PRIMARY ENDOSCOPIC DIAGNOSIS OF MICROGASTRIA (CASE REPORT)

Clinical case: A 31-years-old patient was admitted at 06.18 on July 30, 2014 with the following complaints: pronounced asthenia, multiple episodes of hematemesis, melena and epigastric pain. Upon admission the patient's general condition was serious but stable. The skin was pale, cold, sweaty. Visible mucous membranes were pale. The muscular-looking man, hypotrophic, with poor nutrition status. His chest looked deformed and kyphoscoliotic. Rectal examination displayed visual traces of melena. He was admitted to the hospital with a preliminary diagnosis of upper gastrointestinal bleeding. At the time of admission upper gastrointestinal endoscopy was performed, which showed a moderate distal esophageal dilatation. In the cardiac region of the stomach ulcer defect of 0.6 cm in diameter covered with fibrin was detected, with vascularity visible on the surface. Endoscopic hemostasis was performed. Further evaluation revealed permeable stomach located at the distance of 35 cm from the mouth, decreased significantly in size. The duodenum was permeable, located at 40 cm distance from the mouth, increased considerably in size. Endoscopic result: “Acute hemorrhagic ulcer of the stomach’s cardiac region (Forrest IIA). Gastric abnormality (microgastria). Duodenal malformation”.
Conclusions: The presented clinical case re-confirms association of reported paraclinical confirmation so as to microgastria and other congenital malformations: abnormal position and shape of the duodenum, dilated esophagus, involutive spleen, dilated intra- and extra-hepatic biliary tract, skeletal abnormalities, scoliosis in S-shaped IV degree. Surprisingly, as microgastria was first diagnosed at the age of 31, and not in the childhood, this makes patient’s survival without specialized medical care more impressive.

MEGADOLICOCOLON COMPLICAT CU INVAGINAȚIE, REZOLVATĂ ENDOSCOPIC (CAZ CLINIC)

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Caz clinic: În Clinică la 30 octombrie 2013 s-a adresat pacientul SA de 19 ani, cu acuze la dureri intense în flancul stîng, vomă repetată cu conținut gastric, astenie pronunțată, inapetență, lipsa scaunului (2 zile), lipsa emisiei de gaze (24 ore). Din anamneză, în copilărie – diagnosticat cu megacolon congenital, părinții au refuzat tratamentul chirurgical. La internare: abdomenul moderat balonat, simetric, dolor intens la palpare în flancul stîng și mezogastru, semne peritoneale – absente, per rectum – conținut intestinal, pereții – dilatați. Spitalizat cu diagnosticul de ocluzie intestinală joasă. Ecografia cavității abdominale a evidențiat un minim de lichid liber interileal. Radiografia abdomenului – aerocolie pronunțată. La 31 octombrie 2013 s-a efectuat colonoscopie pînă la flexura lienală, înaintarea fiind neinformativă (în lumen – materii fecale). În sigmoid, la distanța 25 cm de la orificiul anal pînă la 40 cm, peretele intestinului nu se reexpansiona complet, mucoasa – edemațiată, culoare violacee, cu peteșii hemoragice. Lumenul colonului nu se vizualiza. La insuflarea aerului porțiunea proximală de perete intestinal a glisat, eliberînd lumenul sigmoidului. Colonul descendent examenat – mărit în dimensiuni atît longitudinal cît și transversal. Mucoasa examinată subțiată, cu desen vascular pronunțat. Haustrele intestinale – absente. Peristaltismul intestinal – absent. Unghiul lienal – permeabil. Biopsia din mucoasa schimbată macroscopic al sigmoidului nu a fost prelevată din cauza pericolului hemoragiei și a perforației. La pacient s-a constatat o invaginație de colon la nivelul sigmoidului, megadolicocolon. După colonoscopie starea generală a pacientului s-a ameliorat, acesta fiind externat din staționar recomandîndu-se tratamentul chirurgical programat al dolicocolonului.

COLON INTUSSUSCEPTION TREATED ENDOSCOPICALLY (CASE REPORT)

Clinical case: This article reports a clinical case of intestinal obstruction intussusception, which was solved by colonoscopy. A 19-years-old patient was admitted on October 30, 2013 to the Hospital with the following complaints: severe pain in left abdominal flank, repeated vomiting, pronounced asthenia, decreased appetite, constipation and a lack of gas (2 days). In anamnesis, childhood-diagnosed with congenital megadolichocolon, parents refused surgical treatment. Physical exam: the swollen abdomen, abdominal pain on palpation, no peritoneal signs. Hospitalized with intestinal obstruction. Abdomenal cavity ultrasound showed minimal free liquid. X-rays of the abdomen showed a bowel distension. October 31, 2013 was conducted colonoscopy. In the sigmoid, at a distance of 25 cm from the anus, up to 40 cm, the intestinal wall was not deployed fully, the swelling, purple mucous with petechial hemorrhages. The lumen of the colon was not see. Under the inspiration of the air, the proximal portion of the intestinal wall, to drag it, giving the lumen of the sigmoid. Colon descending seen, increased in size, both lengthwise and transversely. Mucous were narrowed, with strikes pronounced. The folds of the intestine absented. Peristalsis was absent. No biopsy was taken of the macroscopic changed mucous of sigmoid, because of the risk of bleeding and perforation. The patient was found to intussusception of the colon sigmoid. After the colonoscopy the general condition of the patient improved, was discharged from the hospital and it was recommended surgical treatment of dolichocolon.

REZULTATELE IMEDIATE ÎN TRATAMENTUL CHIRURGICAL RADICAL AL BOLNAVILOR DE CANCER GASTRIC CU VÂRSTA PESTE 70 DE ANI

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Introducere: Tratamentul chirurgical, efectuat pe un teren biologic modificat de procesul malign, vârsta înaintată, prezența maladiilor asociate severe prezintă un risc major în privința dezvoltării complicațiilor postoperatorii.