

**Introduction:** Acute aortic dissection is a major emergency in cardiac surgery, being the most common lethal complication in patients with aneurysmal dilatation of the aortic root in combination or not with Marfan syndrome. Replacement of the dissected ascending aorta is a "life-saving" surgical intervention, associated with high morbidity and mortality. Due to the extremely varied clinical polymorphism and the severe complications that occur rapidly, the patient's diagnosis and conduct presents difficulties.

**Material and methods:** In the clinic, 51 operating patients were studied, divided into 2 categories: group A - 43 patients (84%) with acute dissection and group B - 8 patients (16%) with acute dissection in association with Marfan syndrome. The differences between the two groups were analyzed for preoperative characteristics, surgical techniques, immediate and long-term postoperative outcomes.

**Results:** Patients in group B were significantly younger (B:34.2 ± 11) vs (A:58.3 ± 9). High blood pressure (HBP) was predominantly found in group A. The incidence of postoperative complications as well as intraoperative mortality and the 30-day mortality were similar. After post-operative outcomes, the mortality in group B is lower.

**Conclusions:** Postoperative mortality in acute aortic dissection is similar with or without Marfan syndrome. Remote survival is greater for operated patients with Marfan syndrome. Early diagnosis of aortic aneurysms with or without Marfan syndrome, permanent coronary care of HBP, planar surgeries can significantly reduce the occurrence of aortic dissection.

**Key words:** aortic dissection, marfan syndrome, cardiac surgery emergency

## MOMENTUL OPERATOR IN PANCREATITA ACUTA

### BEURAN MIRCEA

**Clinica de Chirurgie a Spitalului Clinic de Urgență Floreasca, Universitatea de Medicină și Farmacie "Carol Davila", Bucuresti, România**

**Introducere:** Pancreatita acuta reprezinta o patologie cu evolutie imprevedibila, cu potential letal, fiind insotita de o rata de mortalitate si morbiditate semnificativa. Managementul chirurgical al acestei patologii vizeaza faza tardiva de evolutie a bolii, in care riscul major este reprezentat de infectia necrozei pancreatice si peripancreatice. Literatura actuala arata ca abordul de tip interventional progresiv este asociata cu rezultate: Corelarea momentului operator cu rata complicatiilor la pacientii cu pancreatita acuta.

**Materiale și metoda:** Studiu retrospectiv, efectuat pe o perioada de 4 ani, in care au fost inclusi pacientii internati in Spitalul Clinic de Urgenta Bucuresti cu diagnosticul de pancreatita acuta, pentru care s-a practicat chirurgie deschisa sau minim invaziva.

**Rezultate obținute:** Au fost inclusi 624 de pacienti diagnosticati cu pancreatita acuta din care in functie de gradul de severitate 44 pacienti (7%) au avut forma severa, 243 pacienti (39%) forma moderat severa si 337 pacienti (54%) forma usoara. In ceea ce priveste corelatia dintre momentul operator si gradul de severitate, pentru pancreatita acuta severa timpul mediu pana la interventia chirurgicala a fost de 26.43 zile, iar pentru pancreatita acuta moderat severa timpul mediu pana la momentul operator a fost de 9.8 zile. Mortalitatea pentru pacientii cu pancreatita acuta forma severa este una semnificativa, in proportie de 42%. Analiza curbelor de supravietuire corelate cu momentul operator au aratat faptul ca pacientii operati tardiv au avut o rata de supravietuire mai buna.

**Concluzii:** Interventia chirurgicala efectuata in primele 28 zile se asociaza cu o rata semnificativa de complicatii si mortalitate. Managementul multidisciplinar al pacientilor cu pancreatita acuta, terapie intenziva asociata cu tehnici minim invazive, pot oferi timp pretios acestor pacienti, pentru a ajunge la momentul optim tratamentului chirurgical.

**Cuvinte cheie:** pancreatita acuta; managementul

## TIMING OF SURGERY IN ACUTE PANCREATITIS

**Introduction:** Acute pancreatitis is a potentially lethal disease with an unpredictable evolution, with a significant morbidity and mortality rate. Surgical management of this disease targets the late evolution phase, when there are major risks from the infection of pancreatic and peripancreatic necrosis. Modern literature reports that progressive interventional approach shows better clinical results.

**Objective:** Correlation of surgery timing with morbidity rate in patients with acute pancreatitis.

**Material and method:** Retrospective study which included patients with acute pancreatitis admitted and operated (open and minimally invasive procedures) in the București Clinical Emergency Hospital during a period of 4 years.

**Results:** 624 patients with acute pancreatitis were included; distribution according to severity: severe form - 44 patients (7%), moderate severe - 243 patients (39%), and mild - 337 patients (54%). Regarding the correlation between the timing of surgery and severity – median time until surgery for severe acute pancreatitis was 26.43 days, and for moderate severe - 9.8 days. Mortality rate for patients with severe acute pancreatitis is significant and reached 42%. Survival curves analysis correlated to the timing of surgery unveiled that the patients with delayed surgery showed a better survival rate.

**Conclusion:** Surgical intervention performed during the first 28 days is associated with a significant rate of morbidity and mortality. Multidisciplinary management of these patients, intensive care combine with minimally invasive techniques may offer precious time to these patients in order to reach the optimal surgery timing.

**Key words:** acute pancreatitis; management

## INSUFICIENȚA EVACUATORIE GASTRICĂ DUPĂ DUODENOPANCREATECTOMIA CEFALICĂ (DPC): CAUZE, IMPLICAȚII CLINICE ȘI TRATAMENT

**BODEA RALUCA<sup>1</sup>, ZAHARIE F<sup>1,2</sup>, GRAUR F<sup>1,2</sup>, BARTOS A<sup>1,2</sup>, IORDACHE C<sup>1</sup>, CHIRTOACA A<sup>1</sup>, IANCU C<sup>1</sup>, AL HAJJAR N<sup>1,2</sup>**

**<sup>1</sup>Clinica Chirurgie III, Institutul Regional de Gastroenterologie si Hepatologie, <sup>2</sup> UMF "Iuliu Hațieganu" Cluj-Napoca, România**

**Introducere:** Insuficiența evacuatorie gastrică este cea mai frecventă complicație post DPC, fiind constant asociată cu creșterea