

## 54. SPLENIC ABSCESS, CLINICAL-DIAGNOSTIC ASPECTS

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**Introduction.** Spleen abscess is a rather rare clinical entity, its incidence detected at necroptic examinations being 0.14–0.7%. Most commonly, spleen abscesses develop in immunocompromised patients (with neoplasms, trauma, metastatic infections, spleen infarction, diabetes, HIV infection, intravenous drug and alcohol users).

**Aim of the study.** Analysis of the etiopathogenetic factors, clinical diagnostic features and medical-surgical approach in splenic abscesses.

**Materials and methods.** A retrospective study performed on 16 patients with splenic abscesses treated at Institute of Emergency Medicine from 1994 to 2019. The diagnosis was made over USG and CT. The etiopathogenesis and clinical characteristics, underlying diseases, organism spectra, diagnostic methods, and clinical outcome were analyzed; M:F ratio -7.9:1; mean age – 59.4±13.9 years.

**Results.** Comorbidities: cardiovascular disease (11), diabetes (4), liver cirrhosis (1), acute pancreatitis (6), cancer (2), abdominal trauma (1). Fever was the most characteristic sign - 13 (81.3%) cases, in only 10 (62.5%) cases was weight loss and pain in the left hypochondrium. The duration of the disease in all cases exceeding 10 days. Local status determines: diffuse peritoneal signs (18.3%, n=3), all operated in emergency, muscle rigidity in the left hypochondria (75%, n=12), splenomegaly (50%, n=8). USG was performed in 11 (68.8%) patients, only in 6 (54.5%) cases, it shows a spleen infarction/collection. Chest radiography was performed in all patients, in about 80% revealing left pleuropulmonary reaction. Abdominal CT was performed in 10 (62.5%) cases, diagnosing spleen abscess in 100%, another 3 cases with diagnosis established by ultrasound and another 3 - established intraoperatively being operated for peritonitis. All patients were splenectomized and were given complex antibiotic therapy. The bacteriology of the purulent liquid was positive in 10 (62.5%) cases, finding *Staphylococcus aureus*, *Serratia marcescens* and *Escherichia coli*, in 2 (12.5%) cases - polymicrobial cultures, in the other 6, the bacteriology was negative. Mortality was 31.3% (n = 5), of which 3 patients died due to erupted abscess with peritonitis, the other 2 because of the development of thromboembolic complications. The average length of hospitalization was 17.4 ± 6.4 days (calculated without patients with lethal outcome).

**Conclusions.** Splenic abscess is a rare entity with a high mortality rate. The clinical presentation usually non-specific requires the use of diagnostic imaging procedures, CT being the method of choice. Splenectomy still be the preferred treatment, but percutaneous abscess drainage is a hopeful alternative.

**Key words:** Spleen, abscess, splenectomy

## 55. EARLY POSTOPERATIVE COMPLICATIONS AFTER GASTRIC BYPASS

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