

The mortality rate in the keyhole group was 5 (16,67%) and 15 (20%) in the standard craniotomy group. Parallel treatment results of using two options - keyhole craniotomy and standard larger craniotomy - were analysed in the past 5 years. Two experienced neurosurgical teams in performing both surgical approaches have reached almost similar morbidity and mortality rates, and overall surgical results. The type of craniotomy is selected according to the experience of the surgical team, and familiarity with certain approach. The authors have good experience with the minimally invasive approach for different intracranial pathology and recommend it especially in neurovascular surgery.

## **Present Trends in Abdominal Actinomycosis**

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Actinomycosis is a chronic infectious disease caused by bacteria in the *Actinomyces* genus. The pathologic, clinic and imagistic polymorphism and the rare incidence of this disease make it so frequent misdiagnosed. Single unit retrospective nonrandomized clinical study on over 40 years of experience in diagnosing and treating abdominal actinomycosis. First case of abdominal actinomycosis was diagnosed in our clinic in 1968. During the next 36 years, between 1968 and 2004, there were registered only 3 cases, all ileo-cecal actinomycosis. In the next 3 years interval, 5 more cases were diagnosed: 4 associated with intrauterine devices (IUDs) and 1 associated with intraperitoneal remnant calculi after laparoscopic cholecystectomy. We present these last 5 cases, the first 3 having been reported elsewhere. Abdominal actinomycosis is a rare disease, with variable and deceiving clinical and imagistic characters. In Romania we witness a shift in the epidemiology of this disease as a result of the introducing of the IUDs for the first time after 1990. Confronted with a female patient carrying an IUD that has an inflammatory and a pelvic tumoral syndrome of variable intensity, one should consider also the diagnosis of abdominal actinomycosis. Preoperative establishing of this diagnosis may allow, by a long antibiotic therapy, the elimination of the need for surgery or at least the decrease of its limits. A very rare cause of intraperitoneal actinomycosis is intraperitoneal gallstones remnant after laparoscopic cholecystectomy. To our knowledge, our case is the first reported in the medical literature.

## **Role of Tumoural Markers in the Treatment and the Prognosis of Head and Neck Cancer**

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Head and neck cancer has important mortality, incidence and prevalence in Romania, therefore prompting for studies meant to detect reliable markers capable of predicting the disease's progression and its response to treatment. The study was conducted in the Oncology Clinic of Craiova, Romania during ianuarie 2000-decembrie 2009. Patients were randomized 1:1 (using a simple randomization software) in 2 groups: A receiving standard radiotherapy, B comprising patients who received radiochemotherapy (protocol 5-fluorouracil 1000 mg/5d iv CI + Cisplatin 20 mg/5d IV CI x 4 days/4 week or Cisplatin 20 mg/5d IV CI weekly or 20 mg/5d IV CI x 5 days/3 week). The endpoints of the study were: response rate, median overall survival, disease progression