

and in 3 cases the cochlear implant of the Cochlear Company. Average surgery duration was one hour and 47 minutes. Average duration of post-operative in-hospital stay was 9.23 days.

**Results.** Out of the total number of patients (n=14), no one suffered of intraoperative complications, and the rate of early and late postoperative complications amounted to 0%.

**Conclusions.** After analyzing surgical techniques used in the cochlear implantation, as well as the rate of early and late postoperative complications, it has been established that this surgical technique continues to be an effective one and does not cause occurrence of complications, despite the fact that it is a classical technique.

**Key words:** cochlear implant, sensorineural hearing loss.

## SURGERY SECTION II

### DEPARTMENT OF GENERAL SURGERY AND SEMIOLOGY no.3

#### 168. VASCULAR DISORDERS RELATED TO INJECTING DRUG USE

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**Introduction.** Intravenous illicit drug abuse is a significant problem in modern societies, with continuously increasing frequency and a subsequently increasing incidence of vascular complications.

**Aim of the study.** Was to review the potential vascular complications that could occur in patients using recreational drugs and to evaluate possible treatment regimes.

**Materials and methods.** We conducted a retrospective study that included 30 intravenous drug addicts, hospitalized during a seven years period with vascular complications at Department of general surgery, Municipal Clinical Hospital no.1 (Chisinau).

**Results.** Twenty-two (73.4%) patients were younger than 30 years. Twenty-eight (93.4%) cases were diagnosed based on clinical examination and duplex ultrasound, while another 2 (6.6%) – using CT-angiography. The following types of vascular complications were found: in 12 (40%) cases – deep venous thrombosis; in 7 (23.4%) cases – femoral artery pseudoaneurysm, in 5 (16.7%) – postthrombotic syndrome, in 5 (16.7%) – venous inguinal sinus track with hemorrhage, and in 1 (3.3%) case – infected aneurysm of popliteal artery. The treatment was conservative in 14 (46.7%) cases, but 16 (53.3%) patients required emergent surgical intervention for life-threatening conditions. Surgical procedures performed in analyzed group were the following: vascular reconstruction of femoral artery using an autogenous vein graft, triple ligation of femoral artery, closing the inguinal sinus track with definitive hemostasis, and primary above the knee amputation of lower extremity.

**Conclusions.** Prevention of life-threatening clinical conditions should be the primary goal of the surgical treatment of vascular complications in intravenous drug addicts. The infected arterial pseudoaneurysm with profuse external hemorrhage is the most dangerous vascular complication, the optimal management being arterial ligation. Revascularization of affected limb should be reserved only for patients who do not tolerate resulting ischemia

**Key words:** drug abuse, pseudoaneurysm, arterial ligation

#### 169. EVALUATION OF RISK FACTORS FOR TROPHIC ULCERS DEVELOPMENT IN PATIENTS WITH NEUROPATHIC DIABETIC FOOT

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**Introduction.** Neuropathy is the most common long-term complication of diabetes, which affects about 50% of patients. The distal symmetric neuropathy that appears in 75% cases of diabetic neuropathy is one of the main risk factors for developing diabetic foot ulcer. Besides this, there are other important risk factors that could influence the development and the evolution of tislular lesion in a diabetic foot.

**Aim of the study.** Determination of the risk factors and the severity degree of distal neuropathy in patients with diabetic foot ulcers.

**Materials and methods.** Twenty-three patients with neuropathic form of the diabetic foot that had trophic ulcer were included. A number of potential risk factors like the duration of diabetes mellitus, use of insulin therapy, degree of distal neuropathy, poor glycemic control confirmed by HbA1C level, presence of foot deformities, arterial hypertension, and BMI were evaluated. The degree of distal neuropathy was assessed by clinical neuropathy scores: Neuropathy Symptoms Score (NSS) and Neuropathy Disability Score (NDS).

**Results.** The duration of diabetes was more than 5 years in all patients, and 19 patients used insulin. In 94.1% cases NSS was 7-9 points and NDS was 8-10 points that denotes severe neuropathic symptoms. A total of 82.3% patients had poor glycemic control with a level of HbA1C > 8%. 70.5% of patients had foot deformities and in 76.4% cases arterial hypertension was recorded. 94.1% had a BMI > 25 kg/m<sup>2</sup>, 35.3% were overweight and 58.8% had obesity.

**Conclusion.** Development and progression of trophic ulcers in patients with neuropathic diabetic foot are determined by the distal neuropathy severity degree and are associated with long term diabetes and requirement in insulin therapy. Poor glycemic control, foot deformities, arterial hypertension, overweight and obesity are the risk factors that should be corrected for prophylaxis and successful treatment of skin lesions in patients with diabetic foot.

**Key words:** diabetic foot, trophic ulcer, neuropathy score, obesity

## 170. VACUUM THERAPY IN THE TREATMENT OF PURULENT WOUNDS

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**Introduction.** Negative pressure wound treatment (NPWT) consists of applying a special dressing to the internal wound's environment, controlled by subatmospheric pressure. Sterile sponges with an impermeable membrane connected to a pump delivering subatmospheric pressure are applied to wound's edges. The sponges don't allow bacteria to multiply, and lead to reducing wound's size until healing occurs.

**Aim of the study.** To evaluate the NPWT benefits in purulent wounds treatment.

**Materials and methods.** The study was based on 19 cases presented with various purulent wounds of soft tissues treated at the Department of General Surgery, Municipal Clinical Hospital No.1 (Chisinau). There were 12 (63.15%) male and 7 (36.85%) female patients. Age of subjects varied between 32 and 76 years. The NPWT system was used if local signs of wound suppuration during its surgical secondary processing were noticed. Patients were treated under local or general intravenous anesthesia, in aseptic conditions. After the removing of sutures, hydrogen peroxide was used, necrotic masses – removed, and hemostasis – applied. Then a piece of sterile sponge was adjusted and installed into the wound channel. External tip of a tube, placed inside the sponge, exiting through a separate incision. The wound was partially sutured.