

ENDOSCOPIC TREATMENT OPPORTUNITIES IN ESOPHAGEAL IN THE CIRRHOTIC PATIENT

Introduction: Haemorrhage of esophageal varices presents 60-70% of all hemorrhagic accidents in the cirrhotic patient. An incidence of 5-15%, with a mortality of 20-60%, is estimated. Selection of the haemostasis method and the modalities of prophylaxis of recurrences remain in question.

Material and methods: An analysis of the experience of endoscopic treatment in 102 patients with liver cirrhosis, complicated with variceal haemorrhage is presented. Patients were treated in hospital "Sf. Arh. Mihail" during 2007-2018. Sclerotherapy were applied to 4 patients, the endoscopic ligation of esophageal varices in 98 patients.

Results: Sclerotherapy with trombovar, applied to 4 patients with active bleeding, showed one recurrence over 24 hours with repeated sclerosing. Two patients accused retrosternal pain and dysphagia for 3 months. Emergency endoscopic ligation, used in 16 patients with active, or recently stopped bleeding, revealed one recurrence in active bleeding. In 12 cases with recently stopped haemorrhage, the ligation did not show relapse. Planned prophylaxis of recurrences was performed in 82 patients. In 24 cases repeated sessions were requested, totaling 106 procedures. Systemic complications absent. Endoscopic ligation in 82 patients + use of BBNS showed no bleeding episodes for 12 months.

Conclusion: Endoscopic ligation is a safe and superior method to sclerotherapy in stopping active hemorrhage and prophylaxis of haemorrhagic recurrence. The use of the prophylactic combination therapy methodology + BBNS reveals the absence of haemorrhagic recurrences at a distance.

Key words: liver cirrhosis, esophageal varices haemorrhage, endoscopic treatment

REZOLVARE SIMULTANĂ A CONCOMITENȚEI COLECISTITEI CRONICE LITIAZICE ȘI HERNIEI VENTRALE



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Introducere: Asocierea litiazei biliare cronice cu o hernie ventrală prezintă o provocare pentru orice chirurg în alegerea volumului, tipului și etapelor intervenției chirurgicale.

Material și metode: Este expusă analiza a 23 (1,52%) cazuri de intervenții simultane de colecistectomie laparoscopică (CL) și reparație a defectului herniar, selectate din 1512 cazuri de CL, tratate în SC "Sf. Arh. Mihail" în perioada 2013 – 2018. Defectele de herniere au fost localizate: hernii ombilicale - 13, hernii epigastrice - 7, evențrații postoperatorii – 3.

Rezultate: CL s-a practicat în prima etapă operatorie. Aplicarea primului port a fost dependentă de dimensiunile și localizarea herniei: 12 cazuri - supraombilical, 6 –subombilical, 5 - transherniar sub control digital. Trocarele ajutătoare amplasate tipic. Colecistectomie retrogradă cu evacuarea piesei prin incizia primului port. Ulterior efectuată herniotomie. Hernioplastie diversificată dependent de dimensiunile și tipul herniei: cu proteză sintetică "Promesh" 16 cazuri (3 - amplasate intraabdominal, 13 - subaponeurotic), plastie procedeul Mayo – 4 cazuri, plastie procedeul Sapejco – 3 cazuri. Morbiditate și mortalitate postoperatorie absentă.

Concluzie: Tratamentul chirurgical simultan, constituie intervenția preferabilă în soluționarea litiazei biliare simptomatice și a herniei ventrale concomitente. Utilizarea protezei sintetice în închiderea defectului de herniere reduce riscul recurenței herniilor.

Cuvinte-cheie: litiază biliară, hernie, tratament simultan

SIMULTANEOUS SOLVING OF CONCOMITENCE OF CHRONIC CALCULOUS CHOLECYSTITIS AND VENTRAL HERNIA

Introduction: The association of chronic biliary lithiasis with a ventral hernia presents a challenge for any surgeon in choosing the volume, type and stages of surgery.

Material and methods: The analysis of 23 (1.52%) cases of simultaneous intervention of laparoscopic cholecystectomy (LC) and repair of hernia defect, selected from 1512 LC cases treated in Clinical Hospital "Sf. Arh. Mihail" during 2013 - 2018, is exposed. The location of hernia defect was: umbilical hernia – 13 cases, epigastric hernia – 7 cases, postoperative hernia – 3 cases.

Results: LC was performed in the first operative step. The application of the first port was dependent on the size and location of the hernia: 12 cases – over the navel, 6-under the navel, 5-through the hernia under digital control. Helpful ports standard located. Retrograde cholecystectomy with evacuation of the piece through the first port incision. Herniotomy was subsequently performed. Various hernioplasty depending on the hernia size and type it was been done: with synthetic prosthesis "Promesh" 16 cases (3-placed in the abdomen, 13 – under the aponeurosis), Mayo procedure plasty - 4 cases, Sapejco procedure plasty - 3 cases. Postoperative morbidity and mortality absent.

Conclusion: Simultaneous surgical treatment is most common intervention in solving of symptomatic chronic calculous cholecystitis and concomitant ventral hernia. The use of synthetic prosthesis in closing the hernia defect reduces the risk of recurrence of hernias.

Key words: gallstones, hernia, simultaneous treatment

PANCREATITĂ ACUTĂ POST- ERCP ȘI SFINCTEROTOMIE ENDOSCOPICĂ



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