagnosis is often difficult preoperatively. Hydatid cyst should always be considered in the differential diagnosis of abdominal-pelvic masses in endemic regions of the world. The mainstay treatment is surgery.

Key words: pelvic hydatid cyst, surgery.

METHOD OF EVALUATION OF VIABILITY OF THE BOWEL WALL

Voitiv Ya.

Academic adviser: Poliansky I., M.D., Ph.D., Professor, Bukovina State Medical University, Chernovtsy, Ukraine

Introduction: Evaluation of bowel wall viability (BWV) - is one of the unsolved problems of abdominal surgery. Determination of circulatory disorders of intestine, identifying areas of necrosis determines to choose the amount of resection, the suture place and their capacity. When using the methods based on visual inspection, the probability of the results to a large extent determines the factors that influence the degree of which it is impossible to assess and make appropriate adjustments. This makes the actual search for new methods that allow to adequately and quickly assess the viability and depth of morpho-functional changes in the intestinal wall.

The purpose of the experiment was to investigate the changes in spectral and photoplethysmography information in the development of bowel necrosis, to develop new methods of determining BWV intestinal wall.

Materials and Methods 12 rabbits of both sexes, with no obvious signs of disease and with normal values of laboratory tests were included in experiment.

Modeling ischemia of the small intestine was carried out by the original method (certificate of innovative proposal № 69/05), which enables to simulate the projected degree of ischemia.

The degree of ischemia measured by the original technique (patent of Ukraine for utility model №25701), which allows the non-invasive determination of hemoglobin oxygenation of arterial blood.

Results: Evaluation of the morphological changes of the bowel wall were carried out by histochemical (Schiff reaction, alkaline phosphatase and nonspecific esterase mucosa of the small intestine) and histological (hematoxylin-eosin staining) study.

Conclusion: Informative study of the proposed method showed that the proposed original method of assessment of bowel viability provides rapid quantitative assessment of the degree of oxygenation of the intestinal wall, which is closely correlated with its viability. The method is convenient and easy to use, enabling its wide application in practical surgery. The proposed method of bowel viability involves highly probable, noninvasive assessment of the degree of oxygenation of the intestinal wall, which allows preventing of life-threatening complications in surgical interventions on digestive tract.

Key words: bowel wall, viability, oxygenation.

COGNITIVE STATUS OF YOUNG ADULT PATIENT AFTER ABDOMINAL SURGERY: PRE vs POSTOPERATIVE ASSESSMENT

Severin Ghenadie, Chesov Ion, Calpajiu Alina, Lozan Ana

Academic adviser: Adrian Belli, M.D., Ph.D., Associate Professor, State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: Postoperative Cognitive Dysfunction (POCD) is a decline of cognitive function that occurs during the first days or few weeks after the surgery. POCD was mainly studied in elderly patients after major surgery (cardiac and vascular surgery, joint replacement). The prevalence varies from 24% to 79%. There are only few studies concerning POCD in young adult patients. Also, there are no diagnostic criteria for POCD. Goals and objectives: Comparative assessment of pre- and postoperative cognitive performance in young adult patients after intermediate risk abdominal surgery. The ability to memorize the numbers, working with numerical series, coding number-symbol, color stroop effect was particularly appreciated.

Materials and Methods: It is a prospective study, being approved by the Ethic Committee. Written informed consent, to participate in the study, was obtained from 17 young adult patients (≥ 18 years). Patients were admitted to National Scientific and Practical Centre of Emergency Medicine to be subject to abdominal surgery. All patients were assessed pre- and postoperatively using 5 tests:

1. Mini Mental Status (MMS); 2. Digit Span Test (DST); 3. Digit Connection Test (DCT); 4. Digit Symbol Substitution Test (DSST); 5. Reedley Color Stroop Test (RCST).

Results: The following results were obtained.

MMS: 28,0 (95CI 26,72–29,28) vs. 28,19 (95CI 26,95–29,42), $p=0,92$.

DST: 8,75 (95CI 8,15–9,35) vs. 9,13 (95CI 8,23–10,0), $p=0,27$.

DCT: 35,03 (95CI 28,26–41,80) vs. 30,12 (95CI 24,80–35,43), $p=0,0564$.

DSST: 37,50 (95CI 32,04–42,96) vs. 39,38 (95CI 33,52–45,23), $p=0,18$.

RCST: 19,77 (95CI 17,77–21,76) vs. 19,43 (95CI 16,19–22,67), $p=0,77$.

Conclusion: Cognitive status of young adult patients after abdominal surgery is not affected by anesthesia or surgery on the 4th – 7th day. Some particular aspects of cognitive function (working with numerical series, symbol decoding) seem to be affected by anesthesia or surgery (borderline statistical significance).

Key words: cognitive dysfunction, postoperative, young adults, assessment.