

REILY SYNDROME (RECTUS SHEATH HEMATOMA)

Maruthurethu Biju Lidiya¹, Alexandr Ursu^{1,2}

¹Nicolae Anestiadi Surgery Department No.1, Nicolae Testemițanu University

²Institute of Emergency Medicine.

Background. Reily syndrome or Rectus sheath hematomas (RSHs) are caused by ruptures of the inferior or superior epigastric arteries, which typically occur because of trauma or other spontaneous factors. **Objective of the study.** This study assesses the significance and informativeness of epidemiology, clinical presentation, diagnostic techniques, and modern therapeutic and surgical strategies for RSH. **Material and methods.** PubMed, PubMed Central, Medline, Google Scholar databases for assessing the management of RSHs, keywords used: „Reily syndrome,” „rectus sheath hematoma,” „familial dysautonomia,” and „rectus sheath abdominis.” **Results.** A total of 55 full articles were studied and analyzed. Articles containing information about the etiopathogenetic mechanisms of RSHs, clinical and paraclinical findings, diagnostic methods, and the curative management

of patients with Reily syndrome were selected. The etiology of RSH is multifactorial. The main symptoms are diminished lacrimation, insensitivity to pain, poor temperature control, abolished deep tendon reflexes, postural hypotension, vomiting attacks, poor motor coordination, and mental retardation. The diagnosis of RSH is established by clinical findings, imaging studies, genetic testing (mutations in the IKBKAP gene on chromosome 9), and autonomic function tests. **Conclusion.** This thesis offers a thorough summary that helps to further the knowledge of this complicated illness and aims to assist medical professionals in making the best decisions possible for patients presenting with Reily syndrome. **Keywords:** Reily syndrome, rectus sheath hematoma, familial dysautonomia.

PORTAL VEIN THROMBOSIS: DIAGNOSIS AND TREATMENT

Samiksha Verma

Scientific adviser: Eugeniu Beschieru

Nicolae Anestiadi Surgery Department No. 1, Nicolae Testemițanu University

Background. Portal vein thrombosis (PVT) is a critical condition characterized by the formation of a thrombus in the portal vein, leading to significant complications. Proper diagnosis and effective treatment are imperative to improving patient outcomes. **The aim** of the paper was to analyze the existing literature data on diagnostic methods and treatment modalities for PVT, highlighting the best practices. **Material and methods.** A systematic review was conducted using electronic databases, including PubMed, MEDLINE, and Google Scholar from 2000 to 2023, focusing on PVT diagnosis and treatment. **Results.** Key diagnostic techniques such as Doppler ultrasonography, computed tomography (CT), magnetic resonance imaging (MRI), and laboratory tests, including D-dimer levels, were identified. Treatment strategies were categorized into anticoagulation therapy,

thrombolytic therapy, surgical intervention, and transjugular intrahepatic portosystemic shunt (TIPS). The efficacy, risks, and benefits of each approach were evaluated. Recent advancements in minimally invasive techniques and novel anticoagulants were discussed. **Conclusions.** The review highlighted the importance of early and accurate diagnosis of PVT using advanced imaging modalities and laboratory tests. Although anticoagulation remained the cornerstone of treatment, emerging therapies and surgical options provided additional management avenues. Future research should focus on optimizing diagnostic algorithms and developing personalized treatment plans to enhance patient outcomes. **Keywords:** Portal vein thrombosis, anticoagulation, thrombolysis, Doppler ultrasonography, CT scan, MRI, transjugular intrahepatic portosystemic shunt (TIPS).