sensory disturbance and a normal neurological examination. Surgical treatment is recommended for patients with TN that is medically refractory, who are intolerant of medication or who prefer surgery as their primary treatment of this condition. Idiopathic trigeminal neuralgia has an incidence of 3-5/100000 cases. Since the description by Hartel in 1912 of transovale trigeminal rhizotomy a number of treatment options have been described. In patients unsuitable for microvascular decompression, selective interruption of the nociceptive fibers in most cases can provide pain relief. We present our experience on a case of TN treated in our clinic using C-arm guided rhizotomy.

Methods: Subject – 56 year old woman diagnosed with idiopathic trigeminal neuralgia, drug resistant. Pharmacotherapy for 2 years, during pain episodes with Carbamazepine 400-800 mg/day. The patient was under neroleptanalgesia in the supine position. Placement of the stylet needle according to the Hartel's landmarks. Under Rx control the needle entered at a point 2.5–3 cm lateral to the mouth's commisure targeting the foramen ovale (FO) situated at the 90° intersection of the ipsilateral pupillary line with a point 3 cm in front of the tragus. A No. 4 Fogarty balloon catheter with cannula were introduced. After the insertion of the catheter under Rx control the balloon was expanded to a pear-shaped form with injection of a radio-opaque contrast and compression for 60-90s. No complications occurred.

Results: Pain relief was acquired in matter of hours and recurrence produced at 3 years post interventional.

Conclusion: We conclude that the balloon compression seems to be an effective method in the treatment of idiopathic trigeminal neuralgia. Careful advancement of the needle and catheter with the help of anatomic landmarks and radiological guidance may minimize the risk of technical problems and post-surgical morbidity. We also emphasize that the surgeon should make every possible effort to obtain the pear-shaped balloon with compression time (60-90s) for favorable results.

Keywords: Image guided surgery, Trigeminal neuralgia, Functional neurosurgery, Rhizotomy, Baloon compression, Minimally invasive surgery, Frameless stereotaxy.

SPLEEN INJURE TREATMENT RESULTS ANALYSIS

Pavlovschi Dana, Pavlovschi Iana, Tugui Elena

Academic adviser: Beschieru Traian Iacov, MD, Ph.D, Associate Professor, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova

Introduction: In the case of abdominal injuries the statistics of the spleen damage is 57% while the mortality – up to 36,6%. Most cases of spleen injuries require splenectomy which may result in multiple early and late postoperative complications and even death (21,4%). The post-splenectomy syndrome that appears to be a common complication has a negative impact upon the patient's quality-of-life index and social adaptation.

Goals: The analysis of the treatment results and the assessment of the quality-of-life index in the case of patients who undergone splenectomy compared to the patients who undergone organ-preserving operations and non-operative treatment methods.

Objectives: 1. Research of the frequency and type of early post-splenectomy complications in case of patients who undergone splenectomy compared to patients who undergone organ-preserving operations and non-operative treatment methods.

2. Research of the frequency and type of late post-splenectomy complications in case of both group's patients.

Materials and Methods: The authors have studied 48 medical records and carried out a survey of 46 patients who had suffered from spleen injury and undergone treatment at the National Scientific-Practic Center of Emergency Medicine, RM, 2009-2011.

Results and Discussion: The average age of the researched group was 38,72±17,93. Early complications in the case of post-splenectomy patients have appeared in the case of 60% of patients, 44,66% being infectious complications; in the case of patients who undergone organ-preserving operations - 6,25% while the late complications. The late post-operative period in the post-splenectomy patients' group was marked by a larger number of infectious complications' cases (36,33±14,99 compared to 36,33±14,99 and 14,44±7,24 in two other groups) and by a significantly lower quality-of-life index.

Conclusions: 1. The frequency of early complications in the post-splenectomy group is 9 times higher than in the case of the group of patients who undergone organ-preserving operations. Most complications are caused by infections (pneumonia, sub-diaphragmatic abscess, peritonitis).

2. The late complications in the post-splenectomy group have a mostly infectious nature (increased incidence of infections and increased frequency of chronic diseases' exacerbations). The use of organ-preserving tactics in cases of spleen injuries allows to improve the quality-of-life index of operated patients in the late post-operative period.

Key words: splenectomy, spleen injury, quality-of-life index, post-splenectomy syndrome, complications.

THE OBJECTIVES OF THE TREATMENT OF PATIENTS WITH VASCULAR TRAUMA

Cerevan E., Castraveț A., Stegărescu P.

Academic adviser: Castraveț A., M.D., Ph.D, University Assistant, State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova

Aim of the study: Assessment of the possibility of surgical treatment of vascular trauma using the open wound method.

Material and methods: During the period of 1990-2011, 66 patients with vascular injuries associated with bacterial contamination and delabrante wounds were treated using the open wound method. Extraanatomic by-passes with reversed internal saphenous graft have been aplied to 12 patients. The initial wound was left opened for proper drainage and repeated debridement. In 54 cases the extraanatomic by-pass was not possible for such technical reasons as insufficient diameter and length of the autologous saphenous graft, considerable tissue destruction and contamination in the region with opportunity to pass the graft. In these patients open wound vascular repair was used.

Results: During the postoperative period 2 cases of erosive bleeding occurred, which were stopped by applying autovenous patches, adequate wound drainage and suturing on granulation tissue. Such interventions as arterial ligation and amputations were not necessary.

Conclusion: In cases of vascular trauma associated with extended damage and important bacterial contamination of the adjacent tissue, it is preferable to perform extraanatomic by-passes within viable and uncontaminated tissues. In cases when the by-pass cannot be performed, revascularization in situ using the open wound method is required. Access for control and repeated debridement of the tissues ajacent to the repaired vessel is realized through the unsutured postoperative wound or through large additional contraperture incisions.

Keyword: vascular trauma, extraanatomic by-pass, autologous saphenous graft.