

17. MANAGEMENT OF ABDOMINAL COMPARTMENT SYNDROME IN THE CONTEXT OF POSTOPERATIVE EVENTRATIONS



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Introduction. Abdominal compartment syndrome, known in the literature as Batzner's syndrome, plays an important role in the surgical treatment of postoperative eventrations, its importance being illustrated by the increased rate of postoperative complications. The repositioning of the contents of the hernial sac in the abdominal cavity and the reconstruction of the abdominal walls with parietal defects over 10-15 cm, contributes to the increase in intra-abdominal pressure above the normal values, which can result in cardiovascular, respiratory and hemodynamic disorders.

Aim of study. Elucidation of preventive measures and their effectiveness in the context of compartment syndrome in patients with incisional hernias.

Methods and materials. For the purpose of the study, were monitored 40 patients, aged between 50-60 years, admitted to the "Timofei Mosneaga" Republican Clinical Hospital with the diagnosis of postoperative eventrations, who presented a risk of triggering intra-abdominal hypertension. There were studied methods of prevention, their effectiveness at the preoperative, intraoperative and postoperative stages.

Results. The prevalence of intra-abdominal hypertension was 45% (18 patients). They were divided into three categories depending on the intra-abdominal pressure values, subsequently: 22.5% (9 patients) developed intra-abdominal hypertension degree I - values between 10-15 mmH₂O, 12.5% (5 patients) intra-abdominal hypertension degree II - values between 16-25 mmH₂O, 10% (4 patients) intra-abdominal hypertension grade III - values between 26-35 mmH₂O. Intra-abdominal hypertension with values higher than 35 mmH₂O were not detected. Postoperative curative management followed a controlled respiratory ventilation.

Conclusion. The management of the diagnostic and curative complex for patients with postoperative eventrations lower the number of severe abdominal hypertension and the rate of early and late complications.