

Conclusions. Due to large implementation of endoscopic investigations DLs are increasingly identified. Elaboration of standardized diagnostic and therapeutic protocols may improve the treatment quality.

Key words: Gastrointestinal bleeding, Arteriovenous malformation, Dieulafoy's lesion, Endoscopic hemostasis.

58. MECKEL'S DIVERTICULUM – CLINICAL MASKS

Author: **Cristian Nicuta**

Co-author: Corina Scerbatiuc-Condur, V.Gheorghita

Scientific adviser: Igor Mishin, MD, PhD, professor, Department of Surgery nr.1 *Nicolae Anestiadi, Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova and Laboratory of Hepato-Pancreato-Biliary Surgery, Institute of Emergency Medicine

Introduction. Meckel's diverticulum (MD) it is one of the most common abnormalities of the digestive tract, being symptomatic in about 25% of cases, however very rarely diagnosed preoperatively, especially in adults because of various abdominal pathologies it can mime.

Aim of the study. To establish the particularities of the clinical manifestations of MD and the rate of its preoperative diagnosis in adults.

Materials and methods. Retrospective study: 21 patients with MD treated in the surgery clinic "N. Anestiadi" of the Institute of Emergency Medicine, period 2012-2018. Average age - 50.2 ± 3.9 . Men - 11 (52.3%), women - 10 (47.6%), the M/W ratio 1.1:1. Diagnosis on admission: acute appendicitis - 9, intestinal obstruction - 4, colon cancer - 4, hypersplenism - 1, strangulated hernia - 1, cutaneous wound - 1, digestive hemorrhage - 1. From 100% patients undergoing surgery: McBurney access - 9, LMM - 11, treatment of inguinal hernia - 1. Of the total group, mortality constituted 14.2% (3), for non-surgical reasons.

Results. Symptomatic patients - 14 (66.7%), ($p = 0.0629$), of which: men - 5 (35.7%) and women 9 (64.3%). In the rest of the patients, MD was accidentally diagnosed in the interventions for other pathologies. Complications detected intraoperatively in symptomatic patients: diverticulitis - 64.2% ($n=9$), torsion - 14.2% ($n=2$), hemorrhage - 7.1% ($n=1$), Littre hernia- 7.1% ($n=1$) and adhesions - 7.1% ($n=1$). Surgical treatment was applied in all cases of symptomatic MD. Morphology of postoperative sample: length (L) - 5.1 ± 0.6 cm (from 1.5 to 12), thickness (T) - 2.1 ± 0.2 cm (from 1 to 4), L/T ratio - 2.6 ± 0.3 . Histologically in all cases MD was covered with normal intestinal mucosa.

Conclusions. Symptomatic MD rate was 66.7%, the most common complication being diverticulitis. In no case, the diagnosis was established preoperatively. The diagnosis of complicated MD should be considered in adult patients who present with specific data of acute surgical abdominal pathology.

Key words: diverticulum, complication, asymptomatic

59. FECAL MICROBIAL MARKERS–THE ROLE IN COLORECTAL CANCER SCREENING: A REVIEW OF LITERATURE

Author: **Alexandr Ursu**

Scientific adviser: Rojnoveanu Gheorghe, MD, PhD, University Professor, Department of Surgery no.1 *Nicolae Anestiadi; Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova