CONFERINȚA ȘTIINȚIFICĂ ANUALĂ CERCETAREA ÎN BIOMEDICINĂ ȘI SĂNĂTATE: CALITATE, EXCELENȚĂ ȘI PERFORMANȚĂ
19 21 octombrie 2022

ASSOCIATION OF TWO SEVERE SURGICAL EMERGENCIES - SOLUTION VARIANT

Liuba Strelțov[1], S.Revencu[1], Gh.Rojnoveanu[1]A,Sangereanu[2], I.Babalau [2], V. Maloghin [2]
SUMF "Nicolae Testemitanu", Chisinau, Republic of MoldoMoldova(1)
The MC "Sf. Arh.Mihail" Hospital, Chisinau, Moldova(2)

Background

With an incidence of 0.7-4.4%, Mirizzi syndrome is considered a rare and severe complication of gallstones. Pathology is even less frequently reported in the literature in conjunction with other medical-surgical emergencies.

Keywords

gallstones, Mirizzi syndrome, giant peptic ulcer, digestive hemorrhage

Purpose

Analysis of the treatment experience of the elderly patient with associated severe surgical emergencies.

Material and methods

Treatment opportunity in a 76-year-old patient with multiple severe concomitants is presented. Clinical diagnosis: Mirizzi II syndrome, with progressive mechanical jaundice; giant antral peptic ulcer, complicated with repeated digestive bleeding, grade III anemia; ischemic heart disease, angina pectoris, CI III NIHA, taxisystolic permanent atrial fibrillation; drug coagulopathy; hypertension gr. III.

Fig.1 Gastric antral resection with gastro-jejunal anastomosis on the short loop

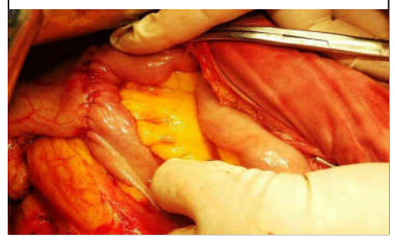
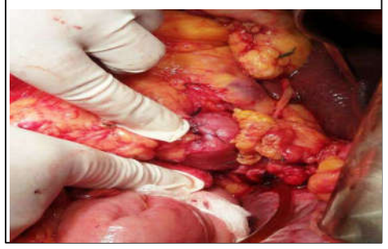


Fig.2 Choledochoduodenal anastomosis with transcystic drainage of the bile ducts.



Results

Hospitalized for progressive mechanical jaundice syndrome. MRI cholangiography over 24 hours - complicated gallstones with Mirizzi II syndrome. FGDS - bile absent in the duodenum, at the same time - in the gastric antral region presence of giant peptic ulcer. On the 3rd day of hospitalization, against the background of hypocoagulability, caused by the permanent use of anticoagulants for cardiac pathology, the peptic ulcer was complicated by a spurt of digestive hemorrhage, stopped endoscopically.Despite the administration of a complex pathogenetic treatment, he had repeated hemorrhage over 24 hours with indications for emergency treatment without delay. Surgery: gastric antral resection with short-loop gastro-jejunal anastomosis, anterograde partial cholecystectomy, choledochotomy with removal of stones, choledocho-duodenoanastomosis with transcystic drainage of the bile ducts. Simple postoperative evolution. Patient discharged on the 14th day after surgery. Biliary drain removed in 3 months. Monitored 2 years. Evolution without complications.

Fig.3 Giant antral peptic ulcer, complicated with repeated digestive hemorrhages

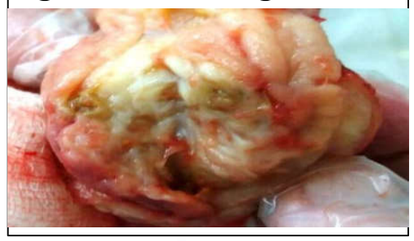
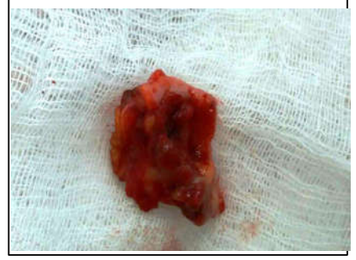


Fig.4 Gallbladder in Mirizzi syndrome II



Conclusions

The individualized selection of the type and terms of surgery in an elderly patient, with severe urgent concomitants, is the key to success.