

(6,1%), 2 bazine afectate – 3 (2,2%) cazuri. Miniflebectomia izolată a varicelor în prezența refluxului safenian (tipul Pittaluga 3-4) a fost efectuată în 55 (53,2%) cazuri, în cazul axului safenian competent (tipul Pittaluga 1) – în 27 (22,1%) și în cazul refluxului în VSA (tipul Pittaluga 5) – în 30 (24,5%). Crosectomia nu a fost practică nici într-un caz. Durata medie a operației a constituit 38 min.

Concluzii: Experiența acumulată în Clinică susține raționalitatea includerii intervențiilor cu preservarea safeniană în arsenalul metodelor de tratament a pacienților cu MV. Cercetările ulterioare necesită axare pe precizarea indicațiilor către operație și evaluarea multidimensională a rezultatelor tratamentului.

Cuvinte cheie: Maladie varicoasă; Tratament chirurgical; Preservarea venei safene

PRESERVATION OF THE GREAT SAPHENOUS VEIN IN TREATMENT OF VARICOSE VEINS: BACKGROUND EXPERIENCE AND RESEARCH DIRECTIONS

Background: The standard approach for treatment of varicose veins (VV) includes definitive destruction of incompetent saphenous vein. In certain clinical and hemodynamic conditions, the isolated removal of varicose reservoir with preservation of saphenous trunk may represent the alternative strategy. Assessment of the results of these interventions is an important scientific and practical objective.

Aim of study was evaluation of our clinical experience in surgical treatment of VV with saphenous preserving and establishing of further directions for research.

Methods and materials: Retrospective study included 107 patients (131 limbs with VV), supposed to the clinical examination, imaging and operation with preservation of the saphenous vein.

Results: Mean patients age was 44.3 years, majority being females – 72.8%. Mean VV duration – 10.6 years. Left limb was affected in 58% of cases. Class C2 CEAP – 91 (69.4%), C3 – 35 (26.7%), C4 – 4 (3%), and C6 – 1 (0.7%) cases. Anatomic distribution: great saphenous vein – 89 (67.9%), accessory saphenous vein (ASV) – 31 (23.6%), small saphenous vein – 8 (6.1%), two veins – 3 (2.2%) cases. In presence of saphenous reflux (Pittaluga types 3-4) isolated miniflebectomy was performed in 55 (53.2%) cases, in patients with competent saphenous trunk (Pittaluga type 1) – in 27 (22.1%) and for reflux in ASV (Pittaluga type 5) – in 30 (24.5%) cases. Crosectomy was never performed. The mean operation time was 38 minutes.

Conclusions: Our experience supports the rationality of including saphenous preserving interventions in arsenal of curative methods for patients with VV. Further research should be focused on the refinement of indications for surgery and multidimensional evaluation of treatment results.

Key words: Varicose veins; Surgical treatment; Preservation of saphenous vein

RETROGRADE APPROACH FOR ENDOVASCULAR REVASCLARIZATION

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Introduction: Conventional antegrade vascular access for endovascular revascularization of ostial superficial femoral (SFA) or iliac arteries (IA) has a failure rate of up to 20% and requires special delivery and recanalisation devices. Thus the retrograde approach is necessary.

Aim of the study: To analyze own experience of safety and efficacy of ultrasound-guided retrograde popliteal and femoral access in patients with atherosclerotic lesions.

Material and methods: We retrospectively analyzed results of endovascular treatment of 32 patients with superficial femoral (SFA) or iliac arteries during the 2018-2019 years, whom retrograde approach was applied.

Results: 32 patient with SFA (12 patients) and IA occlusion (20 patients) underwent 16 popliteal access and 16 common femoral artery access. Arterial punctures were performed under ultrasound guidance. 6F introducer was used 26 times, 5F – 4 and 8F – 2 times respectively. Twice we used Straub Rotarex system. Revascularization was done by balloon angioplasty or stenting. Technical success of the procedure was achieved in all cases. Hemostasis was achieved by manual compression and subsequent 24-hour duration bandaging without closure devices. Radiation dose was lower and fewer devices usage was noted compared to the antegrade approach. There were no major complications. There was one incidence of calf vein thrombosis and two puncture site hematoma.

Conclusion: Ultrasound-guided retrograde popliteal and common femoral approach can be considered safe and highly effective for endovascular revascularization.

Keywords: retrograde approach, ultrasound guidance, revascularization.

CHIRURGIA CLASICĂ VERSUS LAPAROSCOPICĂ ÎN CANCERUL COLORECTAL. EXPERIENȚA UNUI CENTRU TERȚIAR: CLINICA CHIRURGIE 3 CLUJ-NAPOCA

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Introducere: Cancerul colorectal este unul dintre cele mai frecvente cancere și cu tendință în creștere la nivel global. Majoritatea studiilor recente au demonstrat non inferioritatea și chiar o ușoară superioritate în abordul laparoscopic prin prisma rezultatelor obținute și a supraviețuirii la distanță.

Material și metode: Au fost selectate retrospectiv 2186 de cazuri din baza de date completată prospectiv a Clinicii Chirurgie 3 pentru perioada ian 2013-dec 2018 (6 ani). Din acestea s-au exclus 76 cazuri laparoscopie/laparotomie exploratorie, 154 cazuri colostomii,

51 derivații interne; în final au fost analizate 1905 cazuri de cancer colorectal.

Rezultate: Din 1905 cazuri s-au efectuat rezecții laparoscopice la un număr de 310 (16.27%) și clasice la un număr de 1595 cazuri (83.73%). Au fost analizați între cele două loturi următorii parametri: pregătire preoperatorie, durata operației, pierderi sangvine, complicații postoperatorii (fistulă, abces, hemoragie, ocluzie, complicații generale), supurații de plagă, zile spitalizare, necesar antibiotic, mobilizare postoperatorie, mortalitate.

Concluzii: Abordul laparoscopic prezintă avantaje privind recuperarea postoperatorie, pierderi sangvine, zile spitalizare, necesar antialgice/antibiotic, lipsa supurațiilor de plagă. Dezavantajele sunt curba de învățare, aparatura specifică și dificultatea păstrării principiilor oncologice.

Cuvinte cheie: cancerul colorectal; abordul chirurgical

CLASSIC VS LAPAROSCOPIC APPROACH IN COLORECTAL CANCER. EXPERIENCE OF A TERTIARY CENTER, SURGERY NO 3 CLINIC, CLUJ-NAPOCA

Introduction: Colorectal cancer remains one of the most frequently diagnosed malignant pathologies with a continuously increasing rate worldwide. Most of the recent studies have shown the non-inferiority and slight superiority in the laparoscopic approach through obtained results.

Material and methods: 2186 cases were selected retrospectively from a prospectively completed database of the Surgical no 3 Clinic in Cluj-Napoca over the course of 6 years (ian 2013 – dec 2018). Out of these cases, 76 cases were excluded for exploratory laparoscopy/laparotomy, 154 which underwent only colostomy, and 51 which underwent internal derivation. At the end of the study, 1905 cases were eligible.

Results: Out of 1905 cases, 310 underwent a laparoscopic approach (16.27%) and 1595 cases underwent a classic approach (83.73%). Between the two approaches, a series of parameters were analyzed: preoperative care, duration of the surgery, intraoperative blood loss, postoperative complications (fistula, abscess, hemorrhage, occlusion, general complications), antibiotic necessity, postoperative mobilization, mortality, prevalence of surgical site infection.

Conclusions: The laparoscopic approach proves many advantages regarding postoperative care, blood loss, hospitalization care, necessity of antibiotics and painkillers, and surgical site infection, cosmetic advantages. Disadvantages are the learning curve, specific instruments requirements, difficulty of maintaining the oncology principles.

Key words: colorectal cancer; surgical approach