SURGICAL MANAGEMENT OF MALIGNANT PANCREATIC TUMORS WITH VASCULAR INVASION

Introduction: In Republic of Moldova, incidence of pancreatic cancer is with increasing 4-5% per year. The mortality after pancreatic resection for cancer has decreased from 20-30% in the 60-70th to less than 5% in present. Morbidity remains very high 20-50%.
Aim of study was to analyze retrospective results of surgical treatment of malignant pancreatic tumors with vascular invasion.
Material and methods: this study represents the analyze of patients' group (n=814) with pancreatic tumors which were admitted in second department of surgery, clinical republican hospital, during 2000-2014 year. Incidence of resectability was 35.8±2.8%, p<0,001. Nowadays the nonresectability is determined by involvement in tumoral process of the superior mesenteric artery. Is mandatory to stabilize vascular tumoral invasion in preoperative period and involvement of superior mesenteric artery in process by intra-operative exploration. This technical procedure was practiced to a number of patients in our clinic since 2007, 19 cephalic duodenopancreatectomy with portal vein resection were performed. In 8 cases primary vascular anastomosis was applied; 4 cases synthetic grafts were used and in 7 – marginal venous resection was performed.
Results: Mortality in the early postoperative period was 10.5% (2 cases). Survival after cephalic duodenopancreatectomy with portal vein/mesenteric superior vein resection was in 29.1 months.
Conclusion: Venous vascular invasion of pancreatic tumors don't represent a contraindication for resectability. Cephalic duodenopancreatectomy with portal vein/mesenteric superior vein resection has a survival equal with survival after cephalic duodenopancreatectomy without venous involvement or resection.

SINDROMUL STAZEI DUODENALE LA BOLNAVUL CU LITIAZĂ VEZICULARĂ

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Introducere: Diagnosticul etiopatogenetic al litiazei biliare (LB) la bărbaţi rămîne neelucidat, subiectul fiind reflectat prin publicaţii sporadice. Aparent simplă, depistarea ultrasonoră a calculilor nu prezintă dificultăţi, pe cînd elucidarea mecanismelor LB la bărbaţi denotă opinii discutabile.
Scopul: A studia incidenţa stazei duodenale (SD) ca factor de risc al LB la bărbaţi.
Material şi metode: Studiul include analiza cercetărilor a 152 bărbaţi trataţi chirurgical pentru LB. Manifestările radio-imagistice ale SD au fost determinate, utilizînd radioscopia stomacului şi duodenului prin contrastare standardă. Semiologia radiologică a fost stabilită prin evaluarea diferenţelor obţinute în comparaţie cu duodenul normal, evaluată conform clasificaţiei acad. V.Hotineanu.
Rezultate: Semiotica SD a fost remarcată în 90 observaţii (59,2%). În toate cazurile flexura duodeno-jejunală (FDJ) s-a poziţionat pe stînga de coloana vertebrală, 47 – la nivelul L2, 36 – la limita L2-L3, în 5 – la nivelul L3, şi doar la 2 pacienţi – la nivelul L3-L4. La persoanele sănătoase (cca 60% cazuri), de regulă, FDJ se situează la nivelul L2. Pe lîngă detectarea poziţionării flexurii a fost analizat şi unghiul duodeno-jejunal cu lamela Treitz – alt semn patognomonic duodenostazei. La 4 bolnavi am depistat unghi ascuţit, în 3 cazuri – FDJ vizualizată ca unghi drept, la 7 – sub forma unui unghi obtuz ≥90°.
Concluzie: Studiul dat denotă o incidenţă de 59,2% a SD la bolnavul litiazic. Specificarea radiologică a statutului funcţional duodenal constituie o măsură obligatorie în protocolul de diagnostic al bolnavului cu LB.

THE DUODENAL STASIS SYNDROME IN PATIENTS WITH GALLSTONES

Introduction: Etiopathogenetic diagnosis of gallstone disease in men remains unclear, the subject being reflected by sporadic publications. Apparently simple ultrasonic detection of gallstones does not present difficulties, while elucidating mechanisms of gallstones in men denotes questionable opinions.
Aim: To study the incidence of duodenal stasis (DS) as a risk factor of gallstones in men.
Material and methods: The study includes research analysis of 152 men surgically treated for gallstones. Radio-imagistic manifestations of DS were determined by using stomach and duodenum fluoroscopy by standard contrasting. The radiologic semiotics was established by evaluating the produced differences compared to normal duodenum, evaluated according to classification of acad.V.Hotineanu.
Results: We have noted the DS semiotics in 90 (59.2%) observations. In all of cases the duodenal-jejunal flexure all cases (DJF) was positioned on the left side of the backbone, 47 – to L2, L2-L3 – 36, in 5 – L3, and only 2 patients – at L3-L4. In healthy people (approximately 60% of cases), as a rule, DJF is at L2 level. Besides detecting the flexure positioning it was also examined the duodeno-jejunal angle with the lamina Treitz – another pathognomonic sign of duodenostasis. We detected acute angle at 4 patients, in 3 cases DJF was viewed as a right angle, in 7 cases as an obtuse angle ≥90°.
Conclusion: This study shows an incidence of 59.2% of DS at the lithiasic patient. The radiological specifying of the functional duodenal status is a mandatory measure at diagnostic protocol of patients with gallstones.

COMPLICAȚIILE REZECȚIILOR HEPATICE LA PACIENȚII CU CANCER HEPATIC PRIMAR ȘI METASTATIC

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