12. LAPAROSCOPIC INGUINO-SCROTAL HERNIA REPAIR COMBINED WITH CLASSIC HERNIA SAC REMOVAL

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Background. The most effective surgical technique in the pathology of inguinal hernia repair is unknown. The standard method for inguinal hernia repair had changed little over the time until the introduction of synthetic mesh. This mesh can be placed by either using an open approach or by using a minimal access laparoscopic technique. In the inguinal hernia treatment the laparoscopic approach has clear advantages, including less acute and chronic postoperative pain, smaller incisions, or earlier return to work.
Case report. 36 year old, male patient without any significant past medical or past surgical history, developed a giant inguino-scrotal hernia, whom we treated using a laparoscopic approach combined with open sac removal with the incision on the scrotum. The mesh was placed preperitoneal following the transabdominal preperitoneal procedure (TAPP). Due to the size of the hernia sac and difficult laparoscopic dissection, we made an incision on the scrotum and we practiced a transscrotal excision of the remaining sac. During the early postoperative period, intensive care treatment was not necessary and no complications were registered. The patient was discharged on postoperative day 3 in an excellent condition without any accusations. After a follow-up of 1 month neither hernia recurrence, nor chronic groin pain, nor sexual disorder were recorded.
Conclusions. Different approaches are possible. Open inguinal approach is commonly used in case of giant inguino-scrotal hernias but laparoscopic approach is not impossible. The transscrotal excision of the sac can prevent the formation of hydrocele and the technique can serve the benefits of the laparoscopic treatment in esthetic point of view.
Key words: inguino-scrotal hernia, transscrotal excision, laparoscopic hernia

13. POSTTRAUMATIC SPLENIC PSEUDOCYST

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Background. Posttraumatic splenic pseudocyst is a rare complication of splenic trauma. In the specialized anglo-saxon literature, the unique cases of formation of the posttraumatic splenic pseudocyst are described.
Case report. The 65-year-old female patient is admitted to the Emergency Medicine Institute of Chisinau, the Department of Surgery no.1, presenting abdominal pain in the left hypochondrium with ascending irradiation. From her personal history we note: 4 months ago she suffered a trauma by falling down in the mountains, falling from her own height on a stone

bench. At the primary consult, she was examined clinically and paraclinically, the home patient monitoring was prescribed. For 3 months the patient undergoes an imaging examination (USG, Angio-CT), but without establishing a definitive treatment behavior. At the onset of symptoms, she is hospitalized and repeatedly undergoes a laboratory and imaging examination.
Results. Imaging investigations indicated a giant posttraumatic splenic pseudocyst, located on the diaphragmatic surface of the spleen, with dimensions 141x90x118mm and volume ~ 750ml, with hyperechogenic, fibrinous, polymorphous, floating elements, the biological picture is not relevant. Laparoscopic surgery - pericystectomy with spleen preservation was performed. Postoperative evolution was favorable.
Conclusions. The posttraumatic pseudocyst may be a consequence of the nonoperative attitude of the traumatic spleen injuries, its evolution requiring careful clinical and imaging monitoring in the dynamic. Laparoscopic surgical resolution presents a safe solution, as an alternative for posttraumatic splenic pseudocysts, the spleen preservation remaining the main objective of the treatment.
Key words: abdominal trauma, posttraumatic splenic pseudocyst, diagnosis, treatment

DEPARTMENT OF SURGERY NO.5

14. TOXIC GOITER ASSOCIATED WITH CARCINOMA

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Background. Toxic goiter describes the goiter that is associated with hyperthyroidism (hyperproduction of thyroid hormones) which relates to diffuse toxic goiter (Grave's disease) and toxic multinodular goiter. The main signs of hyperthyroidism are: unintentional weight loss, tachycardia, palpitations, tremor, nervousness, anxiety, irritability, increased sensitivity to heat, fatigue. Recent studies suggest a higher risk of cancer (10-20%) in toxic goiter that increase the concern about the diagnosis and treatment of these patients.
Case report. A 38 years old male patient was admitted to Department of general surgery with complaints of globe sensation in the neck, presence of a lump in the anterior cervical region, trembling, palpitations, weight loss (≈25 kg in 3 mounths), fatigue and general weakness which appeared 5 years ago and limited patient`s daily activities. The presumptive diagnosis was toxic diffuse goiter IV degree, thyrotoxicosis grave form, thyrotoxic heart disease and ophthalmopathy class III. He followed multiple treatments at the endocrinologist, but the patient's state did not improve afterward. Hereditary background registered that his mother had hemithyroidectomy. Clinical examination: a lump in the anterior cervical region with tenderness and pain at the palpation, exophthalmia and tachycardia (100 beats per minute). Laboratory data: T3 ↑ - 12,28 nmol/L, T4 ↑ - 264,67 nmol/L, TSH↓ - 0,001uIU/mL, Calcitonin ↑ - 52 pg/mL. The ultrasound revealed hypoechogenity of the thyroid and its dishomogeneous structure, increased vascularization of the thyroid tissue ``thyroid inferno``, regional lymph nodes of normal size. After five days of preoperative medication with antithyroid agents, beta-blockers and desensitizing drugs the pacient underwent surgical intervention. Under general anaesthesia it was performed total thyroidectomy according to the result of extemporaneous