

accompanied necessarily by urgent frozen-section pathological examination, followed by repeated morphological study after inclusion in paraffin.

Key words: benign breast tumor, diagnosis, treatment.

67. MANAGEMENT OF PATIENTS WITH AXILLARY ARTERY LESIONS WITHIN THE SKELETAL TRAUMA

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Introduction. Traumatic lesions of the axillary artery are relatively rare, representing about 15-20% of the total vascular trauma of the upper limb; and only 6% occur after blunt trauma with shoulder dislocation / fracture. Axillary artery lesions can cause threatening ischemia of the extremity that requires urgent surgery for revascularization, with or without graft interposition.

Aim of the study. Evaluation of management in patients with axillary artery lesions due to trauma of the skeletal system.

Materials and methods. Was analyzed prospectively, a clinical series that included 5 traumatized patients with closed lesions of the axillary artery, hospitalized over a period of 14 months. Epidemiology, trauma-surgery time, ISS score, degree of ischemia, vascular reconstruction methods and postoperative evolution were evaluated.

Results. The clinical series included 5 male patients; mean age – 54.4 ± 14.8 years (ranged 29–67 years). In 80% (n=4) trauma was caused by falling from either standing (n=1) or a high level (n=3), and in 20% (n=1) by a road accident. One patient had a multiple trauma, with the ISS score of 19 points. In other 4 patients the value of the ISS score was 9 points. In 80% (n=4), the dislocation of the humeral head was detected, and in another case – the fracture of the humeral neck. Acute ischemia IIA-IIB of the upper limb was established in all patients. One patient was diagnosed with concomitant axillary nerve injury. CT-angiography was used to confirm arterial injury in 2 cases. In 4 cases the time from trauma until vascular reconstruction was less than 10 hours, and in one case – about 48 hours, due to the late presentation. Revascularization was performed by interposition of the saphenous vein (n=2) or the ipsilateral basilica vein (n=1). In the rest 2 patients a segmental resection of the damaged axillary artery was performed with the application of T-T anastomosis. In all cases the postoperative evolution was favorable, with the restoration of the distal pulse. One patient developed pneumonia in the postoperative period. The mean length of hospitalization was 15.3 ± 3.1 days. There were no deaths in our series.

Conclusions. Axillary artery lesions associated with skeletal trauma it is a challenge for the medical staff and require a multidisciplinary approach. Extremity revascularization interventions, either with autologous venous graft interposition or primary repair, are associated with an immediate favorable clinical outcome, ensuring limb salvage.

Key words: skeletal trauma, axillary artery injury, vascular reconstruction