

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

DEPARTMENT OF SURGERY NO.5

70. PREOPERATIVE EVALUATION OF PATIENTS WITH THYROID NODULES

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Introduction. Thyroid nodules are common entities that a 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

years old. It was studied family history of thyroid disorders or cancer, results of anterior treatments, clinical signs. Patients were examined by serum tests (TSH, FT3, FT4, anti-TPO, anti-TG, calcitonin), ultrasound, Doppler ultrasound, sonoelastography, scintigraphy, fine needle aspiration-biopsy (FNAB) of thyroid gland, in addition to standard paraclinical investigations.

Results. Indications for surgical treatment resulted from the correlation of following clinical and paraclinical data: nodules one centimeter or larger; nodules with rapid growth during several months or a year; nodules refractory to conservative treatment; nodules associated with globus sensation, dysphagia, pain in the anterior cervical region, cervical adenopathy; nodules with suspicious sonographic features – hypoecogenity, absence of peripheral halo, "taller than wide", intranodular vascularity, rigidity of tissues; scintigraphic cold nodules; cytologic suspicious or malignant nodules; increased levels of serum TSH and calcitonin, positive antithyroid antibodies; anamnesis of thyroid disease or cancer.

Conclusions. The decision for surgical treatment of thyroid nodules must be taken on an interdisciplinary and individual basis after a clinical and paraclinical appropriate evaluation and according to a relevant guideline.

Key words: thyroid nodules, evaluation, surgical treatment

DEPARTMENT OF PEDIATRIC SURGERY, ORTHOPEDICS AND ANESTHESIOLOGY

71. SURGICAL GUIDELINE FOR CHILD'S COMBUSTION OF ESOPHAGUS

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Introduction. Esophageal combustion in children is still representing a potentially fatal emergency and whose medical – surgical management is related to the precocity of the etiological diagnosis, the accuracy of the general and local clinical examination, the judicious choice of complementary paraclinical examinations and treatment techniques. Esophageal lesions in children are the result of peroral ingestion of a chemical. Ingestion of a chemical is usually involuntary. In adult lesions occur mostly in the region of the oral cavity and larynx, while in children they largely affect the esophagus and even the stomach. In children under the age of 2, the intensity of the lesions is higher in the upper third of the esophagus, and in older children its lower third is mainly affected. The critical period is the age of 1-5 years, based on the psychoemotional peculiarities of the child. Clinical evolutionary complications record three periods: acute (2-14 days), acalasia (1 – 2 months), chronic – onset of stenosis with (dysphagia, regurgitation, denutrition).

Aim of the study. Literature analysis of clinical and paraclinical peculiarities, complications and treatment of esophageal burns in children.

Materials and methods. The specialized literature data on combustion in children were analyzed. Studies show that both diagnostic and treatment techniques in esophageal lesions require knowledge on correlations among tissues, organs, and cellular spaces.