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

hystological investigation of right lobe – follicular-pappilar carcinoma. Definitive hystological investigation confirmed follicular-pappilar multinodular carcinoma of the thyroid. The postoperative period evolved favorably with the patient`s recovery and his discharge on the sixth postoperative day without any particularities.

Conclusions. Younger age, male sex and hyperthyroidism are associated with higher risk of thyroid cancer. The patients with toxic goiter must be carefully evaluated regarding risk factors, history, and clinically suspicious signs of malignancy. Rather than antithyroid therapy, surgery is the treatment of choice in toxic goiter, furthermore in toxic goiter associated with thyroid cancer.

Key words: toxic goiter, thyroidectomy, carcinoma

DEPARTMENT OF SURGERY AND SEMIOLOGY NO.3

15. JEJUNAL TUMOR COMPLICATED BY PERFORATION: CLINICAL CASE

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Background. The tumors of the small intestine are rare; they represent only 1-5% of the total gastrointestinal neoplasms and have a large histopathological variety. In the early stages they have modest and non-specific symptoms. Despite the recent technological advances, these pathological conditions remain the "poor relative" of imaging explorations, which are often inconclusive. As a consequence, the diagnosis is usually late, in the stage of severe evolutionary complications, such as a bleeding, obstruction or, less often, perforation.

Case report. Patient P, a 78-year-old woman, was admitted urgently at the Department of General Surgery, Municipal Hospital nr.1, with diffuse abdominal pain that appeared suddenly, nausea and marked weakness. The abdominal pain had appeared about 6 hours ago, initially located periumbilical, followed by a tendency to extend throughout the whole abdomen. Patient had the 3-month history of diffuse non-Hodgkin's lymphoma with the big cell "B". Physical examination revealed a supple abdomen, which does not participate in respiratory movements, spontaneous diffuse pain and muscular tenderness during palpation, with the maximum intensity around umbilicus. Laboratory tests had shown a normal range of leukocytes – $8.2x10^9$/mm3, but with marked shift to the left (immature forms – 31%). Chest and abdominal radiograph were non-diagnostic. She underwent emergency surgery, started by diagnostic laparoscopy, and followed by conversion to median laparotomy, due to diffuse fibrinous peritonitis, probably caused by perforation of hollow viscus. Intraoperatively the induration and perforation of jejunum with a diameter of 0.8 cm with leakage of intestinal contents into peritoneal cavity was found. Segmental resection of the perforated jejunum with enteroenterostomy with lavage and drainage of the peritoneal cavity was performed. Initial postoperative diagnosis was as follows: Idiopathic perforation of the jejunum complicated by diffuse serous-fibrinous peritonitis. However, postoperative histopathological study of resected specimen suggested the malignant tumor (appearance similar to neuroendocrine carcinoma or a form of extranodal lymphoma). Uneventful postoperative evolution.