

Results: Initial SEMS haemostatic efficacy was 100%. Partial distal stent migration was documented on X-ray and CT-scan in 5/12(41.6%) and stent reposition was achieved by second-look endoscopy. The 30-days mortality was 25% (3/12). Tanatogenesis was induced by hepatic failure (n=2) and bleeding EV distally to the stent distal end (n=1).

Conclusions: The preliminary results demonstrate that stenting is an effective life-saving hemostatic procedure in high-risk patients with severe esophageal variceal bleeding and endoscopic hemostasis failure as well as postbanding esophageal ulcers. Final conclusions will be reached after gaining experience with this new method on larger series.

Key words: esophageal varices, bleeding, stent.

MANAGEMENT OF BLEEDING ECTOPIC VARICES

Zastavnițchi Gh., Ciobanu N., Bunic Gh., Cotoban N., Dolghii A., Mishin I.

Academic adviser: Ghidirim Gheorghe, M.D., Ph.D., Professor, Academician, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova.

Introduction: Bleeding ectopic varices (EcV) are uncommon and a difficult conditions to manage. The clinical data of patients diagnosed and treated for bleeding EcV were reviewed to investigate the treatment strategy.

Material and Methods: Patients diagnosed with bleeding EcV over a period of 10 years were identified from the comprehensive surgical database of our institution.

Results: There were six patients (F-2, M-4) with the mean age of 46.8 ± 7.3 (20 to 76) years. The location of the EcV was: duodenal (DV, n=2), isolated gastric varices type 2 (IGV2) according Sarin classification (n=2), and rectal (RV, n=2). EcV were induced by liver cirrhosis (LC) - 2, postthrombotic portal cavernoma (PC) - 1, LC+PC - 1, hepatocellular carcinoma (HCC) +PC-1 and left-sided portal hypertension - 1. The EcV were managed as an emergency in 4 (DV-2, IGV2-2) and elective in 2 with RV. Bleeding EcV were managed by endoscopic ligation with HX-21L-1 (Olympus®, ET, Japan) device with mini-loop MAJ-339 (n=2, DV and IGV2) and endoscopic ligation with HMBL-4 (Wilson-Cook®, Winston-Salem, NC, SUA) (n=2, RV). Haemostatic efficacy was achieved in all cases. Surgery was performed in 2 pts: for IGV2 - stapling fundectomy with splenectomy and for DV - surgical ligation of affected vessels. In-hospital lethality was - 1/6 (16.6%).

Conclusion: Bleeding EcV's are a challenging emergency, haemostatic procedures depending on the site, bleeding activity and local expertise.

Keywords: varices, ectopic, bleeding.

GALLBADDER VARICES

Zastavnițchi Gh., Ciobanu N., Bunic Gh., Cotoban N., Dolghii A., Mishin I.

Academic adviser: Ghidirim Gheorghe, M.D., Ph.D., Academician, Professor, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova

Introduction: Gallbladder varices (GBV) are relatively rare ectopic varices in patients with portal hypertension (PH).