

THE DIAGNOSIS AND SURGICAL TREATMENT IN BILIARY LITHIASIS ASSOCIATED WITH HEPATITIS SATELLITE

Introduction. To time the operative intervention and to select the operation procedure is a problem for discussion in biliary stones associated with hepatic disturbances. Purpose. Analysis of treatment experience of patients with biliary stones associated with hepatitis satellite. Material and methods. Of 256 patients treated in 1995-2010 for jaundice syndrome in biliary lithiasis, hepatitis satellite was found in 74 (28.9%). History of liver disease reported 59 patients: liver cirrhosis - 5 (8.5%), chronic hepatitis viral etiology- 31 (52.5%), chronic persistent hepatitis, idiopathic etiology - 23 (40%). In 15 cases cholestatic liver reaction occurred neagravated field, caused by severe infectious component. Assessing the severity of hepatitis was based on clinical aspects, biochemical and laboratory investigations. Results. I noticed evolving more pronounced cytolysis of fermented with involution sustainable post biliary tract decompression. The decrease of the protein level was installed earlier and required pre- and postoperative correction. Lipid peroxidation processes with formation of free radicals are expressed: DAM marked 28%, SOD - by 12.5%. A medication regimen requires early hypocoagulation appreciated. For these reasons surgery was used in two stages. Primary biliary decompression path through PSTE was made in 51 cases. In patients with severe infectious component was originally made to track external biliary drainage. Combination drug correction of the liver disturbances, surgery allows for definitive resolution. Morbidity (6.75%) and mortality (2.7%) are consistent with the severity and duration of liver disease, during early development of jaundice and liver failure - key risk factor. Conclusion: Using criteria for assessing the severity of disease and use of modern surgical techniques increase the accuracy of diagnosis and results of surgical treatment. Preoperative biliary decompression by means is method of choice in resolving jaundice.

A18

EVALUAREA FACTORILOR DE RISC ȘI PROFILAXIA BOLII TROMBOEMBOLICE ÎN CHIRURGIA LITIAZEI BILIARE LA PACIENȚII VÂRSTNICI

Strelțov Liuba, Rojnovanu Gh., Revenco S., Mustea V., Mutavci Gh.

USMF „N. Testemițanu”, Chișinău, Republica Moldova

Introducere. Boala tromboembolică este complicația severă ce poate interveni în chirurgie, necesitând permanent perfecționarea diagnosticului și tratamentului. Scopul. Analiza tratamentului pacienților vîrstnici cu litiază biliară, evidențierea factorilor de risc și exercitarea metodelor de profilaxie în boala tromboembolică (BTE). Material și metode. Din 1314 pacienți tratați chirurgical în 2005 - 2010 pentru litiază biliară, pacienții cu vârsta de peste 60 ani au fost în 562 cazuri (42,8%). Operații pentru colecistită cronică - 419, pentru colecistită acută - 143 bolnavi. Colecistectomii clasice - 436, laparoscopice - 126 cazuri. Durata intervenției chirurgicale de la 45 min - 2 ore 30 min. Evaluată factorii de risc ai BTE. S-au determinat: indicele protrombinic, fibrinogenul, TTPA (timpul trombinei parțial active), TAR (timpul activ de recalcificare), proba cu etanol, timpul de sîngerare și coagulare, s-a efectuat examinarea ecografică periferică Doppler în caz de afecțiuni vasculare. Rezultate. S-a constatat nivelul înalt de risc la toți pacienții cu vârsta de peste 60 ani. Necătând profilaxiei s-au constatat următoarele complicații tromboembolice: embolia arterelor pulmonare de calibru mare - 1 caz, embolia arterelor pulmonare de calibru mediu și mic - 3 cazuri, tromboza venelor profunde - 2 cazuri, tromboflebită a venelor profunde - 2 cazuri, tromboflebită a venelor superficiale - 3 cazuri, sindrom dolo în molet cu marcarea timpului de coagulare - 26 cazuri. Complicațiile au survenit în lotul de pacienți operați în urgență, la indicații vitale, atât clasic cât și laparoscopic. Profilaxia s-a efectuat cu heparină și cu fraxiparină 2850ME - 3-4 zile. În cazul emboliei ramurilor masive a a. pulmonare a survenit subit un deces, celelalte au fost rezolvate prin tratament cu anticoagulante și externare la a 15 - 23 zi, cu evaluare dinamică timp de trei luni.

THROMBOEMBOLIC COMPLICATIONS IN THE BILIARY LITHIASIS SURGERY IN AGED PATIENTS, THE PREVENTIVE MEASURES

Introduction. Thromboembolic disease is a severe complications in surgery and need permanent improvement of diagnosis and treatment. Purpose. Analysis of risk factors and the prevention measures in thromboembolic complications (TEC) in treatment experience of aged patients with biliary stones. Material and methods: Of 1314 patients treated in 2005 - 2010 for biliary lithiasis, the aged patients were in 562 cases (42,8%). The cronic cholecystitis was in 419 cases, the acute cholecystitis was in 143 cases. The classic cholecystectomy was been done in 436 cases, the laparoscopic cholecystectomy - in 126 cases. The operations time was from 45 min to 2 hour 30 min. The analysis of risk factors of thromboembolic complications was been done. The laboratory investigations included: blood prothrombin, blood coagulation, the test with ethanol, hemoconcentration, Dopplerography. Results. It was noticed the high risk of TEC in all aged patients. But in post operation period we determined some complications: the pulmonary large artery thrombembolism - 1 case, the little bronchus of pulmonary artery thrombembolism - 3 cases, the thrombosis of deep veins - 2 cases, the thrombophlebitis of deep veins - 2 cases, the thrombophlebitis of varicose veins - 3 cases, the arching pain syndrome with the increasing of coagulation time in 26 cases. These complications had appeared in group with urgent surgical treatment and was in classic and laparoscopic cholecystectomy. We notice that these patients were administrated heparin, fragmin and fraxiparin for 3-4 days. One case of pulmonary embolism had a fatal outcomes. The treatment of thromboembolic complications was anticoagulant therapy. The patients were discharged from the hospital on the 15 - 23 days of the treatment. We follow-up of this patients for 3 months.