

Material and methods: A total of 257 patients with diagnosed inguinal hernia were included in a study and evaluated prospectively (from January 2013 until October 2014). Follow-up was performed at 1 month, 6 and 12 months respectively from surgery aiming recurrence and postoperative pain syndrome.

Results: Though recurrence rate in laparoscopic approach did not exceed 4% learning curve and the size of the prosthesis were identified as the most important risk factors.

Conclusions: As most of recurrences were diagnosed in the first postoperative month after inguinal hernia surgery this study highlights that technical errors account as a main cause for recurrence, highlighting also the role of postoperative follow-up.

ANALIZA COMPLICAȚIILOR EVOLUTIVE LA PACIENȚII CU HEMOPERITONEU TRAUMATIC REZOLVAT NONOPERATOR

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Scopul studiului a fost analiza structurii complicațiilor la pacienții cu hemoperitoneu traumatic rezolvat prin conduită nonoperatorie.

Material și metode: Au fost evaluați 48 traumatizați (pe perioada anilor 2011-2015) cu hemoperitoneu posttraumatic cauzat de: leziuni lienale (LL) izolate – 22 (45,84%), leziuni hepatice (LH) izolate – 10 (20,83%), leziuni renale (LR) izolate – 1 (2,08%), LL + LH – 6 (12,5%), LL + LH + LR – 3 (6,25%), LL + LR – 1 (2,08%), leziunea ligamentului teres hepatic – 1 (2,08%) și cauze neelucidate – 4 (8,34%). Leziuni închise – 45 (93,75%), deschise – 3 (6,25%), raportul B:F=2:1. Valori medii: vârsta = 36±13,95 ani, scorul RTS = 6,98±1,05; scorul ISS = 28,15±19,2. Stabilirea diagnosticului: USG – 48 (100%) cazuri, TC – 39 (81,25%), laparoscopie – 8 (16,67%), laparocenteză – 1 (2,08%).

Rezultate: Severitatea LL (AAST): gr.I (0), gr.II (12), gr.III (18), gr.IV (2); LH (AAST): gr.I (7), gr.II (3), gr.III (7), gr.IV (1); LR (AAST): gr.I (4), gr.II (1), gr.III (2). Politraumatizați cu scorul ISS>25 – 25 (52,08%), cu GCS<12 puncte – 21 (43,75%). Volumul hemoperitoneului la internare stabilit imagistic – 454,47±352,87ml (0-1300 ml). Intervenții chirurgicale extraabdominale – 20 la 12 (25%) pacienți: evacuarea hematomului subarahnoidian – 3 (15%), debridarea chirurgicală a plăgilor – 3 (15%), toracocenteză – 6 (30%), osteosinteză – 5 (25%), traheostomie – 3 (15%). Complicații – 28 la 22 (45,83%) pacienți: intraabdominale specifice (3) – pareză intestinală la 3 (10,72%), și nespecifice, precum hemoragia digestivă – 1 (3,57%). Complicații extraabdominale: pleuropulmonare – 19 (67,86%), cistită – 1 (3,57%), otită medie – 1 (3,57%), embolie lipidică – 1 (3,57%), poliurie – 1 (3,57%), febră de etiologie neidentificată – 1 (3,57%). Toți pacienții (100%) cu complicații pleuropulmonare au suferit traumatism toracic, iar embolia lipidică s-a asociat traumatismului locomotor grav.

Concluzii: Analiza complicațiilor evidențiază predominarea morbidităților legate de traumatismele extraabdominale asociate, iar reabsorbția naturală a sângelui din cavitatea peritoneală decurge fără repercusiuni locale sau sistemice, cazurile de pareză intestinală fiind asociate laparoscopiei.

ANALYSIS OF EVOLUTIVE COMPLICATIONS AFTER NONOPERATIVE MANAGEMENT IN PATIENTS WITH TRAUMATIC HEMOPERITONEUM

The aim of study was analysis of complication structure in patients with traumatic hemoperitoneum during nonoperative management.

Material and methods: We analyzed a total of 48 patients (during 2011-2015) with traumatic hemoperitoneum, caused by: isolated splenic trauma (LL) – 22 (45.84%), isolated liver trauma (LH) – 10 (20.83%), isolated renal trauma (LR) – 1 (2.08%), LL + LH – 6 (12.5%), LL + LH + LR – 3 (6.25%), LL + LR – 1 (2.08%), lesion of ligamentum teres hepatis – 1 (2.08%) and unclear reasons – 4 (8.34%). Blunt trauma – 45 (93.75%), stab – 3 (6.25%); M:F ratio was 2:1. Average values: age = 36±13.95 years, RTS score = 6.98±1.05; ISS score = 28.15±19.2. Diagnosis was established by ultrasound – 48 (100%), CT – 39 (81.25%), laparoscopy – 8 (16.67%), laparocentesis – 1 (2.08%).

Results: Severity of LL (AAST): gr.I (0), gr.II (12), gr.III (18), gr.IV (2); LH (AAST): gr.I (7), gr.II (3), gr.III (7), gr.IV (1); LR (AAST): gr.I (4), gr.II (1), gr.III (2). ISS score >25 – 25 (52.08%). Patients with GCS score <12 – 21 (43.75%). The average hemoperitoneum volume at admission – 454.47±352.87ml (0-1300 ml). Extraabdominal surgical interventions – 20 in 12 (25%) patients: subarachnoid haematoma drainage – 3 (15%), wound management – 3 (15%), thoracocentesis/thoracotomy – 6 (30%), osteosynthesis – 5 (25%), tracheostomy – 3 (15%). Were noted 28 complications in 22 (45.83%) patients: specific intraabdominal complications, as intestinal paresis – 3 (10.72%), and nonspecific, as digestive hemorrhage – 1 (3.57%); extraabdominal complications: pleuropulmonary – 19 (67.86%), catheter-associated urinary tract infection – 1 (3.57%), otitis media – 1 (3.57%), fat embolism – 1 (3.57%), polyuria – 1 (3.57%), unexplained fever – 1 (3.57%). All patients (100%) with pleuropulmonary complications suffered thoracic trauma, the patient with fat embolism – severe locomotory trauma.

Conclusions: The analysis of evolutive complications showed prevalence of complications related to associated extra-abdominal trauma, when the blood absorptions from peritoneal cavity does not show any local or systemic complications, all 3 cases of intestinal paresis being a consequence of laparoscopic procedure.

CONSIDERAȚIUNI MORFOPATOLOGICE ÎN CHISTUL HIDATIC PULMONAR COMPLICAT PRIN RUPTURĂ ENDOBRONȘICĂ

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