si detoxifiante hepatice, concepte de diagnostic nestabilite pedeplin. Actul chirurgical se impune in mod exceptional si nu vizeaza intru totol veriga patogenica.III.APUD-ome ulceroase (S-m Zollinger-Elison, hiperparatiroidism primar etc.)se manifesta prin agresiune acido-peptica absoluta; ulcer gigant postoperator precoce (hemoragie, necroza-perforatie-dehiscenta); diagnostic dificil si tardiv. Actul chirurgical rezolva problema in principiu prin inlaturarea APUD-omului sau a sursei secretoare de acid.

CLINICAL –EVOLUTIVE AND PHYSIOPATHOLOGICAL CONSIDERATIONS IN GASTRODUODENALULCERS.CLASSIFICATION AND MEDICO-SURGICAL TREATMENT

We purpose our study regarding the medico-surgicaltreatement of different gastrodudenal ulcers according to physiopathological behaviour and complications.A general investigation of 1885 patients with gastrodudenal ulcers have pointed out a) 1812 patients with primary gastrodudenal ulcers:620 urgent and 1192 planned admissions.1015 patients(56%) have been operated on,from which 678(66.7%) in planned operations,performing a distal gastrectomia in 442cases(65,2%)and vagotonia with gastric drainage operations in 236 cases(34,8%);797 patients have been treated conservatively. weregistred 13 deceases(1,3%);b)in 68 cases has been established a diagnostic of a secondary gastrodudenal ulcer:36-hepatogenous ulcers,16 discirculatory ulcers:14 ulcers generated by chronic pulmonary diseases,uremia ,stress,leukemia and medicine grouds.Bleeding ulcers -27 and perforated-18 cases.We had 21 deceases(30,8%):c)At 5 patients,after a complete clinical and pathomorphological examination,the diagnostic of an APUD-om has been confirmed (3deceases)On the basic of this study we conclude:1.Primary ulcer .Gastric and/or dudenal ulcers appear at a lack of balance berween the acidopeptic aggression and gastric protection with a preponderance of aggression .The medico-surgical attitude is the abolishment of the aggression and in addition the support of the gastric protection factors:2.Secondary ulcers (hepatogenous,ateroclerotic,uremic,etc)are expressed by a minimal acido-peptic aggression and an important defect of gastrointestinal protection factors,tissue hypoxia,severe regional and systemic circulatory alterations of energy and detoxification hepatic systems,not fully established concepts:surgical procedure is exceptional and can not deal with the main pathogenic factor.3.APUD-oms(Zollinger- APUD-omului sau a sursei secretoare de acid.Ellison,,hyperparatireoidism,etc.)are expressed by an obsolute acido-peptic aggression,gigantic postoperative ulcer(bleeding nectotising-peroration-anastomotic failure),difficult and late diagnostic.Surgery solves the problem,generally,by removing the APUG-oms or the acidity secretion source.

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CHIRURGIA BOLII ALCALINE DE REFLUX POSTOPERATOR

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Introducere:Se analizeaza retrospectiv experienta clinicii pe 30 de ani (1981-2010) privind diversia duodenala totala Y-Roux (DDT) in tratamentul bolii alcaline de reflux postoperator(BARP). Materiale si metoda, rezultate: Din 89 de pacienti cu gastrojejunostomie Y-Roux dupa rezectie gastrica distala cu diverse indicatii, am selectionat 29 de pacienti la care procedeul s-a folosit in tratamentul BARP. Am exclus 9 cazuri cu DDT pentru patologie primara de reflux alcalin. In 20 cazuri DDT a fost practicata ca o modalitate reconstructiva pe "stomac operat": degastrogastrectomie sau conversie a montajului anastomotic preexistent (la bolnavi cu 1-3 operatii in antecedente, cu tulburari severe de motilitate).Se constata o scadere a numarului de cazuri in ultimii ani.La 9 pacienti DDT a fost utilizata ca intentie curativa antireflux dupa chirurgia biliara:colecistectomie ± coledocoduodenostomie, constatand cresterea numarului de cazuri in ultima perioada.Criteriile de indicatie chirurgicala: clinice, radiologice, endoscopice, histologice au selectionat pentru interventie cazurile severe.Se prezinta particularitatile tehnice ca si consecintele morfofunctionale ale DDT. Rezultatele imediate sunt foarte bune: morbiditate minima (o reinterventie precoce pentru ocluzie digestiva inalta) si mortalitate postoperatorie zero. Rezultatele la distanta –evaluate clinic, radiologic, endoscopic si histologic- arata o ameliorare postoperatorie certa, cu exceptia anumitor forme histologice.Concluzii:Incidenta BARP dupa chirurgia gastrica a scazut, prin scaderea drastica a indicatiei operatorii pentru boala ulceroasa; in schimb creste relativ incidenta acestei entitati dupa chirurgia biliara . DDT este o procedura eficienta dar de rezerva, indicata in cazuri bine selectionate. Se constata o ameliorare postoperatorie certa clinica, endoscopica si histologica, cu exceptia gastritei atrofice si a metaplaziei intestinale , care se amelioreaza in mica masura.

SURGERY IN POSTOPERATOR ALKALINE DESEASE

Introduction.We analyzed the experience of the Clinic on past 30 years (1981-2010) regarding total duodenal diversion (TDD) with Roux- en- Y gastrectomy for postoperator alkaline reflux disease (PARD). Materials and method, results: Among 89 patients presenting Y-Roux gastrojejunostomy after gastric distal resection for various indications, we selected 29 patients in which the procedure was used as treatment of PARD. We excluded 9 patients with TDD for primary alkaline reflux disease. In 20 cases TDD was used as a reconstructive procedure on "operated stomach" : degastrogastrectomy or conversion of the existing anastomotic assembly (at patients with history of 1-3 gastric operations, with severe motility disorders). It is ascertained a decrease in the number of such cases in recent years. At another 9 patients TDD was used as an antireflux cure after biliary surgery: colecistectomy ± choledocoduodenostomy, noting the increase number of such cases lately. The criteria for surgery indication: clinicals, radiologycals, endoscopicals, histologicals selected for intervention severe cases. There are presentated techniques particularities and morfofunctional consequences of TDD. Immediate results were very good: minimal morbidity (one early reintervention for acute digestive occlusion) and no postoperator mortality. Long time results – clinical, radiological, endoscopic and histological evaluated- showed a certain postoperator improvement , excepting some definite histological forms. Conclusions: PARD incidence after gastric surgery has decreased through drastically decrease of surgical indication for patients with gastroduodenal ulcer; after biliar surgery. TDD is an efficient procedure but as a backup, being indicated only in cases very carefully selected. It is observed a definite clinical, endoscopic and histological postoperator improvement excepting atrophic gastritis which is less improved.
