

peutic procedures and look at their results in terms of tumor control and facial nerve function preservation. The surgical group consisted mostly of patients with equal or bigger than 3 cm (80,95%) tumors out of which 80,95% showed imagistic or clinical signs of brainstem compression. The radiosurgery group consisted exclusively of tumors smaller than 3 cm. Facial nerve function preservation results were unsatisfactory in the surgical group but were good for the patients referred to radiosurgery.

Results: Our results show that tumor size is a major factor in facial nerve function preservation. However for large tumors surgery is the only possible therapeutic method.

Conclusions: For those patients with smaller tumors and very good preoperative neurological function radiosurgery should be the therapy of choice, keeping in mind that in 12% of the cases in our series there has been an enlargement in tumor volume that could raise the indication for microneurosurgery

Key words: gamma-knife, microneurosurgery, vestibular schwannoma.

THERAPEUTIC APPROACH IN SPLENIC INJURIES

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Introduction: A better knowledge of splenic functions and an increasing awareness of the postsplenectomy complications, the position towards splenic injuries (SI) approach has changed over time with the development of imaging techniques.

Purpose: To analyze the management outcomes in SI.

Material and Methods: There were 77 consecutive patients with SI, treated at the Emergency Hospital between 2008 and 2011. Male/Female ratio was 2,5:1. The overall mean age was 40 years. Blunt abdominal trauma prevailed in 74(96,10%) cases. The mechanism of injury was: falls – 44,74%, followed by motor vehicle accidents – 34,21%, assaults – 19,48%, spontaneous rupture of the spleen – 1,30%. Twenty-six (33,77%) observations had an isolated SI, 3(3,90%) – multiple injuries, associated injuries – 62,34%. Associated injuries to the thorax (42,86%) were the most common, 31,17% presented right lower rib fractures. Thoracic lesions are followed by cranio-cerebral trauma with 14(18,18%) cases, limbs fractures – 13(16,88%), liver injury – 8(12,12%), kidney injury – 7(10,39%), hollow viscous injury – 7(10,39%), hip fractures – 8(12,12%), diaphragmatic tear – 3(3,90%) and pancreas injury – 2(2,60%). Shock was present on 33(42,86%) patients, of which 9(11,69%) – gr. III-IV. An abdominal US was performed in 67(87,01%) patients, sensitivity of FAST being 88,05%. The total number of 43(55,84%) patients had a CT scan, with a 95,35% sensitivity. Diagnostic laparoscopy constituted 44,16%, with a 76,47% sensitivity.

Results: Forty-one (53,25%) patients had a surgery: either splenoectomy (n=36), or splenic conservation procedure (SCP) (n=5). SCP was performed using topical haemostatic agents (n=2) and splenorrhaphy (n=3). Postsplenectomy period evolved with complications in 11(14,28%) patients, and 5 deaths. Of the 38 patients initially undergoing nonoperative management (NOM), NOM failed in 4 of them. Length of hospital stay averaged 11 days in the NOM group versus 14 days average in the operative management group.

Conclusion: Currently, NOM approach has gained ground in the patients with splenic injuries. Its application removes the patient from the early and late complications associated with unnecessary laparotomy. Thereby it reduces the length of hospital stay and thus the cost of patients' care, period of inactivity, social and family integration.

Key words: spleen, injury, nonoperative management, organ-preserving procedure.