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Introducere: Artera toracică internă are cea mai bună permeabilitate din grefele folosite pentru bypass coronarian, cu permeabilitate 95-98% la 10 ani după intervenție. Folosirea a două aa. toracice interne asigură un rezultat bun și de durată a operațiilor de revascularizare a miocardului. Dar ponderea operațiilor cu utilizarea a două aa. toracice interne în toată lumea nu depășește 10% din toate operațiile de bypass coronarian.

Material și metode: Din a.2013 până la 30 martie 2019 în clinica au fost efectuate 762 cazuri de bypass coronarian în afecțiunile coronariene, în 110 (14,4%) cazuri au fost folosite ambele aa. toracice interne, 104 (95%) bărbați și 6 (5%) femei, vârsta de 54±7,8 ani. Majoritatea aveau angină pectorală cl.f. III-IV, 58 (53%) infarct miocardic în anamneză. Stenoză critică de trunchi a. coronară stângă 24 (22%).

Rezultate: Arterele toracice au fost montate ca T-Graft 81 (73,6%) cazuri și „in situ” 29 (26,4%). Indicele de revascularizare 3,14. Revascularizare arterială efectuată în 39 (35,4%) de cazuri. În 71 (64,5%) de cazuri a fost folosită autovena, 7 (6,4%) cazuri a. radială. A. toracică internă montată secvențial în 19 (17,3%) cazuri. 16 (14,5%) pacienți operați pe cord bătând. În 4 cazuri efectuată endarterectomie din a. carotidă internă. Letalitate 0 cazuri, infarct miocardic perioperator 1 caz, hemoragie postoperatorie 2 (1,8%), mediastenită 2 (1,8%).

Concluzii: Bypass coronarian cu folosirea ambelor aa. toracice interne este o metodă contemporană și sigură în revascularizarea miocardului în afecțiunile arterelor coronare, nu mărește riscul complicațiilor perioperatorii. În prezent aceasta trebuie considerată operație de alegere la majoritatea pacienților cu cardiopatie ischemică cu afectarea multivasculară aa. coronare.

Cuvinte cheie: Artere toracice interne; Bypass coronarian

REVASCULARIZATION OF THE MYOCARDIUM WITH THE USE OF BOTH INTERNAL THORACIC ARTERIES IN THE MULTIVASCULAR DISEASES OF THE CORONARY ARTERIES

Background: Internal thoracic arteries have the best permeability of the grafts used for coronary bypass grafting, with 95-98% permeability 10 years after surgery. Using bilateral internal thoracic arteries has been shown to significantly improve clinical outcomes and increase long-term survival. But the proportion of operations with the use of two internal thoracic arteries worldwide does not exceed 10% of all coronary bypass surgery.

Methods and materials: From 2013 to 30 March 2019 in the our clinic 762 cases of coronary artery bypass grafting in coronary diseases were performed in 110 (14.4%) cases were used bilateral internal thoracic arteries, 104 (95%) men and 6 (5%) women, 54 ± 7.8 years of age. Most had angina pectoral cl. III-IV, 58 (53%) history of myocardial infarction. Critical stenosis of left coronary artery - 24 (22%).

Results: The thoracic arteries were assembled as T-Graft 81 (73.6%) cases and in situ 29 (26.4%). Revascularization Index 3.14. Blood revascularization performed in 39 (35.4%) cases. In 71 (64.5%) cases autovena was used, 7 (6.4%) cases radial artery. A. internal thoracic arteries sequentially mounted in 19 (17.3%) cases. 16 (14.5%) patients were operated off pump. In 4 cases were done endarterectomy from intern carotid artery. Lethality 0 cases, perioperative myocardial infarction 1 case, deep sternal wound infection 2 (1.8%).

Conclusion: Coronary bypass with the use of bilateral internal thoracic arteries is a contemporary and safe method in the myocardial revascularization in coronary artery disease; it does not increase the risk of perioperative complications. Currently, this should be considered as a surgery for choice for the most patients with coronary artery disease.

Keywords: Bilateral internal thoracic arteries; Coronary artery bypass grafting

DETERMINING THE RISK OF PANCREATODUODENAL RESECTION PERFORMING IN PATIENTS WITH OBSTRUCTIVE JAUNDICE SYNDROME

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Background: The main radical surgical treatment of patients with focal lesions of the pancreatoduodenal zone, accompanied by obstructive jaundice, is pancreatoduodenal resection.

Aim of the study: To improve the results of radical surgical treatment of patients with focal lesions of the pancreatobiliary zone, complicated by obstructive jaundice.

Methods and materials: The results of radical surgical treatment of 272 patients were analyzed. Cancer of the head of the pancreas was verified in 174 (63.9%) of patients, Vater's papilla cancer - in 20 (7.4%), distal choledochal cancer - in 24 (8.8%) and chronic pseudotumoral pancreatitis - in 54 (19, 9%) patients.

Results: In each patient the magnitude of the planned operation risk was determined according to the own formula (taking into account the main pathological parameters of the patient's condition). If the value of the prognostic risk factor for pancreatoduodenal resection performing exceeded the allowable limit (≥ 60), biliary decompression was performed. During pancreatoduodenal resection, a Whipple termino-lateral anastomosis was applied in 38 (13.9%) patients, termino-terminal in 40 (14.7%) cases, pancreatojejunostomy ductomucosal anastomosis - in 128 (47.1 %) cases, pancreatogastrostomy - in 35 (12.9%) cases, sleeve pancreatogastrostomy - in 31 (11.4%) cases. The most frequent complication after PD was the failure of pancreatoenteroanastomosis (type A-B according to ISGPF) - 32 (11.2%). 14 patients died. Mortality rate was 5.1%.

Keywords: Pancreas; Resection; Prognostic factor; Mechanical jaundice