DE GARENGEOT HERNIA

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Background. De Garengeot hernia is a femoral hernia that contains an appendix. It is a rare type of hernia described by René-Jacques Croissant De Garengeot in 1731. It is also known as femoral appendicitis or femoral hernia appendix or crural hernia appendix. **Objective of the study.** Searching for specialized literature and analysis of demographic characteristics, clinical features, and management in the case of De Garengeot hernia. **Material and methods.** Examination of publications from PubMed and Google Scholar reported during the period 2013-2023. **Results.** Literature analysis allowed us to identify 112 articles reported. An entrapment of the appendix into the femoral hernia is called a De Garengeot hernia. This hernia appears almost exclusively on the right side. It has a female predominance with age from 60–70 years. Symptoms presented are like other incarcerated femoral hernias (pain and bulge in the groin area with tenderness; sometimes erythema can be seen over the hernia). Diagnosis is mostly intraoperative or pre diagnosis of other diseases when doing abdominal CT or MRI. Sensitivity for the CT scans is 70%, coronal and sagittal reconstructions have been shown to aid in the reliable identification and classification of these femoral hernias by experienced radiologists. In most cases emergency surgical treatment open or laparoscopic is done. Authors highlight the usefulness of laparoscopy as a valuable tool in the diagnosis and treatment of this presentation of femoral hernias. **Conclusion.** A vermiform appendix within a femoral hernia has been known as De Garengeot's hernia. It is an infrequent entity which appears almost exclusively on the right side, mainly in females. The awareness of the disease and the more frequent use of CT scan imaging may increase the pre-operative diagnosis rate. The best surgical approach for a De Garengeot's hernia is not defined nor standardized.
Keywords: Appendix vermiformis, femoral hernia, „Garengeot".

NEURO-ENDOCRINE TUMOR OF PANCREAS

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Background. Pancreatic neuroendocrine tumors (PNETs) are a type of endocrine tumor that originates in the pancreas and are among the most common. They can produce a wide range of peptide hormones, including insulin, gastrin, glucagon, and vasoactive intestinal peptide, which cause a variety of clinical symptoms. **Objective of the study.** Analysis of incidence, clinical features, pathogenesis, diagnosis, and treatment of PNETs. **Material and methods.** The study is based on an investigation of bibliographical sources published in PubMed, NCBI, and Google Scholar from 2009 to 2019, as well as a retrospective review of 25 patients diagnosed with pNETs at our institution between 2012 and 2023. **Results.** PNETs are generally classified as functional or nonfunctional. Insulinomas, gastrinomas, glucagonomas, vasoactive intestinal peptideomas, and somatostatinomas are all examples of functional PNET. Nonfunctional PNETs are often clinically inactive until a significant mass effect occurs. To appropriately diagnose PNETs, endocrine testing, imaging, and histological evidence are all required. Surgery remains the only treatment for early-stage sickness, even though the best clinical management of PNETs requires a multimodal approach. Out of 25 examined patients, 19 were hormone inactive, 5 had insulinomas, and 1 had gastrinoma. All underwent surgical treatment. **Conclusions.** While some individuals may have symptoms due to elevated hormone production from a functional tumor, most PNETs are non-functional. New surgical procedures utilizing laparoscopic approaches to difficult pancreatic resections is a significant improvement in surgical therapy. **Keywords**: pancreas, neuroendocrine tumors, surgical therapy.