approach 34.5% (10), Gr. II- with classic approach 65.5% (19). The incidence of comorbidities was 10% (1) in Gr.I, with mean spleen size of 13.2 cm (min 8.5 cm, max 21 cm) and 84.2% (16) in Gr.II with mean spleen size of 20.4 cm (min 10 cm, max 34 cm). Only in Gr.II, intraoperative bleeding was recorded in 78.9% (15), and in 15.8% (3) there were postoperative complications. The patients in Gr. I had an average postoperative hospitalization period of 4 days, and those in Gr. II of 7 days, and were discharged with a favorable postoperative evolution.
Conclusions. The laparoscopic approach has the same indications as the classic one according to EAES, with the advantage of reduced perioperative complications and a shorter postoperative hospitalization, and in the case of experienced teams, the laparoscopic approach is possible, including patients with massive splenomegaly (>20cm), being manually assisted.
Keywords. Lparoscopy, splenectomy, hand-assisted, postoperative complications

STATE OF ART IN HERNIA SURGERY - RESULTS OF OUR RECENT EXPERIENCE

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Introduction. Minimally invasive surgery (MIS) has gained popularity in all surgical fields, and hernia surgery is one of the most recent. Inguinal, umbilical, and incisional hernias benefit from laparoscopic procedures. Short hospitalization, reduced return-to-work time, and fast recovery after surgery recommend MIS as the new standard for hernia surgery.
Methods. In this review, we analyzed our experience in the period 2019-2023, including patients with hernia defects who underwent MIS. The procedures performed were as follows: intraperitoneal onlay mesh (IPOM) and extended total extraperitoneal (eTEP) for umbilical hernias; total extraperitoneal (TEP) and trans-abdominal preperitoneal (TAPP) for inguinal hernias; and eTEP, IPOM, and trans-abdominal retromuscular (TARM) for incisional hernias. Surgeries were performed laparoscopically under general anesthesia. The study included 236 procedures:49 for incisional hernias (20.76%), 52 for umbilical hernias (22.03%), and 135 for inguinal hernias. (57.21%). eTEP was predominant in incisional hernias (61.22%), followed by IPOM (20.42%), and TARM (18.36%). Inguinal hernias were treated using TEP (88.89%) and TAPP (11.12%). Umbilical hernias were operated on using IPOM (23.08%) and eTEP (76.92%). Emergent surgery was performed in 38 cases (16.11%):7 cases of umbilical hernias, 26 cases of inguinal hernias, and 5 cases of incisional hernias.
Results: The conversion rate was 5.08% (12 cases), which was related to difficulties in dissection (eTEP) and peritoneal tear (TEP). The complication rate was 11.86% and included 12 hematomas, 10 bleeding events, 3 intestinal fistulas, and 2 bowel obstructions. Of these, 75% required a reoperation. One patient died of postoperative pulmonary thromboembolism. Seromas were observed in 7.2% of patients. Four recurrences (1.7%) have been reported to date.
Conclusion: Our results show reduced complication rates, reduced recurrences, and wound-related occurrences and support MIS as a valuable tool in hernia surgery.
Keywords: minimal invasive surgery, hernia surgery, laparoscopic, hernia

MANAGEMENTUL NON-REZECȚIONAL AL LEZIUNILOR SPLENICE ÎN CHIRURGIA LAPAROSCOPICĂ

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Introducere: Leziunile splenice iatrogene în chirurgia abdominală reprezintă o complicație subestimată și este important să fie recunoscute intraoperator pentru a se asigura un management adecvat. Dintre procedurile chirurgicale cu cea mai mare rată a leziunilor splenice se numără: hemicolectomia stângă (1-8%), procedeele antireflux în chirurgia deschisă (3-20%), nefrectomia stângă (4-13%) și reconstrucția aortei abdominale proximale și a ramurilor acesteia (21-60%). Pentru a gestiona acest tip de complicație, poate fi necesară splenectomia, dar tratamentul conservator prin orice mijloace, cu scopul de a obține o hemostază adecvată, ar trebui utilizat în orice situație.
Serie de cazuri: Vom prezenta trei cazuri clinice care au constat în diferite leziuni splenice apărute în timpul procedurilor laparoscopice, care au fost gestionate conservator, fără a fi necesară efectuarea splenectomiei. Primul caz a constat într-o efracție splenică la un pacient cirotic în timpul unei rectosigmoidectomii laparoscopice, al doilea pacient a suferit o hemoragie prin decapsulare splenică în timpul unei cure laparoscopice a herniei hiatale, iar în ultimul caz am gestionat o leziune splenică apărută la introducerea trocarelor pentru o suprarenalectomie dreaptă laparoscopică la un pacient cu obezitate morbidă.
Discuții: Seria de cazuri prezentate sunt foarte ilustrative pentru un tratament non-rezecțional efectuat laparoscopic în managementul adecvat al leziunilor splenice iatrogene. Hemostaza a fost realizată printr-o combinație de presiune locală aplicată cu o meșă, electrochirurgie și materiale șau substanțe hemostatice.
Concluzie: În concluzie, considerăm că managementul conservator al hemoragiilor splenice ce pot apărea în timpul intervențiilor chirurgicale laparoscopice ar trebui stăpânit de orice chirurg generalist, și de preferință, realizat laparoscopic.

NON-RESECTIONAL MANAGEMENT OF SPLENIC INJURIES IN LAPAROSCOPIC SURGERY

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Background: Splenic iatrogenic injuries in abdominal surgery represent an underestimated complication and it is important to be recognised intraoperatively to assure a proper management. Among surgical procedures with the highest rate of splenic injuries the following are to be mentioned: left hemicolectomy (1-8%), open anti-reflux procedures (3-20%), left nephrectomy (4-13%) and reconstruction of the proximal abdominal aorta and its branches (21-60%). In order to manage this type of complication, splenectomy may be required, but conservative treatment by any means with the aim of acquiring proper haemostasis should be employed at any chance.