

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

thermoplastic gastric probe and installed at the level of the perforation. Immediately after installation, the system was connected to a vacuum aspirator with a pressure of 100 - 125 mm Hg. Replacement of the system was carried out every 3-13 days. To fully close the insolvency, it took from 1 to 7 procedures. The decision to complete the therapy was carried out based on the results of endoscopic and X-ray examination in the absence of data for the presence of fistula.

Results: Totally 57 procedures were performed: the number of replacements - 4 (1-7), the interval between procedures - 6 days (3-13 days), the duration of treatment - 13 days (1-66 days). The success rate was 75%. There were three lethal outcomes, including two due to progressive cardiovascular failure with positive dynamics of local treatment. One patient died of the multiple organ failure.

Conclusions: Endoscopic vacuum therapy is considered to be valuable and cost-effective method of treatment of anastomotic leaks and perforations of the upper GI tract.

Keywords: Anastomotic leaks; Endoscopic vacuum therapy

NEW METHODOLOGY ENDOSCOPIC TREATMENT OF DIVERTICULE OF THE ZENKER

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Background: To evaluate the effectiveness of endoscopic cryo-pharyngo-esophago-myotomy using a combination technique in the treatment of patients with Zenker's diverticulum.

Methods and materials: The initial incision of the mucous membrane and the subsequent dissection of the muscles takes place in the middle of the cricopharyngeal fold. After the complete intersection of the cricopharyngeal muscle, the actual tunneling stage of the operation is performed, the purpose of which is to perform an upper esophageal myotomy. After performing the myotomy of the required length, the apparatus is removed from the tunnel and the mucous membrane is subsequently dissected. First, the mucosa from the diverticulum to its bottom is cut in the longitudinal direction. The second stage on the same length dissects the mucosa of the esophagus. You should strive to dissect the mucous strictly in one direction without bias. Subsequently, this is the key to successful application of clips and hermetic information of the mucous membranes. In the period from June to November 2018 in the MKNC A.S. Loginov on the Zenker's diverticulum 18 surgical interventions were performed using a new combined technique. The average age of patients was 62 (from 35 to 80 years). The time of surgical intervention averaged 40 minutes.

Results: The peculiarity of the patients who underwent surgery using the new combined method was the almost complete absence of the residual cavity of the diverticulum during the X-ray control examination.

Conclusions: Combined endoscopic surgery for Zenker's diverticulum allows to successfully expand the scope of surgical intervention by performing an extended myotomy and dissection of the mucous membrane of the septum. This allows you to create conditions for the prevention of recurrence of the disease, thereby providing the best result of treatment.

Keywords: Diverticulum Zenker; Endoscopic cryo-pharyngo-esophago-myotomy

PERORAL ENDOSCOPIC MYOTOMY IN THE TREATMENT OF ACHALASIA OF THE ESOPHAGUS

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Background: Peroral endoscopic myotomy (POEM) is a promising new method of radical treatment of neuromuscular diseases of the esophagus, estimated effectiveness of which is comparable to traditional surgery.

Aim: To compare the efficacy of peroral endoscopic myotomy and laparoscopic cardiomyotomy in the treatment of neuromuscular diseases of the esophagus.

Methods and materials: The study included two groups of patients with neuromuscular diseases of the esophagus. The first group included patients who underwent peroral endoscopic myotomy. The second group included patients who underwent laparoscopic cardiomyotomy. In the period from July 2014 to may 2016 made 39 peroral endoscopic myotomy and 42 laparoscopic cardiomyotomy. During this period we analyzed the results of 16 patients of the first group and 15 patients of the second group. The average age of patients is 47 years (from 20 to 71 years). The perioperative protocol of examination included endoscopy, X-ray examination of the esophagus, the manometry of the esophagus, evaluation of the severity of dysphagia on a scale Eckardt before and after 3 and 12 months after surgery. Statistical differences were not observed. The average score on a scale Eckardt before surgery was 6.6.

Results: Protocol postoperative examination was performed in 31 patients. According to manometry of the esophagus normal values in both groups were registered. The average score on a scale Eckardt – of 0.9 (0-2). In the first group in five observations endoscopic signs of insufficiency of the cardia were detected at endoscopy, clinically pronounced in three patients. In the second group – in two cases, in one – with clinical manifestations. Symptoms relieved by taking inhibitor of proton pump.

Conclusions: When comparing the results of laparoscopic and POEM of cardiomyotomy statistically significant differences were revealed. Thus, peroral endoscopic myotomy may be an analogue of laparoscopic cardiomyotomy.

Keywords: Achalasia of the esophagus; Peroral endoscopic myotomy; Laparoscopic myotomy

HERNII OMBILICALE DE TENSIUNE CU ASCITĂ REZOLVATE PRIN FENESTRARE PERITONEALĂ ANTERIOARĂ

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