

Material and methods: We present 24 patients examined and treated with Fournier gangrene in different medical centers, subsequently being admitted to the Emergency Medical Institute (EMI), during the period 1998-2012. In these patients diagnostic and treatment mistakes committed before the admission to EMI were then discovered.

Results: The errors committed in the diagnostic and treatment of Fournier gangrene were: (1) Ignoring performing diagnostic needle aspiration and imaging examinations (radiology, ultrasound, CT, MRI); (2) Absence of preoperative preparation of patients with severe and concomitant diseases (hypertension, diabetes, cardio-respiratory failure); (3) Surgical interventions were performed with no assistants and under local anesthesia; (4) Opening outbreaks festering with small incisions, called "eye of the mouse", which do not allow the outbreak revisions of purulent necrotic tissue and proper disposal; (5) Incomplete excision of damaged tissues; (6) Fear in front of large incisions, that allow the proper disposal of all necrotic tissue and control the development process of wound festering; (7) Ignoring of bacteriological examination and unjustified use of empirical antibacterial therapy; (8) Ignoring urethral catheterization in order to avoid its injuries; (9) Performing unjustified orhiectomies and penectomies; (10) Applying dressings with no general anesthesia; (11) Failure to implement novel treatment methods.

Conclusions: Diagnosis and treatment mistakes in patient with Fournier gangrene lead to spreading of the purulent process and worsening of patient condition.

COMPLICAȚIILE POSTOPERATORII PRECOCE ALE CANCERULUI COLORECTAL OPERAT ÎN REGIM DE URGENȚĂ

IGNATENCO S, BERZAN D, LEȘANU V

Catedra chirurgie nr.1 „N.Anestiadi”, USMF „Nicolae Testemițanu”, Chișinău, Republica Moldova

Introducere: Complicațiile postoperatorii precoce ale cancerului colorectal operat în regim de urgență în literatura de specialitate sunt elucidate insuficient.

Scopul lucrării: Studiarea complicațiilor postoperatorii precoce ale cancerului colorectal operat în regim de urgență.

Material și metode: Studiul cuprinde 293 pacienți operați în Institutului de Medicină de Urgență în perioada anilor 2010-2014, raportul B:F=164:129, cu vârsta între 28 și 88 ani. Chirurgia de extirpare a tumorii a fost posibilă la 277 pacienți (94,5%): cu restabilirea primară a tranzitului intestinal în 63,2% (175) cazuri, iar aplicarea stomelor – în 36,8% (102). În 5,5% (16) cazuri au fost impuse intervențiile paliative.

Rezultate: Rata totală a complicațiilor postoperatorii precoce a constituit 85,7%. Au fost 87 complicații dependente de actul operator: supurarea plăgii laparotomice (11,6%), abcese parastomale (6,7%), dehiscente anastomotice (8,25%), eventrații ale plăgii laparotomice (8,25%), rețracția stomei (1,0%), necroza stomei (1,0%), dehiscenta bontului rectal (0,52%), eviscerația parastomală (0,52%), flegmon al peretelui abdominal (0,52%), fistula parastomală (0,52%). Complicațiile postoperatorii generale s-au întâlnit în 164 cazuri, alcătuind: MODS (20,62%), pneumonii (20,1%), infecții urinare (5,2%), insuficiență cardiacă (3,6%), edeme pulmonare (2,6%), embolii pulmonare (2,1%), infarct miocardic (1,0%).

Concluzii: Cele mai frecvente complicații postintervenționale legate de actul operator aparțin supurației plăgii laparotomice (17,5%), eventrației (8,25%), dehiscentei anastomotice (8,25%), abcesului parastomal (6,7%), iar cele de ordin general – MODS (20,6%) și afecțiunilor pulmonare (20,1%).

EARLY POSTOPERATIVE COMPLICATIONS IN EMERGENCY COLORECTAL SURGERY

Introduction: There are few data in the literature on early postoperative complications in emergency colorectal surgery.

Aim of study: To assess the early postoperative complications in emergency colorectal surgery.

Material and method: This is a 5-year (2010-2014) analysis of 293 patients aged between 28 and 88 years old, the sex ratio M:W being 164:129, who underwent emergency surgery for colorectal cancer in the surgical department of the Emergency Medical Institute. Colon resection surgery was possible in 277 patients (94.5%), including primary restoration of the intestinal transit in 63.2% (175) cases and 36.8% (102) cases of stoma creation. Only 16 (5.5%) patients underwent palliative surgery.

Results: The global rate of early postoperative complications was 85.7%. There were 87 complications specific to the type of surgery, undertaken: laparotomic wound supuration (11.6%), peristomal abscess (6.7%), anastomotic leak (8.25%), laparotomic wound eventration (8.25%), stoma retraction (1.0%), stoma necrosis (1.0%), rectal stump dehiscence (0.52%), parastomal evisceration (0.52%), phlegmon of the anterior abdominal wall (0.52%), peristomal fistulae (0.52%). Common general postoperative complications were found in 164 cases, including: MODS (20.62%), pneumonia (20.1%), urinary tract infections (5.2%), cardiac failure (3.6%), pulmonary edema (2.6%), pulmonary embolism (2.1%), heart attack (1.0%).

Conclusion: The most frequent complications specific to the type of surgery undertaken were laparotomic wound supuration (11.6%), anastomotic dehiscence (8.25%), laparotomic wound eventration (8.25%), peristomal abscess (6.7%), and the common general postoperative complications were MODS (20.62%) and pneumonia (20.1%).

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IGNATYEV RO, BATAEV S-KM, GUSEVA NB, ALKHASOV AB, MITUPOV ZB, ZURBAEV NT, FEDOROV AK, MOLOSTOV RS, PLOTNICOV NA

Institutul de Cercetări științifice în Chirurgia Pediatrică, Universitatea Națională de Cercetări Medicale „N.Pirogov”, Moscova, Rusia