

ASSESSMENT OF POSSUM SCORE IN SURGICAL DEPARTMENT

Introduction: Objective assessment of operative risk has become an essential condition for the practice of modern surgical departments. Thus, the POSSUM score (Physiological and Operative Severity Score for enUmerating Morbidity and mortality), at this moment, is one of the accurate and accessible systems used for assessment of postoperative mortality and morbidity, one of the few that assesses both individual physiological factors as well as those directly related to the surgery. Methods: We analyzed retrospectively 99 files of patients who have been treated in the postoperative period in the ICU and which included the information necessary for calculation of physiological score (12 parameters), as well as the operative score (6 parameters). Lack of possibility to assess the neurological status using Glasgow scale imposed the exclusion of patients with a score less than 15p. The mortality was calculated with the modified version of the score, P-POSSUM. Statistical data analysis was performed by using SPSS v.16.0. Results: The average forecast mortality was 12.5%, expressed in absolute values it accounted for 12 deaths, while the real number of deaths was 22. The limit of 10% for the probable mortality seems to be a critical one, 20 deaths were observed after this value. Average forecast morbidity was 35.4%, while the real one was 31.3%, the ratio between the number of real and probable cases was 0.89. Conclusions: The POSSUM score provides a relatively truthful prediction of the postoperative mortality and morbidity. Objective forecasting of surgical treatment results is closely connected with precise determination of included parameters.

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PRIMA EXPERIENȚĂ DE FOLOSIRE A UNGUENTULUI „ACERBINE” ÎN PROCESELE NECROTICE ALE ȚESUTURILOR MOI

Zaporojan A., Gutu E.

Catedra Chirurgie Generala, USMF „N.Testemitanu”, Chisinau, Moldova

Pe parcursul anilor 2009 – 2011 la 13 pacienți cu procese necrotice superficiale în diferite patologii (1 caz de herpes a buzei superioare cu necroză superficială, 7 cazuri de ulcere trofice de origine diabetică, asociate cu ateroscleroză obliterantă forma periferică, 3 cazuri de sindrom Raynaud cu necroze distale pe degetele mâinilor și 2 cazuri de plăgi posttraumatice) în calitate de tratament local a fost utilizat unguentul austriac „Acerbine” cu efect bun uimitor. Chiar după primele 24 ore în primul caz (pacienta P.A., 1949) în necroza diabetică a piciorului stâng, asociată cu ateroscleroză obliterantă forma periferică, a apărut în centrul suprafeței necrozate o insuliță de 2,5 cm de granulație roză, curată, fără careva eliminări. În staționar cazurile au fost tratate prin metoda deschisă, fără aplicarea pansamentelor, cu prelucrarea plăgilor necrotice de 3 ori în 24 ore cu H₂O₂ – 3% , betadină și aplicarea Acerbinei pe suprafața plăgilor. Epitelizarea plăgilor necrotice – absolut perfectă în toate cazurile, fără careva schimbări cicatriciale, precum sunt prezentate demonstrațiile foto a dinamicii la 3 pacienți. Experiența noastră permite să recomandăm folosirea unguentului „Acerbine” în chirurgia septică chiar și în cazurile folosirii bisturiului. Durata epitelizării plăgilor se micșorează minimum de 2 ori și în defectele necrotice 2-5 cm constituie 5-7 zile, iar în cazurile plăgilor necrotice mai mari de 10-15 cm durata proceselor în plagă până la epitelizare au constituit 12-15 zile. În comparație cu rezultatele folosirii Levosinei, Levomecolului și ale altor unguente rezultatele aplicării unguentului „Acerbine” s-au dovedit a fi comparativ mai satisfăcătoare.

FIRST EXPERIENCE OF USING THE OINTMENT “ACERBINE” FOR NECROTIC SOFT TISSUE PROCESSES

During the years 2009-2011 in 13 patients with superficial necrotic processes in various diseases (1 case of herpes of the lip with superficial necrosis, 7 cases of trophic ulcers of diabetic origin, associated with atherosclerosis obliterans – peripheral type, 3 cases of Raynaud syndrome with distal necrosis on the fingers of hands and traumatic wounds in 2 cases) as local treatment was used ointment “Acerbine” with amazing good effect. Even after 24 hours in the first case (patient P.A, 1949) in diabetic left foot necrosis, associated with peripheral forme of atherosclerosis obliterans, an island area of rose tissue of 2.5 cm appeared in the necrotic center, without any deletions. In stationary cases were treated by open method, without applying dressings, wound with necrotic process were cleaned 3 times in 24 hours with 3% H₂O₂, Betadine and applying Acerbinei on wound surface. Necrotic wound epithelization in all cases was absolutely perfect, without any scar changes, such as photo dynamic demonstrations presented in 3 patients. Our experience allows to recommend the use of ointment “Acerbine” in septic surgery even when using knife. Epithelization duration decreases at least 2 times and for 2-5 cm necrotic defects is 5-7 days, and for necrotic wounds more than 10-15 cm length wound epithelization processes have accounted for 12-15 days. Compared with the results of use Levosin, Levomecol and other ointments, the results of the ointment “Acerbine” proved to be comparatively satisfactory.