

(8,57%), small intestine - 6 cases (8,57%), spleen - 4 cases (4,87%), adrenal gland - 2 cases (2,85%), pancreas - 2 case (2,43%), stomach - 1 case (1,42%). The rate of recidivism recorded is 25,61%.

**Conclusion:** The retroperitoneal sarcoma is the most common primitive retroperitoneal tumor in human body, that is characterized by morphological heterogeneity and it has an unspecific clinical manifestation. Often to ensure the radicality of surgery, it is necessary to sacrifice some adjacent organs (kidney, colon, small intestine, spleen)

**Keywords:** Primary Retroperitoneal Tumor (PRT), Retroperitoneal sarcoma (RPS).

## MALFORMAȚII CARDIACE CONGENITALE COMPLEXE CU HIPERTENSIUNE PULMONARĂ. TRATAMENT CHIRURGICAL

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**Introducere:** Malformații cardiace congenitale (MCC) complexe cu șuntare intracardiacă, sunt asociate cu hipertensiune pulmonară (HTP) severă. Iar în lipsa tratamentului chirurgical pot dezvolta rapid Sindromul Eisenmeger.

**Scopul studiului:** Analiza experienței tratamentului chirurgical al anomaliilor MCC complexe.

**Materiale și metode:** În secția chirurgia MCC a SCR din anii 2015 până în 2018 au fost operați 51 copii. Grupul de patologii incluse în studiu au fost: Canal atrioventricular copleț (CAVC) - 30(58,8%) pacienți, Ventricol drept cu cale dubla de ieșire (VDCDE)-11(21,5%), Ventricol Unic (VU) - 8(15,%) și Transpoziția de vase magistrale cu DSV (TVM+DSV) - 2(3,9%).

**Rezultate:** Tratamentul chirurgical a inclus corecție etapizată, prima operație fiind cea paleativă “banding de AP” și apoi corecția radicală. Au fost supuși tratamentului chirurgical pe etape 25 (49%), iar corecție radical au suportat din prima 26(51%). Toți copiii cu media PSVD = 54,5mmHg în preoperator. Complicațiile postoperatorii: Pneumonie în 27 cazuri (52,9%), pleurezii în 7 cazuri (13,7%), bloc AV gr.III-2 cazuri. Iar 5(9,8%) cazuri soldate cu deces.

**Concluzii:** Rezultatele operațiilor sunt în strânsă corelație cu vârsta bolnavului, greutatea acestuia, dereglările hemodinamice, gradul de HTAP și fonul clinic general. Bandingul arterei pulmonare este o metodă cu risc relativ sporit (mortalitate de 5,8%), dar este etapă importantă în managementul pacienților cu insuficiență cardiacă progresivă, hipotrofie și anomalii asociate. În grupul cu MCC complexe mortalitatea a fost de 9,8%(5 copii) cu toții fiind sub 6kg și vârsta medie de 4,1.

**Cuvinte cheie:** malformații cardiace congenitale; hipertensiune pulmonară; tratamentul chirurgical

## COMPLEX CARDIAC MALFORMATION ASSOCIATED WITH PULMONARY HYPERTENSION. SURGICAL TREATMENT

**Introduction:** Complex congenital cardiac malformations with intracardiac shunt are associated with advanced of the surgical can rapidly develop Eisenmeger s syndrome.

**The purpose of the study:** was to analyze the experience of surgical treatment of complex congenital heart abnormalities.

**Materials and Methods:** 51 children were operated in the CCM section of SCR in the years 2015 to 2018.The group of pathologies included in the study were: Atrioventricular septal defect (AV-canal)-30 patients, Double Outlet Right Ventricle (DORV)-11 patients, Single Ventricle (SV) - 8 patients, and Transposition of the Great Arteries (TGA) associated with ventricular septal defect-2 patients.

**Results:** Surgical treatment included correction in stages, first was palliative operation “PA banding” and then radical correction. Twenty-five patients were surgically staged, and 26 patients underwent primary-correction. All children with PSVD mean=54,5mmHg (pressure) in preoperative time. Postoperative complications: Pneumonia in 27 cases (52,9%), pleurisy in 7 cases(13,7%), A-V block in 2 cases and 5 cases(9,8%) of death.

**Conclusion:** The results of the operations are closely correlated with the patient s age, body weight, hemodynamic disturbances, grade of pulmonary hypertension, and general clinical condition. Pulmonary artery banding is a relatively high risk method (5,8% mortality), but is an important step in the managements of patients with progressive heart failure, hypertrophy and associated abnormalities. In the group with complex congenital malformations the mortality was 9,8%,all being below 6kg and the mean age of 4,1 years.

**Keywords:** congenital cardiac malformations; pulmonary hypertension; surgical treatment

## ENDOSCOPIC PAPILLECTOMY IN TREATMENT OF PATIENTS WITH AMPULLARY NEOPLASMS: A SINGLE-CENTER EXPERIENCE

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**Introduction:** Benign tumors of the ampulla of Vater occur in 0.4% -0.12% of all tumors of the gastrointestinal tract (GI tract). However, malignant transformation occurs in 60-65% of cases, so the common tactic of treatment is their removal. Regardless of the pathophysiological structure of the tumor, endoscopic papillectomy is considered reasonably safe and most effective method compared to a more radical interventions such as pancreatoduodenal resection (PDR), transduodenal resection.

**Material and methods:** 37 endoscopic papillectomies were performed at the Moscow Clinical Research Center between April 2014 and January 2018. In most cases, the tumor was detected during a routine examination for other diseases. The preoperative examination protocol included duodenoscopy with biopsy, endosonography, CT or MRI, which excluded the presence of malignant lesions and the intraductal spread of the adenoma more than 1 cm. The sizes of the adenomas ranged from 1 cm to 5 cm. The aim of the study was to evaluate the effectiveness of endoscopic papillectomy in the treatment of patients with neoplasm of the ampulla of Vater.

**Results:** 37 patients underwent endoscopic papillectomy, including 16 men and 21 women. Median age: 54 years (26-73). The average time of surgery was 85 minutes. In 26 cases, the removal of the adenoma was performed "en bloc" (59.5%). In 11 cases, due to the presence of lateral spread of the tumor, fragmentation was performed (40.5%). Pancreatic stenting was successful in 31 patients (83.7%). Stenting of the common bile duct in 9 patients (24.3%). In all cases there was R0 resection. Morbidity included bleeding in 8 patients (21.6%), 2 cases of intraoperative perforation (5.4%), one of them was conservatively treated. The other was operated in volume: laparotomy, suturing a perforation, drainage of the abdominal cavity. In 2 patients, the postoperative period was complicated by cicatricial stenosis of the bile duct opening (5.4%). The ERCP with the stenting of the common bile duct was performed. No death occurred.

**Conclusions:** Endoscopic papillectomy is characterized by lower morbidity and mortality and a shorter period of hospitalization. Compared with surgery, endoscopic ampullectomy appears to be a preferred treatment modality for small benign ampullary tumors with high success rate of tumor eradication.

**Keywords:** Endoscopic papillectomy, tumors of the ampulla of Vater

## ENDOSCOPIC TUNNEL DISSECTION AND ITS ROLE IN THE TREATMENT OF GASTROINTESTINAL STROMAL TUMORS OF THE STOMACH

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**Background:** To determine the effectiveness of submucosal tunnel dissection in patients with gastrointestinal stromal tumors.

**Methods and materials:** Since March 2014 24 patients were operated with gastrointestinal stromal tumors with a tunneling method. 27 tumors were removed. Among patients there were 3 men and 21 women. The average age of patients was 62,8 years old. Among operated there were as patients with first identified tumors, as patients who were under a doctor's care for a long time about submucosal tumors. Surgical indication for these patients was a negative dynamics according to endosonographies in the form of increasing the size of the tumor and the change of structure. The average size of tumor was 19 mm. The nature of operation is in the formation of tunnel in submucosa through mucous membrane's incision and enucleation of tumor with protecting the integrity of capsule.

**Results:** All surgeries were carried out endotracheal anesthesia. Intraoperative carboxyperitoneum occurred in 4 patients, it was contained by abdominal decompression with the help of verres needle. No other intraoperative complications were observed. Based on IHC test, nine removals of neoplasms of the stomach were low-grade gastrointestinal stromal tumors, seven tumors were related to intermediate group. Sex tumors, including small tumors of multiple lesions, were leiomyomas. Two patients refused from spending IHC test.

**Conclusion:** Endoscopic tunnel operations are technically feasible and can be used in the surgical treatment of small submucous tumors of myogenic origin. The introduction of minimally invasive methods is based on the observation that small gastrointestinal stromal tumors are limited to fibrous capsule and through this don't metastasize in lymph nodes. Oncological evidence is based on the absence of recurrence and progression of the disease over the observation period. Besides, a minimal access significantly reduces the number of complications and a period of patients' rehabilitation after operation.

**Keywords:** Gastrointestinal stromal tumor; Endoscopic tunnel dissection

## ENDOSCOPIC VACUUM THERAPY FOR TREATMENT OF UPPER GASTROINTESTINAL ANASTOMOTIC LEAKAGES: FIRST EXPERIENCE

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**Background:** Surgical interventions on the esophagus belong to the group of "high risk" operations, as they can lead to such formidable complications as insolvency, bleeding and the formation of postoperative fistulas and strictures. The results of systematic analysis of the largest series of clinical cases published in the last 20 years show the incidence of postoperative anastomotic leakage about 3% after open and 2.1% after laparoscopic surgery without significant differences determined by the type of surgical access. However, analysis of the cumulative world experience shows the average incidence of anastomotic leakage at the level of 7-8%. These reports suggest that postoperative mortality rates in this patient group reach 30% and have no significant improvement toward reduction. Aggressive approaches to the treatment of patients with traditional surgical interventions lead to an increase in mortality from 20 to 64%, which determines the use of minimally invasive technologies as a priority. Since 2006, a new method of endoscopic vacuum therapy in management of anastomotic leaks has become available in clinical practice.

**Methods and materials:** From March 2015 to March 2018, anastomotic leakage of the esophagus was diagnosed in 12 patients (5 women, 7 men), including 9 patients with failure of esophagogastric anastomosis, 3 patients with failure of esophagojejunal anastomosis. The average age was 67.5 years. Size of anastomotic perforation ranged from 0.8 to 3 cm. Strategy of treatment for all patients include adequate nutritional support by enteral feeding through the nasogastric tube, parenteral administration of combined nutrients, enterostomy, or a combination of several methods. Early antibiotic therapy is necessary for the prevention and treatment of already developed mediastinitis and septic complications. The complications were detected on the 1-7 days after surgery. Anastomotic leak was confirmed by radiological and endoscopic methods. Endoscopic vacuum therapy was performed on the day of leakage detection (2-4 days after the surgery). Thus no additional sanitation and draining interventions were required due to early diagnosis and adequate drainage of the anastomosis area.

Polyurethane spongy system, slightly smaller diameter or corresponding to the diameter of the esophagus, was mounted on a