

68. CLINIC AND DEMOGRAPHIC CHARACTERISTICS OF THE PATIENTS WITH VARICOSE VEINS AND TYPE 1 REFLUX ACCORDING TO PITTALUGA CLASSIFICATION

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Introduction. Treatment of varicose veins of the lower limbs has undergone significant changes in the last decades. The classification of hemodynamic disorders, proposed by P.Pittaluga (2008), not only reflects the most common types of reflux in varicose veins (VV), but also suggests the optimal curative approach. Type 1 of venous reflux, defined as the presence of varicose tributaries on the thigh / leg with competent saphenous-femoral junction and saphenous trunk, is a less studied form of varicose disease.

Aim of the study. Evaluation of clinical-demographic characteristics of patients with varicose disease and type 1 of venous reflux according to P.Pittaluga classification.

Materials and methods. In the retrospective analysis were included 98 patients (122 extremities with VV in the great saphenous vein system), supposed to clinical, examination, ultrasound imaging and saphenous sparing surgery.

Results. From totality of limbs supposed to saphenous sparing surgery, type 1 reflux was diagnosed in 27 (22, 1%) cases. Other types were: type 3 - 18 (14.7%), type 4 - 47 (38.5%), type 5 - 30 (24.5%) cases. The median age in patients with reflux type 1 was - 44 years (IQR 29-62) vs. 44.6 years (IQR 33.5-55.5) in patients with types 3-5. The distribution of patients by sex did not differ significantly. The mean duration of VV constituted 6.7 ± 4.3 years in case of reflux type 1 vs. 11.73 ± 8.53 years in case of reflux types 3-5. Distribution according to the clinical criteria of CEAP classification in patients with type 1 reflux was: C2A - 11 (40.7%), C2S - 11 (40.7%) and C3 - 5 (18.5%) cases. In patients with reflux types 3-5: C2A - 17 (17.9%), C2S - 45 (47.3%), C3 - 28 (29.4%), C4-6 - 5 (5.2%). The mean value of BMI in patients with type 1 was 24.5 ± 4.8 vs 25.6 ± 5.7 in types 3-5.

Conclusions. About one fifth of patients with VV, supposed to saphenous sparing surgery had isolated reflux in the tributaries of great saphenous vein. Type 1 reflux is characteristic for early stage of VV and is associated with double rate of asymptomatic cases compared to other types of the reflux. Obtained data support the ascending theory of progression of venous reflux and opportunity of saphenous sparing strategies in the management of VV.

Key words: varicose veins, venous reflux, surgical treatment

69. CONSERVATIVE TREATMENT OF SUPERFICIAL VEIN THROMBOSIS INVOLVING SAPHENOUS JUNCTION IN PATIENTS WITH VARICOSE VEINS OF LOWER LIMBS: CASE SERIES

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Introduction. Although the treatment of superficial vein thrombosis (SVT) remains controversial, thrombus extension to the level of sapheno-femoral (SFJ) or the sapheno-popliteal junction (SPJ) usually serves as indication for urgent surgery. Vice-versa, there is a strong evidence about effectiveness of conservative management of junctional thrombosis developed after thermal ablation of saphenous trunk (endovenous heat induced thrombosis).

Aim of the study. Aim of study was to evaluate the results of conservative treatment of SVT involving SFJ/SPJ in patients with varicose veins of lower limbs.

Materials and methods. We retrospectively reviewed the prospectively maintained database of the patients with varicose veins complicated by SVT, treated in the department during the last 3 years. Extension of the thrombus up to the level of SFJ/SPJ (proximal to pre-terminal valve) but without involvement of the deep veins detected by duplex ultrasound was considered as inclusion criteria. Patients supposed to urgent surgical procedures were excluded. Patients were monitored for 3 months clinically and by duplex ultrasound.

Results. From 106 patients (110 limbs) included into database, 15 patients satisfied the inclusion criteria for this study. There were 6 (40%) SVT cases with thrombosis of SPJ and 9 (60%) cases with implication of SFJ. Mean duration of SVT at the moment of admission was 6.5 ± 4.3 days. Decision to treat patient conservatively was done basing on the patient refuse from surgical intervention or presence of important comorbidities. Patients were treated with oral rivaroxaban in the following doses: 20mg once a day 4 (36%) patients and 15mg twice a day 7 (64%) patients. Four patients (26%) were treated in outpatient conditions. The median duration of anticoagulant treatment was 62 days (range 45-180 days 25%-75% IQR 56-104). To the end of 3 months follow-up the complete recanalization of junction and saphenous trunk was detected in 12 (80%) patients, partial recanalization – in 3 (20%) patients. No cases of thrombosis progression, recurrence, development of deep vein thrombosis and symptomatic pulmonary embolism were registered during follow-up.

Conclusions. Initial experience of anticoagulant treatment in case of SVT with involvement of the junctions with deep veins demonstrated safety and efficacy of conservative curative approach.

Key words: superficial vein thrombosis, anticoagulation, varicose veins

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70. PREOPERATIVE EVALUATION OF PATIENTS WITH THYROID NODULES

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Introduction. Thyroid nodules are common entities that are found in 50% of population. Only a small percentage are considered to be malignant, but even if the majority of thyroid nodules are benign they harbor a malignant potential. The worldwide controversy about these entities is the therapeutic approach regarding which patients require surgical intervention.

Aim of the study. To determine the indications for the surgical treatment of thyroid nodules

Materials and methods. The study was performed on 82 patients with thyroid nodules selected for surgical treatment after a complex assessment. The age of the patients varied from 19 to 69