DEPARTMENT OF SURGERY no.2

138. THE CLINICAL AND ENDOSCOPIC PROFILE OF OPERATED PATIENTS WITH LIVER CIRRHOSIS

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Introduction. The diagnosis and treatment of postsurgical complications with the deduction of therapeutical algorithm are major requirements of portal hypertension surgery.
Aim of the study. To analyze the postsurgical evolution of chronic liver disease in operated pacients having liver cirrhosis.
Materials and methods. A retrospective analyze has been performed on 39 patients with this disease, which previously had surgical treatment: azygoportal devascularization + open splenectomy (29 pacients) and assisted laparascopic surgery (10 pacients). All pacients, among which 24 women (21.5%) and 15 men (38.4%) with average age of 34.1 years, with various viral etiology: hepatitis viral B (33.3%), hepatitis viral B + hepatitis viral D (46.1 %), hepatitis viral C (20.5%); after the surgery followed syndromal hepatotropic treatment.
Results. Monitorization and investigation of the study lot according to the proposed clinical protocol have allowed the early diagnosis of belated complications, as follows: esophageal varices of II-nd and III-rd degree (20.5%), variceal digestive haemorrhage (7.6%), ascites (7.6%), thrombosis of the portal vein (15.3%), abscess in the spleen loge (2.5%). Over half of these patients needed frequent hospitalizations, postsurgical monitoring and endoscopic or surgical treatment (2.5%), when required, which reduced the risk of unwanted clinical outcome, marked by hepatic decompensation.
Conclusions. 1. In the evolution of liver cirrhosis after azygoportal devascularization and splenectomy appeared particular features, which require evaluation, complex investigations and prophylactic/ curative treatment in order to avoid undesirable complications. 2. The development of the reoccuring esophageal varices with hemorrhagic risk enforce “banding” and endoscopic monitorization. 3. The presence of thrombosis of the spleno-portal venous spindle involves a complex antiplatelet treatment, mixt imagery monitoring (computer tomography, portal doppler ultrasonography).
Key words: cirrhosis, portal hypertension, azygoportal devascularization

139. DIABETIC FOOT: DIAGNOSIS AND CONTEMPORARY TREATMENT

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Introduction. Diabetic foot (DF) is one of the most serious consequences of diabetes mellitus that can occur during lifetime in these patients. The burden of DF is very high nowadays and is expected to increase more in the future. The incidence of DF is still rising due to the high prevalence of predisposing factors. Most of the DF amputations are preceded by foot ulceration. Diabetic peripheral neuropathy (DPN) is a major risk factor for foot ulceration. DPN leads to loss of protective sensation resulting in continuous unconscious traumas. Patient education and detection of “high risk foot” are essential for the prevention of foot ulceration and amputation. Management is based on revascularization procedures, wound debridement, treatment of infection and ulcer offloading.

Aim of the study. The complex evaluation of patients with DF including clinical differentiation of the neurophatic and neuroischaemic forms, monitoring of the disease evolution and development of complications as well as determination of the optimal non-surgical and surgical treatment.
Materials and methods. The retrospective study has been performed in the General Surgery Department of the Republican Clinical Hospital "Timofei Mosneaga" (Chisinau) during the year 2017. The study group included 99 patients with complicated diabetes mellitus. The clinical data of the patients was collected from their medical records.
Results. According to the study 62% of the patients were male and 38% female, the majority in the age between 61 and 70 years. Most of patients have suffered diabetes mellitus type II (96%). In 78% of patients neuroischaemic form of DF was diagnosed and only in 22% - neuropathic form. Complications occurred in patients who have diabetes mellitus for at least 5 years. Most of the patients suffered with grade III or IV DF, according to the Wagner classification. Surgical treatment included the following procedures: necrectomy, amputations, opening and draining of the phlegmon, percutaneous transluminal angioplasty.
Conclusion. DF ulceration is generally preventable. The first step in ulcer prevention is the careful screening for foot problems and detection of patients at high risk. More research is still required to improve the diagnosis of conditions leading to foot ulceration. Multi-disciplinary team approach is required to effectively manage the different aspects of DF syndrome.
Key words: diabetes mellitus, diabetic foot, ulcers, neuropathy, ischemia

140. CROHN'S DISEASE: CLINICAL FORMS, EVOLUTION AND SURGICAL TREATMENT IN REPUBLIC OF MOLDOVA

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Introduction. Essential increase of Crohn's disease (CD) incidence and changes of disease evolution were marked in some countries of Eastern Europe. Studies in the Republic of Moldova are insufficient.
Aim of the study. To analyze the clinical features, evolution and surgical treatment of CD in Moldova in the last 3 years.
Material and methods. The demographic, clinical and biological parameters were analyzed in retrospective study in patients with CD from surgical department of Republican Clinical Hospital in 2015-2017. Diagnosis of CD was confirmed by endoscopy, histology, radiology or entero-MRI.
Results. The study included 44 patients aged 17-75 years, mean age - 45,1±14,7. The predominance of male (59.1%), patients from urban areas (54.5%) and non-smokers (77.4%) were observed. The age at diagnosis between 17 and 40 years was in the majority of cases (54.5%), more than 40 years – 36.4% and less than 17 years – 9%. Disease location according to the Montreal classification was: 63.6% - ileocolon; 31.8% - colon; 4.6% - terminal ileum. Disease behavior of B1 type (non-stricturing non-penetrating) was detected in 4.6% cases; of type B2 (stricturing) - in 36.4% cases; of type B3 (penetrating) - in 40.9% and 18.1% of patients had stricturing and penetrating course. The urgent surgical intervention was done in 52.3% of cases, and the elective surgery in 47.7%. The main indication for urgent surgery were intestinal occlusion, acute hemorrhage and local septic complication; for elective surgery – fistula, sub compensated stenosis and ineffectiveness of medical treatment. The percentage of post-surgical replaces and repeated surgical intervention had a direct correlation with the disease duration: in case of CD duration less than 5 years 29.4% underwent repeated surgery, in case of disease evolution longer than 10 years – 58.3%. The most often type of surgical intervention was the