172. TREATMENT OPTIONS FOR ACUTE COMPLICATIONS OF GASTRODUODENAL ULCER

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Introduction. The gastroduodenal ulcer holds the first place in the structure of the digestive tract morbidity. Diversification of anti-ulcer high end drugs with different action mechanism constituted the base for decrease of number of patients who suffered from gastroduodenal ulcer. This also has influenced the frequency of acute complications of gastroduodenal ulcer such as perforation and bleeding ulcer.
Aim of the study. To study the treatment options for gastroduodenal ulcer acute complications.
Materials and methods. A retrospective study based on patients treated for gastroduodenal ulcer who were hospitalized during the period 2016-2017 in CMH no.1 was performed.
Results. During a year in General Surgery Clinic of PMSI CMH no.1 there were treated 106 (94.6%) patients with upper digestive bleeding and 6 (5.4%) patients who were suffering of gastroduodenal perforation. From those 106 patients with bleeding who were treated in the clinic 41 (38.6%) had peptic ulcer as the origin of bleeding. All the patients with digestive bleeding underwent diagnostic endoscopy. In 41 patients with ulcer bleeding the primary emergency endoscopy revealed the following division of bleeding according to Forrest classification: Forrest IA–3 (7.3%) patients, IB in 8 (19.5%) cases, IIA–10 (24.3%) patients, IIB 15 (36.5%), IIC in 6 (14.6%) and Forrest III in 3 (2.6%) patients. In case of active bleedings and in patients with signs of stigmata of recent bleeding, the primary diagnostic endoscopy was also curative. In 36 (33.9%) patients the primary endoscopic haemostasis was successful and in 5 (4.7%) another endoscopy with repeated haemostasis was necessary. In 3 (2.8%) cases the repeated haemostasis failed and the patients underwent emergency surgery because of continuous bleeding. Thus, during a year, the patients who suffered from perforated ulcer and upper digestive bleeding underwent surgical treatment 10 patients - 6 (60%) for perforation and 4 (40%) for bleeding.
Conclusions. Currently, the surgical treatment is rarely used for the ulcer disease, mostly for cases of acute complications of ulcer which are the perforation and massive bleeding which is not possible to be treated by endoscopy.
Key words: gastroduodenal ulcer, bleeding, perforation

173. THE SURGICAL APPROACH OF THYROID NODULE(S)

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Introduction. Thyroid nodules are the most common finding in the thyroid gland and morphologically can denote the hypertrophic form of autoimmune thyroiditis, follicular adenoma, cysts and cancers of the thyroid gland. The foremost clinical importance of the thyroid nodules is given by their malignisation that requires surgical treatment in most cases.
Aim of the study. To evaluate the results of surgical treatment of the patients with thyroid nodule(s).
Materials and methods. The study included 75 patients with the age between 19 and 67 years, diagnosed with 1 or more thyroid nodule(s) that presented size greater than 1.0 cm, ultrasonographic malignancy criteria - irregular edges, hypoecogenity, intranodular vascularisation, microcalcifications, rigidity of tissues, scintigraphic criterion - "cold nodules"

which did not respond to conservative treatment. The volume of surgical interventions was established according to the results of extemporaneous histological examination of the thyroid tissue and consisted of: total thyroidectomies (9), subtotal thyroidectomies (2), unilateral thyroidectomies (52), enucleation of a nodule (2), isthmusectomy (1), hemithyroidectomy combined with contralateral nodule enucleation or hemithyroidectomy combined with contralateral partial lobe resection (9).
Results. Complications of intra- and postoperative period and the relapse of pathology were not identified. All the patients were discharged home in good conditions. Hormonal substituents were indicated after surgical treatment pursuant to the level of thyroid hormones.
Conclusions. Organ-preserving surgery is an effective method in the radical treatment of thyroid nodule(s).
Key words: thyroid nodule(s), extemporaneous histological examination, surgical treatment

174. MECHANICAL JAUNDICE OF BENIGN ORIGIN – MEDICAL APPROACH

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Introduction. The mechanical jaundice of benign origin (MJB) may be caused by a variety of affections: biliary lithiasis, benign strictures of bile ducts, gall bladder abnormalities, chronic pancreatitis, iatrogenic lesions, etc. The treatment of the cause that is at the origin of jaundice is the main objective.
Aim of the study. Evaluation of the scientific bibliographic sources referred to mechanical jaundice of benign origin.
Materials and methods. The study presents the magazine of literature (PubMed, School google, etc.)
Results. The diverse etiology of MJB requires a systematic and complex investigation to establish the diagnosis. Contemporary diagnosis includes clinical assessment, oriented imagistic diagnosis and topical imagistic diagnosis, which assures identification of etiology, level and degree of biliary tree affection. The endoscopic retrograde cholangiopancreatography or percutaneous transhepatic cholangiography represents the gold standard in contemporary diagnosis. The magnetic-nuclear resonance cholangiography is an expensive but advantageous method. The hepatobiliary sequence scintigraphy provides information on hepatic function in the presence of jaundice and is useful for highlighting the biliodigestive communications. MJB treatment is a surgical emergency, and the rate of postoperative complications and lethality is quite high, that's why it is required the preoperative decompression of biliary tree. Thus in the 1 stage, it is solved the jaundice and gallbladder infection by means of mini-invasive technologies, and in the 2 stage the intervention aiming at the disobstruction of the biliary tree and the prevention of relapses. In cholestatic lithiasis complicated with jaundice, the authors recommend sphincterotomy with litextraction and jaundice coupling, then in the stage 2 laparoscopic cholecystectomy. For benign strictures of the main biliary tract, iatrogenic lesions, are indicated the derivations on jejunal ansa excluded in Roux-en-Y.
Conclusions. MJB diagnosis is complex and will include several consecutive stages. The surgical treatment resides in the etiopathogenesis of MJ and it is frequently anticipated by a mini-invasive method of biliary decompression.
Key words: mechanical jaundice; choledocholithiasis