

fibrosis of the exocrine pancreas slowly destroys the pancreatic islet tissue. Moreover, deficiency of the Pancreatic polypeptide, which regulates the expression and availability of hepatic insulin receptors, leads to persistent hepatic glucose production that makes hyperglycemia more severe, fact that proves the observation that insulin resistance in CP appears to be independent of other components of the metabolic syndrome. On the other hand, in pancreatic ductal adenocarcinoma (DA), due to glandular destruction hypoinsulinemia would be expected, however, diabetes secondary to pancreatic cancer is associated with hyperinsulinaemia secondary to insulin resistance. This may be due to raised circulating level of islet amyloid polypeptide (IAPP), also known as amylin, which reduces insulin sensitivity in vivo and glycogen synthesis in vitro, that are found to be higher in patients with DA, although pancreatic tumors expressed neither IAPP nor insulin. It has been suggested that supernatant from cell lines of pancreatic ductal adenocarcinoma has been playing a key role in insulin modulation.

Conclusions. Despite the potential resemblance to type 1 and type 2 diabetes, pancreatogenic diabetes has a unique structure of hormonal and metabolic characteristics; it is rated as unique clinical and metabolic unit. Clinical features are closely related to pathogenetic ones. Due to abnormal incretin response and cranky effect of PP and amylin the question of peripheral sensitivity to insulin, since it is closely related to the problem of antihyperglycemic therapy, is still open. The development and improvement of new technologies such as islet auto-transplantation in liver, PP replacement, and artificial endocrine pancreas will help to provide better glycemic control in patients with type 3c diabetes.

Key words: Diabetes mellitus, Ductal adenocarcinoma, Distal pancreatectomy, Chronic Pancreatitis, Exocrine pancreatic insufficiency

99. DIAGNOSTIC AND PALLIATIVE TREATMENT OF HEAD OF PANCREAS CANCER

Author: **Valentin Butnari**

Scientific advisers: Şchiopu Victor, PhD, University Assistant, Ghidirim Nicolae, MD, PhD, University Professor, Department of Oncology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Despite all improvements in both surgical and other conservative therapies, pancreatic cancer is steadily associated with a poor overall prognosis and remains the fourth leading cause of cancer-related mortality in the world. About 80% of patients who have received a diagnosis of pancreatic cancer already have other organ metastasis, as well as local tumor in the late stage. Therefore, appropriate palliation for the main symptoms, such as obstructive jaundice, duodenal obstruction, and pain, is most important. The role of palliative surgery in locally advanced pancreatic cancer mainly involves patients who are found unresectable during open surgical exploration and consists of combined biliary and duodenal bypass procedures.

Aim of the study. Analysis of clinical and paraclinical methods of diagnosis and palliative surgical treatment of patients with cephalopancreatic cancer.

Materials and methods. The current study presented 548 cases with malignant obstructive jaundice from the Gastrology Clinic of IMSP IO Chişinău, between 2007-2019. Excluded from this research were any patients who underwent resection, had no obstructive jaundice at the

time of diagnosis, or had other periampullary cancer (distal bile duct, ampulla of Vater, and duodenum).

Results. We identified 424 cases with histologically proven with cephalopancreatic cancer (263 males-58,31 % and 188 females-41,68%) who underwent palliative treatment with cancer of the head of the pancreas aged between 32 and 84, requiring palliation. Following the retrospective study, we found: the diagnosis of cephalopancreatic tumor was clinically and paraclinically established using the diagnostic methods: USG (100%), CT (86,79%); Retrograde endoscopic cholangiopancreatography (23,11%). The tumors of these patients were unresectable because of local vascular invasion to the superior mesenteric vein, portal vein, superior mesenteric artery, hepatic artery, or celiac artery. The tumor size was 5.4±2.2 cm. The tumors of these patients were all in stage 2b-4 according to the NCCN guideline of pancreatic cancer. No cases were diagnosed using preoperative biopsy. Of the 424 cases with a reported histological subtype pancreatic ductal adenocarcinoma 417(98,34%) ,Moderately differentiated-207,Well-differentiated-107,Badly differentiated-87 Solid neoplasm-4(0,98%) Acinar carcinoma 3(0,7%). All the patients underwent palliative surgery , of whom 109 (25,7%) biliar by-pass, 152 (35,84%) biliar + gastric by-pass , 65 (15,3%) stent and 23 (5,42%) external bile drainage. The postoperative mortality did not exceed 5%, the rate of postoperative complications was below 23%, an acceptable value and equivalent to the world data.

Conclusions. 1. The goal of therapy for these patients is to obtain the most complete and prolonged remission of symptoms possible, with the least intervention-related morbidity and mortality. CT . 2. The gold standard in the diagnosis of cephalopancreatic tumor is abdominal

Key words: pancreas cancer, palliative care, diagnostic

100. CONSERVATIVE SURGICAL TREATMENT OF EARLY CERVICAL CANCER IN NULLIPAROUS PATIENTS. META-ANALYSIS.

Author: **Daniela Berdaga**

Scientific adviser: Mariana Virvan, PhD, University Assistant, Department of Oncology *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Relevance in the Republic of Moldova, in the last five years over 1500 women was diagnosed with cervical cancer, and over 1000 lost their lives. Cervical cancer is placed third among cancers of women and first among women aged 25-44. Worldwide cervical cancer mortality rates they are substantially smaller than the incidence, with an incidence mortality rate of 50,3%.

Aim of the study. This study proposes to analyze the published literature characterizing the oncological results of the nulliparous patients with early cervical cancer, who want to maintain fertility and menstrual function to conceive a pregnancy.

Materials and methods.. The research of the articles is designed in such a way that the obtained results to contain safe dates effectuated on smaller lots, being combined, they present the sum of studies on this subject, and the definitive conclusions are obtained.

Results. 20 scientific works including the study of patients with early cervical cancer. The results obtained to add 4568 patients which have been exposed to the conization intervention and include 3 scientific works and 17 are involved in the treatment of radical trachelectomy. 946 patients are included in the conization group; 845 (89.3%) stage IA1, 2 (11,7%) stage IA2. In the radical trachelectomy group there are 3539 patients, 924 (26.1%) stage IA1, 1046