

POST-CHOLECYSTECTOMY SYNDROME: CAUSES, DIAGNOSIS AND MANAGEMENT SOLUTIONS

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Background. Cholecystectomy is used in the treatment of cholelithiasis and cholecystitis, with a global incidence of over one million cases annually. Although effective, 10–30% of patients develop post-cholecystectomy syndrome (PCS), manifested by upper abdominal pain, bloating, diarrhea, dyspepsia, or jaundice.

Objective(s). To identify the causes and effective therapeutic strategies in PCS, with emphasis on risk factors and treatment outcomes in symptomatic patients with post-cholecystectomy syndrome.

Materials and methods. Extensive literature research was carried out by looking through the databases Pub Med, Web of science and Medscape. Included were studies on PCS's clinical presentation, diagnostic techniques, and therapy

Results. To provide an overview of PCS's prevalence, common causes, diagnostic methods, through data extraction and analysis.

Results. PCS affects 5% to 40% of patients with cholecystectomy. Sphincter Oddi dysfunction, biliary strictures, and retained common bile duct stones are as biliary factors. Peptic ulcer and pancreatic diseases are non-biliary factors. Endoscopic retrograde cholangiopancreatography, magnetic resonance cholangiopancreatography and ultrasound is recommended. Treatment options include sphincterotomy, endoscopic stone removal, and medication management of gastrointestinal symptoms, depending on the etiology. Most individuals have a considerable improvement in their symptoms with early diagnosis and individualized treatment.

Conclusion(s). Post Cholecystectomy Syndrome is a rare but important complication. Personalized treatment improves symptoms and quality of life. Multidisciplinary evaluation is essential to distinguish biliary from non-biliary causes and to ensure appropriate management and better patient outcomes.

Keywords: post cholecystectomy syndrome, dyspepsia, endoscopy

HEMODYNAMIC PROFILE ASSOCIATED WITH THE INDUCTION OF GENERAL ANESTHESIA

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Background. General anesthetics have significant effects on the hemodynamic profile of the patient, depending on comorbidities and the associated anesthetic risk. Continuous intraoperative monitoring of hemodynamic parameters allows for early identification of these effects and prompt subsequent intervention.

Objective(s). To evaluate the hemodynamic profile of patients undergoing general anesthesia based on ASA score, age and comorbidities (arterial hypertension, obesity degree, diabetes mellitus).

Materials and methods. A prospective study was conducted on 60 patients undergoing general anesthesia during laparoscopic cholecystectomy, in the IMU, between January and June 2025. The analyzed hemodynamic parameters were: BP, HR, perfusion index, during