90. EPIDEMIOLOGICAL,CLINICAL FEATURES AND RISK FACTORS IN FAILURE TO PROGRESS

Rodoman Iulia

The purpose: The aim of this work is to analyze risk factors, epidemiological and clinical features in failure to progress.

The objectives:

- Evaluation of the epidemiological aspects in failure to progress.
- Evaluation of the risk factors for the failure to progress.
- Evaluation of delivery progress, postnatal and neonatal periods in failure to progress.

Materials and Methods: This work is a retrospective study in which we used the following series of survey methods: sampling data from medical documents, statistics and mathematical analysis of the results. The material was collected in Chisinau Maternity IMSP SCM nr. 1. To implement the objectives of this work we studied the process of delivery, postpartum and neonatal periods in 5306 childbirth stories. From 5306 clinical cases studied were selected 368 labor histories, among which 184 - all the clinical cases of childbirth complicated by the failure to progress (contains 3.5%), which compose a workgroup. For comparison, we have selected 184 clinical cases with physiological parturition in the control group. Information derived from labor histories with particularities in anamnesis, pregnancy, delivery process were registered in a specially questionnaire.

Conclusions:

1. The failure to progress occurs with a frequency of 3.5% (293 cases out of 8336). During our research, we found that the frequency of the weakness of labor depends on the following factors: age (more prevalent among 21-30 age), weight (obesity increases the risk of failure to progress in 2.3 times) and smoking (increased risk of failure to progress in 3 times).

2. The following predominant risk factors were revealed in our study: extragenital diseases (RR-relative risk= 2.44), especially endocrine (RR = 3), urogenital (RR = 3), cardiovascular pathology (RR = 3), gynecological diseases (RR = 4.2) in history, especially vulvovaginitis (RR = 2.3), vaginitis (RR = 2.6). It was found in our study, that nulliparous women 21-30 years have the risk of failure to progress increased by 1.5 times. Increasing the duration of pregnancy (RR = 2.4), presence of abortion in anamnesis , pathology of amniotic fluid , especially meconium (RR = 4.6) are also risk factors which in our opinion can lead to failure to progress.

3. There are 102 (55.4%) cases of cesarean section in work group. 134 (72.8%) women has received Oxytocin and 50 (27.2%) women had urgent indications for caesarean section. 62 (33.7%) received oxytocin finished by caesarean section. The remaining 72 (39.1%) women gave birth naturally.The complications in progress to failure are associated with a weak tone of the uterus, low tendency to involution and high tendency to bleed . Thus, the most frequent complication of postpartum are: hemorrhage (RR = 4) , endometritis (RR = 5) , the remnants of placental tissue (RR = 2.4) and postoperative complications (RR = 3). Increasing the duration of dry periods and pathological changes of amniotic fluid affect the neonatal period: increasing number of children with hypoxia (RR = 4) and posthypoxic encephalopathy (RR = 1.5).

91. INFANTILE HYPERTROPHIC PYLORIC STENOSIS

Said Said

Academic Adviser: **Gudumac Eva**, M.D, Ph.D., Doctor professor, State Medical and Pharmaceutical University " Nicolae Testemitanu" , Chisinau, Republic of Moldova

Introduction: The pyloric muscle is a sphincter defining the transition between the stomach and duodenum ,it control the outflow from the stomach preventing passage of large pieces of food to the duodenum, and to prevent backflow of intestinal content to the stomach. Infantile hypertrophic pyloric stenosis (IHPS) is familiar to most pediatric and general practitioners. There is hypertrophy and hyperplasia of the antropyloric portion of the stomach, which becomes abnormally thickened, it manifests as obstruction to gastric emptying.

Purpose and Objectives: Highlighting the etiology, clinical manifestation, diagnosis and surgical treatment in hypertrophic pyloric stenosis behalf of the literature and case report, comparing open versus laparoscopic procedure.

Materials and methods: The project is based on 20 articles and 5 published case report regarding hypertrophic pyloric stenosis, one patient case study.

Results: the etiological factor for infantile hypertrophic pyloric stenosis remain idiopathic, with new risk factor erythromycin that will bind to motilin receptors directly on smooth muscle and cause contraction of pyloric bulb in addition to other risk factor like maternal smoking, and bottle feed. Infants with IHPS are clinically normal at birth, but they develop a nonbilious forceful vomiting during the first weeks of postnatal life, which is described as "projectile", if the child remain without treatment it will cause dehydration symptoms. The clinical diagnosis hinges on palpation of the thickened pylorus "straightforward after palpation of the olive sign in lateral rectus abdomens muscle after feeding the child" and the best alternative method is ultrasound of abdomen due to little cost and effectiveness. The treatment is surgical with two main method open pyloromyotomy ramstedt procedure or laparoscopic pyloromyotomy procedure.

Conclusion: The laparoscopic pyloromyotomy is more effective with less complication and faster time recovery with minimal scar tissue, the progressive is excellent normally without complication.

Keywords: hypertrophic pyloric stenosis, laparoscopic pyloromyotomy, ramstedt procedure, motilin receptors, erythromycin

92. POSTOPERATIVE COGNITIVE DYSFUNCTION IN PATIENTS AFTER LAPAROSCOPIC CHOLECYSTECTOMY

Severin Ghenadie, Lazari Victoria, Belîi Natalia, Chesov Ion

State Medical and Pharmaceutical University „Nicolae Testemiţanu", Chişinău, Republic of Moldova

Academic adviser: **Belîi Adrian,** Ph.D., AFSA, ISIA. Associate Professor, State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction:

Postoperative cognitive dysfunction (POCD) is characterized by deterioration of cognitive performance (memory, learning, concentration), which appears after anaesthesia and surgery. POCD is insufficiently studied after minimally invasive cellioscopic interventions.

Objective of the study:

To evaluate the postoperative cognitive status at the 7-th day after cellioscopic colecystectomy.

Materials and methods:

Intravenous-inhalatory anaesthesia (propofol, fentanil, and sevoflurane or isoflurane). EC approved and written informed consent obtained. Neurocognitive testing (n= 126, age: 46 [18-65] years) at 24 hours preoperatively and postoperative at 7-th day. Used tests: mini mental status (MMS), digit span test (DST), digit connection test (DCT), digit symbol substitution test (DSST) and Reedley colour stroop test (RCST). Statistics: t-Student and Wilcoxon.

Results:

MMS: 28,47 (95CI 28,08–28,86) vs. 28,79 (95CI 28,44–29,13), p=0,206. DST: 9,85 (95CI 9,46–10,23) vs. 9,96 (95CI 9,54–10,39), p=0,76. DCT: 37,82 (95CI 35,17–40,48) vs. 33,34 (95CI 30,76–35,92), p<0,0001. DSST: 36,86 (95CI 34,73–38, 98) vs. 39,75 (95CI 37,38–42,12), p<0,0001. RCST: 18,37 (95CI 16,85–19, 88) vs. 16,79 (95CI 15,01–18,57), p=0,008. Conclusions: (1) Cognitive function in patients undergoing cellioscopic cholecystectomy with balanced anesthesia seems to be affected one week postoperatively. (2) It remains to be established whether the changes found could be defined as "POCD", and if they have any impact on the quality of patient's life.