

hemicolectomy with ileotransverse anastomosis (38.6%), and subtotal colectomy with ileorecto anastomosis (25%). Fistula excision, abscess treatment with or without segmental resection of intestine was done in 25% of patients. Subtotal colectomy with ileostoma was necessary in 11.4%.

**Conclusions.** The major part of patients with CD from surgical department had progressive structuring and / or penetrating disease evolution (95.4%). The most often type of surgical intervention was the hemicolectomy with ileotransverse anastomosis (38.6%). The percentage of post-surgical replaces and repeated surgical intervention had a direct correlation with the disease duration.

**Key words:** Crohn's disease, evolution, clinical forms, surgical interventions

#### 141. DIAGNOSIS AND TREATMENT OF CEPHALOPANCREATIC CANCER

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**Introduction.** Pancreatic cancer is a devastating disease, although it represents only 2-3% of all malignant tumors, it is the 5th cause of cancer mortality and the 3rd cause of lethality among digestive neoplasms. In the Republic of Moldova in the last 10-15 years the incidence significantly increased to 3.8-4.0%.

**Aim of the study.** Analysis of clinical and paraclinical methods of diagnosis and surgical treatment of patients with cephalopancreatic cancer.

**Materials and methods.** The study consisted of the medical records of 131 patients admitted to SCR, the Hepatopancreatic Surgery Unit, between January 1, 2016 and December 31, 2017, aged between 20 and 87, including 56 women and 75 men.

**Results.** Following the retrospective study, we found: the diagnosis of cephalopancreatic tumor was clinically and paraclinically established using the diagnostic methods: USG (100%), standard abdominal CT (71%) and angiographic regimen (24%); Retrograde endoscopic cholangiopancreatography (96%). The rate of resectability in patients included in the study was 21%; the others 79% supporting palliative treatment surgeries. Radical surgeries have been carried out in volume by cephalic duodenopanreatectomy: Child procedure - 43%, and Whipple procedure - 57%. 62 patients had palliative surgical interventions with the internal or external biliodigestive bypass; 41 patients benefited only from endoscopic drainage of the biliary tree due to their advanced age and severe comorbidities. The postoperative mortality did not exceed 5%, the rate of post-operative complications was below 23%, an acceptable value and equivalent to the world data.

**Conclusions.** 1. The gold standard in the diagnosis of cephalopancreatic tumor is abdominal CT angiographic regimen. 2. The rate of resectability can be assessed preoperatively by assessing the abdominal CT data angiographic regimen and endoscopic retrograde cholangiopancreatography; intraoperatively using the posterior approach. 3. Surgical treatment of cephalopancreatic cancer can be radical, aiming at increasing the survival, but also palliative in order to combat symptoms and to increase the quality of life.

**Key words:** Cephalopancreatic cancer, diagnosis

#### 142. THE ROLE OF PRF IN THE TREATMENT OF TROPHIC ULCERS OF LOWER LIMBS

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