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SOLUTII TERAPEUTICE IN ULCERUL HEMORAGIC GASTRODUODENAL

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Introducere: Complicația hemoragică a ulcerului gastroduodenal cunoaște o incidența în creştere în ultimii ani. Studiul își propune reevaluarea atitudinii terapeutice în cazul ulcerului gastroduodenal hemoragic, cu stabilirea unor criterii de gravitate în care intervenția chirurgicală se impune. Material si metode: Studiul analizează retrospectiv un număr de 337 de pacienți cu diagnosticul de ulcer gastroduodenal hemoragic, internați și tratați în Clinica Chirurgie a Spitalului Clinic de Urgență „Sf. Pantelimon", în decurs de 3 ani, în perioada ian. 2008 – dec. 2010. S-au analizat datele din foile de observație, protocoale operatorii, rezultate histopatologice. Rezultate: Majoritatea hemoragiilor digestive superioare de cauză ulceroasă au fost rezolvate cu tratament medicamentos (278 bolnavi). La restul de 59 de pacienți a fost necesar un tratament chirurgical, dintre care la 43 pacienți intervenția a fost impusă de pierderea de sânge ce amenință viața, iar la 16 pacienți intervenția a fost impusă de criteriile de gravitate/criteriile prognostice: repetarea sângerarii la scurt timp, criterii endoscopice de gravitate, grupa de sânge rară, etc. La 32 de bolnavi s- au practicat rezecții gastrice subtotale cu diferite tipuri de anastomoză iar în 27 de cazuri s-a practicat ulceroexcizie și hemostaza in situ. Concluzii: Evoluția ascendentă a terapiei farmacologice și endoscopice a scăzut semnificativ necesitatea intervențiilor chirurgicale. Intervenția chirurgicală rămâne mijloc terapeutic util în cazurile cu sângerare masivă și în cazurile neglijate terapeutic.

GASTRODUODENAL ULCER WITH BLEEDING – A RECONSIDERATION OF THERAPY

As a complication of gastroduodenal ulcer, bleeding is more and more frequent. The study aims to reevaluate the therapeutic approach together with the development of criteria recommending surgery. Material and methods: The study evaluates 337 patients diagnosed with gastroduodenal ulcer, complicated with bleeding, between January 2008 and December 2010. Data was collected from patient charts, operative recordings, histopathological results. Results: The majority of upper GI bleeding, following the development of an ulcer was managed with medical therapy (278 patients). The remaining 59 patients required surgery, imposed in 43 cases by life threatening blood loss, and in 16 by gravity/prognostic criteria: frequent recurrence of bleeding, endoscopic gravity criteria, rare blood group, etc. Subtotal gastrectomy with various types of anastomosis was performed in 32 cases while in the remaining 27 cases we performed the excision of the lesion and in situ hemostasis. Conclusions: The evolution of pharmacological and endoscopic management significantly reduced the necessity for surgery. Surgery remains a useful therapeutic tool in cases with massive bleeding and in neglected cases.

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IINCIZIA ŞI EXCIZIA ENDOSCOPICA PENTRU AMPULOM VATERIAN. PAŞI CONSECUTIVI

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ENDOSCOPIC INCISION AND EXCISION FOR THE AMPULLOMA OF VATER. CONSECUTIVE STEPS

Introduction. The treatment options for tumors of the ampulla of Vater include endoscopic miniinvasive procedures, local resection and radical pancreaticoduodenectomy. However, pancreaticoduodenectomy is still associated with risc of high morbidity and mortality. Local resection of benigne or malignant ampullomas may not be safety and risc of complications is olso high. Endoscopy and ERCP-related miniinvasive procedures have a considerable importance in diagnosis and consecutive treatment of ampullomas of Vater.Materials and medods. A total 14 patients with ampullary neoplasms were managed from 1997 to 2011. There was 8 male and 6 female mean age 56 (42 - 72), who was treated preoperatively by different gastrointestinal disorders and jaundice in the therapeutic clinics. Duration of preoperative symptomatic period was 1 – 6 months. All patients have had obstructive jaundice during 14 to 45 days. Early colecistectomised in the period from 1 month to 12 years was 5 patients (36%). Diagnostic was based on clinical findings, laboratory test abnormalities, ultrasound (USG) and CT-scan signs of biliary hypertension, radiological (duodenography) and routine endoscopic examination (FEGDS). All patients submitted ERCP and endobiopsy of neoplasm as the first step of combine endosurgical treatment. Consecutive surgical steps was so as:I.Endoscopic sphincterotomy only - 6 (benigne);II.Endoscopic sphincterotomy and open local resection of ampulloma – 2 (benigne);III.Endoscopic sphincterotomy and Whipple procedure – 2 (malignant);IV.Endoscopic sphincterotomy and endoscopic snare resection of ampulloma.- 4 (1-benigne and 3 - maligne).Rezults. Endoscopic sphincterotomy (ES) was succesfull in all of cases and was a suficient procedure for temporary biliary decompression. In 6 of case ES was definitive procedure of treatment. In 2 cases of benigne neoplasm тhe surgical treatment was finished by open local resection of ampulloma. In 2 cases of adenocarcinoma of Vaters papilla, tie patients supported Whipple procedure with good outcome. Open surgical procedure was performed after reducing of obstructive jaundice. Endoscopic snare resection of ampulloma was performed in 1 case of benign ampulloma and 3 cases of adenocarcinoma of Vaters papilla. One endoscopic snare resection was performed in two steps during 3 days because of big size of neoplasm to 4,5 x 5,0 cm. The control endobiopsy during 1 – 3 years after snare resection is negative.Conclusions. 1.Endoscopic sphincterotomy in treatment of Vaters ampulloma is the important step for biliary decompression or as definitive procedure.2. Endoscopic snare resection of malignant Vaters adenoma is possible with good outcome.