

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

SHISHIN K¹, PAVLOV I¹, NEDOLUZHKO I¹, SHUMKINA L¹

¹A. S. Loginov Moscow Clinical Scientific and Practical Centre, Moscow, Russia

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

SHISHIN K¹, NEDOLUZHKO I¹, PAVLOV I¹, SHUMKINA L¹

¹A. S. Loginov Moscow Clinical Scientific and Practical Centre, Moscow, Russia

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

SÎNGEREANU A¹, BESCHIERU E^{1,2}, REVENCU S^{1,2}, STRELȚOV L^{1,2}, BERLIBA S², BALAN S^{1,2}, MALOGHIN V¹