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APENDICITA ACUTA IN TIMPUL SARCINII**Guzun V., Gutu E.***Catedra chirurgie generala, USMF „N.Testemitanu”, Chisinau, Moldova
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Introducere: Apendicita acuta (AA) este cea mai frecventa boala neobstetricala, care necesita tratament chirurgical in timpul sarcinii. Totodata, manifestarile clinice ale AA la gravide sunt foarte atipice si diverse, ceea ce duce pretutindeni la intirzirea diagnosticului si a interventiei chirurgicale. Material si metode: In perioada 2006- 2011 in Clinica chirurgie generala cu suspactie sporita la AA au necesitat spitalizare 88 gravide. Virsta pacientelor a constituit in medie 24,9 ani (de la 18 la 37 ani). In primul trimestru al sarcinii au fost internate 12 (13,6%) femei, in al doilea - 62 (70,5%) si in al treilea - 14 (15,9%). Diagnosticul de AA la gravide a fost bazat pe datele examenului clinic, rezultatele testelor de laborator, ecografiei transabdominale si ale monitorizarii obstetricale. Rezultate: Decizia in favoarea interventiei chirurgicale a fost luata in 65 (73,9%) cazuri. Dovezi histologice ale inflamatiei acute a apendicelui (apendicita catarala, flegmonoasa sau gangrenoasa) au fost obtinute in 59 (90,7%) din cele 65 cazuri operate. Semne diagnostice veridice in studiul de fata au fost: voma, contractura musculara, iritarea peritoneala, precum si rezultatele scanarii ultrasonore. Complicatii chirurgicale s-au dezvoltat in 5 (7,7%) cazuri, cele obstetricale - in 20 (22,7%). Concluzii: Modificarile anatomice cauzate de uterul gravid, manifestarile normale ale sarcinii, raspunsul inflamator fiziologic - sunt factorii care complica esential diagnosticul de AA in timpul sarcinii. Rata apendicectomiilor negative constituie aproximativ 10% si reflecta dificultatile diagnostice deosebite.

ACUTE APPENDICITIS DURING PREGNANCY

Background: Acute appendicitis (AA) is the most common non-obstetrical disease, which requires surgical treatment during pregnancy. However, the clinical manifestations of AA in pregnant women are very atypical and diverse, leading to delayed diagnosis and surgery. Material and methods: In the period 2006-2011 in Department of General Surgery were hospitalized 88 pregnant women for strong suspicion of AA. The average age of patients was 24.9 years (18 to 37 years). In the first trimester of pregnancy were admitted 12 (13.6%) women, in the second - 62 (70.5%), and in the third - 14 (15.9%). The diagnosis of AA in pregnant patients was based on physical examination data, laboratory tests, transabdominal ultrasound, and obstetrical monitoring. Results: A decision to perform the surgery was made in 65 (73.9%) of cases. Histological evidence of acute appendiceal inflammation (catarrhal, phlegmonous, or gangrenous) were obtained in 59 (90.7%) from the 65 operated cases. The most accurate diagnostic signs in the present study were: vomiting, muscular tenderness, peritoneal irritation, and the results of ultrasound scanning. Surgical complications developed in 5 (7.7%) cases, the obstetrical - in 20 (22.7%). Conclusions: Anatomical changes caused by the gravid uterus, normal manifestations of pregnancy, physiological inflammatory response are the main factors, which complicate the diagnosis of AA during pregnancy. Rate of negative appendectomies constitutes about 10% and reflects the specific diagnostic difficulties.

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SINDROM ANTIFOSFOLIPIDIC, COMPLICAT CU NECROZA INTESTINULUI – PREZENTARE DE CAZ**Guțu E., Sochirca M., Punga I., Țăruș A.***Catedra chirurgie generala, USMF „N.Testemitanu”, Chisinau, Moldova*

Introducere: Sindromul antifosfolipidic (SAFL) reprezinta o dereglare autoimuna a coagulării, care conduce la tromboza intravasculara si deseori este asociata cu complicatiile sarcinii. Foarte putine cazuri de ischemie mezenterica clinic evidenta in cadrul SAFL sunt raportate pina in prezent. Material si metode: In Clinica chirurgie generala cu dureri abdominale severe a fost internata o pacienta in virsta de 29 de ani, in perioada de lauzie - 22 zile dupa intreruperea spontana a sarcinii. Laparoscopia diagnostica si laparotomia ulterioara au evidentiat prezenta necrozei unei anse a intestinului subtire, situate aproximativ la un metru de la ligamentul Treitz. S-a efectuat rezectia ansei afectate cu anastomoza termino-terminala. Evolutia postoperatorie a fost favorabila. Rezultate: Diagnosticul SAFL a fost stabilit si confirmat in baza istoricului bolii (4 sarcini intrerupte), analizelor de laborator (trombocitopenie), reactiei imunoenzimaticice (nivelul elevat de anticorpi anti-cardiolipinici si anti-fosfolipidici), CT-arteriografiei abdominale (tromboza venelor porta, lienala si mezenterica superioara), examenului histologic al piesei operatorii (tromboza venoasa si arteriala a mezoului ansei intestinale rezecate). Pacientei i s-a administrat tratament anticoagulant profilactic: aspirina si warfarina, mentinindu-se nivelul INR-ului: 2,0-3,0. Concluzii: La pacientii cu tromboza mezenteriala inexplicabila este importanta examinarea nivelului de anticorpi anti-cardiolipinici si anti-fosfolipidici pentru stabilirea diagnosticului de SAFL si administrarea tratamentului anticoagulant de prevenire a complicatiilor.

ANTIPHOSPHOLIPID SYNDROME, COMPLICATED BY SMALL BOWEL NECROSIS – CASE REPORT

Background: Antiphospholipid syndrome (APLS) is an autoimmune disorder of coagulation, which lead to intravascular thrombosis and often is associated with the complications of pregnancy. Cases of clinically evident mesenteric ischemia within APLS are very rare reported. Material and methods: In Department of General Surgery with severe abdominal pain was admitted a woman aged 29 years, 22 days after spontaneous discontinuation of pregnancy. Diagnostic laparoscopy and subsequent laparotomy revealed the presence of necrotic small bowel loop, located approximately at one meter from the Treitz ligament. Resection of affected loop with termino-terminal anastomosis was performed. Postoperative evolution was uneventful.