Materials and methods. Identifying the at-risk foot, regularly inspecting and examining the at-risk foot, educating the patient, family and healthcare providers, ensuring routine wearing of appropriate footwear, treating risk factors for ulceration.
Results. The global patient and economic burden of diabetic foot disease can be considerably reduced when evidence-based preventative treatment is implemented in the foot care of people with diabetes who are at risk of developing a foot ulcer. Reducing the risk of ulceration also reduces the risk of infection, hospitalization, and lower-extremity amputation in these patient.
Conclusions. Current treatment recommendations are based on stratified healthcare. Future research is needed to explore the potential of a more personalised medicine approach in diabetic foot ulcer prevention, so to deliver the right treatment, to the right person, at the right time.
Key words: Diabetes, diabetic foot desease, healthcare, ulceration.

64. PRESENTATION OF FOURNIER'S GANGRENE CASES AND PROPER MANAGEMENT

Author: **Albot Dumitru**
Scientific adviser: Iliadi Alexandru, MD, PhD, Associate Professor, Department of Surgery no.2 *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Fournier's gangrene is a serious and potentially lethal rare infection of perineal and external genital with priority to be be treated as a medical and surgical emergency.It consists of a rapidly progressive necrotizing fasciitis in the genital, perineal, and perianal region produced by aerobic and anaerobic microorganisms acting synergistically.This disease normally affects males between 50 and 70 years of age with concomitant diseases. It is a disease with high morbidity and mortality (3%-76%), the treatment of which is based on early and radical surgical debridement, broad-spectrum antibiotic therapy, and daily dressing changes which allows for evaluation of the need for subsequent debridement.
Aim of the study. The aim of this study is to to highlight the particularities, dynamics, severity and necessity of the rapid management of this disease in the last 5 years around the world in the help of young medical professionals in my country.
Materials and methods. I presented a descriptive and retrospective chart review of patients diagnosed and treated for this pathology over the last 5 years.The patient age, sex, risk factors, laboratory investigations, presenting symptoms, duration of hospital stay, microbiological findings, associated diseases were recorded.The culture was extracted from the pus zone of the abscess.
Results. 3 patients were highlighted with this condition. The average age was 58 years.The clinical presentation was similar; it started as a perianal or perineal phlegmon/abscess with later locoregional dissemination. Fournier gangrene was suspected in all patients prior to surgical treatment, due to both the clinical examination and the imaging tests that were performed. Computed tomography (CT) was performed on admission in all 3 cases; all the cases demonstrated subcutaneous emphysema and multiple air bubbles in the perineum, perianal region and in the ischiocavernosus and bulbospongiosus muscles. A single debridement was sufficient for all the 3 patients.The average stay was 30 days.The infection was polymicrobial in all patients .The organism most frequently isolated was Escherichia coli.Multiple antibiotic therapy was used in all patients.

Conclusions. Fournier gangrene has an elevated morbidity and mortality caused by polymicrobial flora with a varied etiology which presents in patients with risk factors. Early diagnosis and rapid, thorough debridement is the most important factor in the management of this disease.

Key words: Fournier gangrene, necrotizing fasciitis, abscess. polymicrobial flora, aerobic , microoorganisms , anaerobic microorganisms ,genital , perineal, perianal region.synergy action,associated diseases, risk factors,locoregional dissemination,microbiological cultures, debridement, multiple antibiotic therapy,computed tomography (CT)

DEPARTMENT OF GENERAL SURGERY AND SEMIOLOGY NO.3

65. ACUTE CALCULOUS CHOLECYSTITIS IN THE TIME OF LAPAROSCOPIC CHOLECYSTECTOMY

Author: **Maxim Jereghi**
Scientific adviser: Guțu Evghenii, MD, PhD, University Professor, Department of General Surgery and Semiology no. 3, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Acute calculous cholecystitis (ACC) is a frequent pathology, defined as an acute inflammatory condition of the gallbladder in the presence of gallstones. It is one of the most common causes of hospitalization in surgical units. It occurs at any age, with maximum incidence at middle ages. Although the laparoscopic cholecystectomy (LC) nowadays has become a gold standard in the treatment of symptomatic gallbladder lithiasis, its role in the treatment of ACC remains unclear.

Aim of the study. Assessment of the value of laparoscopic cholecystectomy for resolution of ACC.

Materials and methods. A retrospective-prospective study based on 50 patients admitted into the Surgical Department of Municipal Clinical Hospital no.1 during 2018-2019, with diagnosis on admission ACC. The study group composed of 41 women (82%) and 9 men (18%), the W/M ratio being 8/1. The age of the patients ranged from 24 to 85 years, with average 56.8 ± 2.2 years.

Results. Surgical treatment underwent 49 patients. One patient has undergone a primary laparotomy for ACC associated with Mirizzi syndrome diagnosed preoperatively, and 48 patients – LC. In one case, after a diagnostic laparoscopy was taken the decision to refuse from cholecystectomy, due to liver cirrhosis and risk of major bleeding. Forty (80%) patients were operated in the first 72 h after hospitalization, and another 20% of patients – after 72h or more. The latest operation was performed after 14 days of hospitalization, in a patient with severe concomitant cardiovascular diseases. From all of the cases of LC, the conversion was needed in only one patient because of the numerous adhesions with the transverse colon and the paravesical abscess, in a 81 year old patient with Charlson Comorbidity Index 8 points. After all of laparoscopic interventions, the subhepatic space was drained with a tube. The average length of the surgery was 46.2 ± 3.88 min, with The shortest intervention – 15 min., and the longest one – 85 min. The diagnosis of ACC was confirmed in 90% of cases. However, in 10% of cases postoperative pathological examination revealed the diagnosis of chronic cholecystitis. According to AAST severity score, cases of ACC were classified as follow: AAST I - 66%,