

so well and it may be the only radiographic procedure necessary to make the diagnosis of a lumbar incisional hernia.

**Aim of the study.** Objective evaluation of the alterations in body image and configuration of patients who underwent urological surgery via a flank incision.

**Materials and methods.** Eligible for study were 7 patients who underwent urological surgery via lumbar incision for renal diseases. Preoperative and postoperative abdominal computerized tomography were used for evaluation. We evaluated the objective results using computerized tomography.

**Results.** Over a 12-month period, lumbar hernias were detected with CT in seven patients, all had flank incisions, six of them with detectable flank bulge and one without. In 3 patients diffuse and large hernias were found, in two patients superiorly located hernias, which are immediately palpable below the 12th rib and subsequently thought to originate from the superior lumbar triangle, and in two patients inferiorly located hernias palpable just above the iliac crest and subsequently thought to originate from the inferior lumbar triangle. The mean age was 58 years (range 30-76); five women and two men. Of these, two were asymptomatic and five were symptomatic. All seven lumbar hernias detected on CT were on the left side. Two of them contained extraperitoneal fat and five contained bowel (descending colon or sigmoid colon). Six of the postincisional hernias showed disruption of normal muscle layers. In one case only the external oblique muscles were intact. In a high postincisional hernia there was a disruption of the intercostal muscles.

**Conclusions.** CT can be helpful in the assessment of symptomatic patients after flank incision, to differentiate postincisional muscular weakness and intercostal neuralgia from a lumbar hernia and is able to delineate muscular and fascial layers, a defect in one or more of these layers, and the presence of herniated fat and/or viscera. Computerized tomography is the diagnostic method of choice and is recommended in all patients with a bulge after a flank incision.

**Key words:** lumbar incisional hernia, CT, muscle layers

## DEPARTMENT OF OTORHINOLARYNGOLOGY

### 167. SURGICAL TECHNIQUES OF COCHLEAR IMPLANTATION

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**Introduction.** The surgical operation of cochlear implantation is carried out in accordance with a well-determined algorithm, which remained unchanged over the course of 30 years. However, in recent years, many scientists and surgeons believe cochlear implantation surgery should be reviewed, as it requires additional studies.

**Aim of the study.** Analysis of surgical techniques used in cochlear implantation.

**Materials and methods.** The study group includes 14 patients diagnosed with deep congenital bilateral sensorineural hearing loss, operated at the Republican Clinical Hospital, from 2014 through 2017; quotient m:f-1.33:1, aged from one year and a half to 17. Paraclinic preoperative examination: 100% of patients underwent computerized tomography and magnetic resonance imaging, as a result of which one patient was diagnosed with bilateral cochlear hypoplasia (Mondini syndrome); the rest of the patients had no anatomical changes in the inner ear. Surgery for 100% of patients was performed through mastoidotomy and posterior tympanotomy approach. For 3 patients (21.42%), an electrode was introduced into the scale tympani of cochlea through the round window, i.e. through the natural orifice of the cochlea; while for 11 patients (78.58%), it was introduced through an opening new hole milling formed near the round window (through the cochleostomy). In 11 cases we used the cochlear implant of the Med-EL Company,

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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