

THE SAFETY OF ENDOSCOPIC BAND LIGATION OF ESOPHAGEAL VARICES DURING PREGNANCY VERSUS ENDOSCOPIC SCLEROTHERAPY IN PATIENTS WITH CIRRHOTIC PORTAL HYPERTENSION

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Introduction: Pregnancy is unusual in women with portal hypertension (PH), and no clear guidelines for the management of esophageal varices (EV) during pregnancy and their major complication- variceal bleeding have not been yet established. The purpose of this study was to compare the efficacy of endoscopic band ligation (EBL) in treating of the EV during pregnancy, versus endoscopic sclerotherapy(ES).

Materials and Methods: The subjects of the present study were four cases of pregnant women (mean age- 30.3 ± 1.4) with posthepatitis (HCV, HBV) liver cirrhosis and high-risk of EV (F3, RCS+++). Severity of liver disease was classified: A/B/C-2/1/1, the mean(s.d.) score on admission was 6,7/10/12(9,3). EBL has been carried out with MBL-6 or MBL-10(*Wilson-Cook*®, *Winston-Salem, NC, USA*) in three cases. EBL was performed at $27,6 \pm 4,2$ weeks gestation. In one case it was performed ES.

Results: Characteristics of EBL were: total sessions-3, mean (s.d.) rubber band consumption-4.3(0.8). The complete EV eradication (F0, RCS-) was obtained in this patients with *zero* episodes of EV bleeding. The patients underwent delivery thorough cesarean section in two cases (n=2) and per vias naturalis in one case (n=1), with an elective-assisted second stage. There was 1 maternal death in the postpartum period due to fulminant hepatic failure. In case of endoscopic sclerotherapy, the complete EV eradication was not obtained. The patient underwent delivery by cesarean section at 37 weeks of gestation because of deep fetal grow restriction(FGR) in baby and high-risk EV(F2) in mother.

Conclusions: Treatment of EV during pregnancy is a rare and serious clinical dilemma especially in endemic zone. Initial experience and sporadic cases described in special medical literature, had demonstrated that EBL appear to be a useful treatment in pregnant women with EV without fetal complications. In the same time ES, according to conflicting data in literature, is not very safe during pregnancy. This may cause deep necrosis of esophageal wall with its rupture or stenosis in mother and FGR or fetal malformations in baby. With this approach, firstly we can think that FGR in our case may be a complication of ES. EBL represents a major alternative to ES, because no chemicals are used during the procedure and the risk for baby decreases. Secondly, in case of EBL was obtained a complete EV eradication.

Key words: pregnancy, esophageal varices, endoscopic treatment.

SURGERY MANAGEMENET IN DIABETIC FOOT

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Introduction: The present problem of the diabetic foot is valid everywhere by Sent Vincent declaration, received in 1989. Here especially we can find the problem of increasing incidence of diabetes and the importance of through studies of diabetic foot. But the problem of surgical diabetic foot remains still open. This complication is ended with mutilating amputations in 80-83% cases. The goal of this study was to determine the surgical tactics in patients with diabetic foot, as well as the level of amputation.

Materials and Methods: 98 diabetic patients were studied for the main complaint of diabetic foot, being admitted to the septic surgery of the municipal hospital No. 1 in 2011. Patients ranged from age 42 to 78. Ration men-women, was practically equal 1:1. Type 1 diabetes was recorded in 91% patients. Record character of plantar conditions were as follows: the plantar gangrene or two and more fingers - in 44 cases (44.8%), dry gangrene of one or more fingers-20 (20.1%), phlegmon - in 25 cases (25.5%), and trophic ulcers of the plant and calacaneus-9 (7.5%).

Results: Patients in the study group were treated by means of different methods: in 16 cases we used the open method of treatment of the infected wound, dressings daily, necrectomies and medication in order to improve the blood circulation.

82(83.7%) patients were operated in the study group. The following surgery was performed: (I) Processing of surgical phlegmon with repeated necrectomies -25 (30.4%) of 82 operations; (II) Wide amputation at the thigh and ankle - 14 (17.0%); (III) Lower amputations (exarticulations of fingers, partial amputation of the foot sole - 30 (36.8%); (IV) Reconstructive operations on vessels (deep plastic surgery, by pass ileo-femoral) - 7 (0.8%); (V) Transplantation of skin was performed in order to cover defects-6 (0.7%).

4(0.4%) died patients in the study group, two of them with poliorganic background failure were not operated. 72 (73.6%) patients were discharged in a satisfactory condition and 22 (26.0%) continued their treatment in out-patient department

Unoperated patients were discharged after 12-18 days in a satisfactory condition, when wounds were healed or were in the process of grain, to extend the outpatient treatment.

Conclusions: Patients with serious complications of diabetes, diabetic plantar is hospitalized in specialized sections later, when they have gangrene or necrosis and flegmons. For reasons of, reconstructive operations are quite low (0.8%). In the study group prevailed mostly, wide and low amputations (53.8%). Diabetic phlegmon, requiring debridement and daily necrectomies with a recovery rate of 15 - to 32 days.

Key words: diabetic foot, surgery.

PROGNOSTIC CRITERIA OF PARACENTETIC - DRAINAGE METHOD EFFECTIVENESS FOR TREATMENT OF EXTRA-ORGAN INFECTED FLUID COLLECTION IN ABDOMINAL CAVITY

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Introduction: One of the most important current surgical tasks is the treatment of the intra-abdominal abscess patients, because there is neither positive tendency to reduce the amount of acute inflammatory diseases of abdominal cavity organs nor the tendency to reduce the postoperative suppurative complications. There is no doubt today about efficiency of transcutaneous abscess drainage under ultrasound guidance, but there are some contradictory opinions about efficiency of paracentetic treatment as compared to conventional surgical procedure.

Research goal is to study the effectiveness criteria of paracentetic-drainage method in extra-organ infected fluid intraabdominal collections treatment and their dependence on collection echostructure and etiology.