

Introduction: Refractory algic syndrome to analgesic treatment in unresectable pancreatic cancer (CPN), severe chronic pancreatitis (CP), the precarious biological status of the patient in cases where surgery is contraindicated, require procedures that are limited to pain palliation.

Purpose: The rating of thoracoscopic splanchnicectomy (SPLT) in the treatment of pain syndrome in relapsing CP and CPN.

Material and methods: The study includes 18 (23.08%) patients with CP, 36 (46.15%) patients with relapsing CP and 21 (26.92%) patients with CPN 3 (3.85%) patients with unresectable cancer, held during the years 2008-2014 in the Clinic N 1. The patients with CP included 47 (87.04%) men and seven (12.86%) women, the average age – 52.2 years (28-72 years). The patients with CPN – 19 (90.91%) men and two (9.09%) women, average age – 58 years (within 45-78 years).

Results: There were performed 62 (79.49%) left SPLT, 12 (15.38%) right SPLT. Four (5.13%) patients also required SPLT on the right on 8 weeks after SPLT on the left due to the minimal therapeutic response. The analgesic effect on short-term (<3 months) had an efficacy in 54 (100%) relapsing CP cases and 20 (83.3%) cases of CPN. Between 3-6 months, the analgesic efficacy was maintained at 36 (66.6%) cases of relapsing CP (continuing after 6 months) and 16 (67.0%) of CPN. The perioperative mortality was 0. Mean postoperative hospital stay was 3.3 days (2-5 days).

Conclusion: SPLT is a feasible and safe palliative procedure that presents the advantages of the minimally invasive approach, especially in the absence of complications, lower costs in CPN and CP pain control during the conservative analgesic treatment. The endoscopic prosthetic and SPLT presents some minimally invasive solutions that can increase the survival rate in CPN cases.

PERITONITA BACTERIANĂ SPONTANĂ: POSIBILITĂȚI ACTUALE DE DIAGNOSTIC ȘI TRATAMENT

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Introducere: Actualmente, managementul terapeutic optim al peritonitei bacteriene secundare (PBS) nu reprezintă încă un consens și continuă să ridice discuții în ceea ce privește tactica terapeutică și chirurgicală.

Material și metode: Au fost evaluați 27 de pacienți cu PBS dezvoltată pe fondul cirozei hepatice, care s-au aflat la tratament în perioada 2008-2015, cu vârsta cuprinsă între 25 și 64 ani. Toți pacienții au avut o durată a bolii hepatice cronice peste 5 ani. Regula terapeutică adresată PBS a inclus diagnostic precoce, tratament cu cefalosporine de generația a III-a cu toxicitate redusă, tactica expectativă chirurgicală la pacienții cu evoluție extrem de gravă și operații minim-invazive ghidate după principiul „primum non nocere”, adresate pacienților cu PBS.

Rezultate: Paleta de manifestări a fost de la bacterascită asimptomatică până la un sepsis cu o progresie rapidă spre exitus. Cele mai frecvente semne: febra, encefalopatia, durerea abdominală, diareea, ileusul. Douăzeci de pacienți au fost tratați medicamentos, în 7 cazuri s-a intervenit chirurgical, în 3 dintre acestea – pe cale minim-invazivă laparoscopică. Evoluția PBS s-a complicat: cu hemoragie digestivă superioară (3 cazuri), EP (8 cazuri), sindrom hepato-renal (7 cazuri). Letalitatea generală – 9 cazuri (33%), recidiva de PBS – 2 cazuri.

Concluzii: Experiența acumulată ne permite să constatăm că atitudinea interdisciplinară față de PBS este justificată și absolut necesară: echipa instruită compusă din hepatolog/gastroenterolog, reanimatolog, endoscopist și chirurg este indispensabilă.

SPONTANEOUS BACTERIAL PERITONITI: CURRENT OPPORTUNITIES OF DIAGNOSIS AND TREATMENT

Introduction: At present, the optimal therapeutic management of secondary bacterial peritonitis (SBP) does not reach yet a consensus and continue to rise the discussion regarding the therapy and surgery.

Material and methods: Twenty seven patients (aged between 25 and 64 years) with SBP developed on the basis of liver cirrhosis, treated during 2008-2015 were evaluated. All patients had chronic liver disease lasting more than 5 years. Therapeutic approach addressed SBP included: early diagnosis, treatment with third generation of cephalosporins with low toxicity, using of expecting surgical tactics in patients with extremely severe condition and minimally invasive operations guided by the principle of „primum non nocere” to patients with SBP.

Results: The manifestations varied from asymptomatic bacterial ascytis up to a sepsis with rapid progression to death. The most common signs were: fever, encephalopathy, abdominal pain, diarrhea, and ileus. Twenty patients were treated medically, surgery was performed in 7 cases, 3 of them – minimally invasive laparoscopic. SBP evolution was complicated with upper digestive bleeding (3 cases), EP (8 cases), hepato-renal syndrome – (7 cases). General mortality was – 9 cases (33%), recurrent SBP – 2 cases.

Conclusions: The experience allows us to conclude that SBP obligatory requires the interdisciplinary approach as well as trained team composed from hepatologist / gastroenterologist, reanimatologist, endoscopist and the surgeon.

TUMORILE GASTROINTESTINALE NEUROGENE AUTONOME (GANT): O PROVOCARE CHIRURGICALĂ

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