

principles of the rhinomanometry method and the appreciation of its practical effectiveness in patients with nasal obstruction in chronic hypertrophic rhinitis.

**Results.** Acoustic rhinometry is a sound-based technique used to measure the surface and volume of the nasal cavity. It was validated by computerized tomography and magnetic resonance imaging. Acoustic rhinometry requires minimal patient co-operation and can be used in adults, children and infants. It is used by practitioners to diagnose and evaluate therapeutic responses in conditions such as rhinitis and to measure nasal dimensions during allergen challenge testing. Acoustic rhinometry also provides a visual reflection of the nasal response to therapy, which may be useful in enhancing prescription medication.

**Conclusions.** Following studies, acoustic rhinometry has been shown to be an objective method of Exploring nasal permeability that allows for: differentiation of anatomical defects and it is beneficial and useful to be applied for the assessment of the minimum cross sectional area and volume in patients with pre- and post-treatment hypertrophic chronic rhinitis.

**Key words:** chronic hypertrophic rhinitis, acoustic rhinometry

## SURGERY SECTION I

### DEPARTMENT OF SURGERY no.1 *NICOLAE ANESTIADI*

#### 126. BILIO-DIGESTIVE FISTULA – A SEVERE EVOLUTIVE COMPLICATION OF BILIARY LITHIASIS

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**Introduction.** Bilio-digestive fistula is referring to mechanical complications of cholelithiasis, representing abnormal communication between biliary and gastrointestinal tracts.

**Aim of the study.** Analyzing the experience in diagnosis and treatment of patients with bilio-digestive fistula as evolutive complication of biliary lithiasis.

**Materials and methods.** Retrospective study included 12 patients with bilio-digestive fistula, aged between 63 years and 78 years, diagnosed and treated in Municipal Hospital "Sf. Arhanghel Mihail" (Chisinau) from 1997 till 2017.

**Results.** Referred complication was more common in female patients – 8 (66.66%). There were four cases of incomplete fistula and 6 cases of complete fistula with signs of acute intestinal obstruction (Bouveret syndrome). Depending on anatomical criteria there were 8 cases of cholecysto-duodenal fistula, and 2 cases of cholecysto-gastric fistula. The duration of gallstone disease history varied from 9 years to 15 years. Diagnostic tools included the abdominal X-ray exam, which revealed the presence of air in bile ducts – in 5 cases, and Kloiber sign – in 4 cases. Transabdominal ultrasound exam was performed in all patients, highlighting the presence of stones in the gallbladder in 4 cases, all with incomplete fistula. Surgical treatment was different for complete and incomplete fistula. Postoperative morbidity rate reached 16.66% (complications occurred in 2 cases).

**Conclusions.** Abdominal X-ray exam remains the most informative in the diagnosis of complete bilio-digestive fistula. Incomplete fistula requires a differential diagnosis with bilio-biliary fistula. The treatment should be differentiated, adapted to the peculiarities of the case.

**Key words:** bilio-digestive fistula, biliary lithiasis, surgery.

#### 127. TREATMENT OPTIONS IN SLIDING INGUINAL HERNIA.

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**Introduction.** The prolaps of a retroperitoneal viscus can cause a sliding hernia. From 2% to 5% of all inguinal hernias are of sliding variety.

**Aim of the study.** Analysis of the treatment experience of patients with sliding inguinal hernia.

**Materials and methods.** The retrospective study of a group of patients aged between 42 and 78, diagnosed and treated in SCM "St. Archangel Michael "during the years 2015-2017.

**Results.** This pathology is more common for men 95% (32 cases), women 5% (2 cases). Direct hernia was found in 15% (6 cases), the oblique in 85% (28 cases). Anatomically was appreciated 30% of bladder slippage - 10 patients, 52% of sigmoid colon slippage - 18 patients and 18% of cases with caecum slippage - 6 patients, 2 of whom were associated with acute phlegmonous appendicitis. Strangulated hernia was detected in one case, incarcerated in 82% - 28 patients and simple hernia was founded in 15% - 5 cases. In 41% of cases (14), the diagnosis was established preoperatively, using EUS, R-abdomen, and irigography. In 59% of cases (20) the diagnosis was established during the surgery. Surgical treatment has been differentiated depending on the clinical form of hernia and the present complications. The reconstruction of the hernia defect was performed in: 16 cases with Liechtenstein technique, 2 cases the technique of Shouldice, 8 cases the technique of Postemski, 2 cases the technique of Kimbarovski in, one case the hernioplasty after Fabritus.

**Conclusions.** The proportion of sliding hernias is even higher in the elderly. Hernias of this kind are found almost exclusively in males and usually on the left side. The cleavage hernias occur more frequently at patients that suffer of obesity and inguinal hernia for many years. Surgical reconstruction is differentiated and adapted to the clinical particularities of each case.

**Key words:** sliding hernia, surgery, plastics

## 128. CLINICAL EVOLUTION AND PROGNOSIS OF BLEEDING FROM GASTRIC VERSUS ESOPHAGEAL VARICES: COMPARATIVE STUDY

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**Introduction.** Gastrointestinal bleeding is by far the most severe and life-threatening complication of portal hypertension in cirrhotic patients. The location of the varices is tightly bound to the management of the patient, especially as regards to the endoscopic haemostasis; hence the gastric varices have a more difficult approach than the esophageal one. Consequently the gastric variceal bleeding might have a more reserved prognosis.

**Aim of the study.** The comparison of evolution and prognosis of patients after an episode of upper gastrointestinal bleeding through a variceal outburst according to the site of bleeding (gastric varices *versus* esophageal varices).

**Materials and methods.** We conducted a retrospective study which included 214 patients and comprised 310 variceal bleeding episodes through the year 2017 (patients who were admitted to the emergency room of Bucharest Clinical Emergency Hospital "Floreasca"). For 61/310 (19.7%) observations the etiology was represented by gastric varices.

**Results.** Regarding the management of patients, the therapeutic mean chosen in majority of cases was the endoscopic haemostasis through ligation (89% out of 310 episodes); whilst for a smaller percentage – cyanoacrylate injections and Sengstaken-Blakemore tube were chosen. Amongst the patients with gastric varices we recorded a higher mortality in comparison with