

Aim of study. GLASS (Global Limb Anatomic Scoring System) classification was implemented recently aimed to predict the success of revascularization. The aim was evaluation of correlation between anatomic characteristics of infrainguinal occlusive-stenotic lesions, described by GLASS, and clinical severity of chronic ischemia (CI).

Materials and methods. Study cohort included 125 patients (141 limbs) with CI. GLASS was determined basing on DSA (digital subtraction angiography) data and included description of femoral-popliteal (FP), infrapopliteal (IP) segments, plantar arch (P); determination of stage and calculation of composite score (FP+IP+P). Severity of CI was evaluated with ankle-brachial index (ABI), PAT (pedal acceleration time) and Wifl classification.

Results. Stage GLASS I was determined in 16 (11,3%) cases, GLASS II – in 29 (20.5%) and GLASS III – in 96 (68%). There were no differences in age and gender of the patients between stages. ABI values were significantly lower in patients with GLASS III – 0.44 ± 0.18 vs 0.52 ± 0.16 in GLASS II and 0.58 ± 0.12 in GLASS I ($p<0.05$). Similar, values of PAT were significantly higher in GLASS III – 206 ± 30 ms vs 168 ± 26 ms in GLASS II and 140 ± 14 ms in GLASS I ($p<0.05$). GLASS composite score demonstrated moderate negative correlation with ABI values: $r_s = -0.37$ (95%CI $-0.51 - -0.21$), $p<0.0001$. Vice versa, rate of limbs with Wifl stages 3-4 as well as values of mean Wifl score were similar in GLASS stages I-III.

Conclusions. Anatomic characteristics of the occlusive-stenotic lesions, quantified according to GLASS, correlate with severity of ischemia, but not directly influence the risk of limb amputation.

Keywords. Chronic ischemia, Wifl classification, GLASS classification, ankle-brachial index

REZECȚIA ANEVRIȘMULUI GIGANT SIMPTOMATIC AL AORTEI ABDOMINALE LA O PACIENTĂ CU OBEZITATE MORBIDĂ



Castravet A¹, Turcan A^{1,2}, Cerevan E², Bodi I.^{1,2}, Chiriac C.^{1,2}, Tran M.^{1,2}, Ungureanu A.^{1,2}, Raileanu D.^{1,2}, Danu S.^{1,2}, Castravet Ad.², Ciubotaru A.¹

¹ Curs Chirurgie Cardiovasculară, Universitatea de Stat de Medicină și Farmacie ”Nicolae Testemițanu”, Chișinău, Moldova;

² IMSP SCR ”Timofei Moșneaga”, secția chirurgie vasculară, Chișinău, Moldova

Caz clinic. La o pacientă de 65 ani cu IMC 46,1 cu dureri în abdomen și regiunea lombară s-a depistat la CT angiografie un anevrism gigant 12x14x12 cm al aortei abdominale tip III. În mod urgent amânat s-a efectuat următoarea intervenție chirurgicală : laparotomie Chevron, rezecția anevrismului gigant al aortei abdominale și aa. iliace cu protezare aorto-bifemurală. Intraoperator s-a depistat un colecist mărit în dimensiuni cu pereții îngroșați, în lumen se palpau calculi de diferite dimensiuni. S-a efectuat colecistectomie în aceeași ședință. Perioada postoperatorie fără complicații. S-a externat la a 12-a zi în stare satisfăcătoare. CT angiografie peste 6 luni - zona reconstrucției funcționează normal, fără particularități. Pacienta a slăbit intenționat aproximativ 20 kg.

Concluzie. În cazul anevrismelor aortei abdominale simptomatice asociate cu obezitate morbidă, care nu pot fi rezolvate endovascular din diferite motive (morfologie nepotrivită, lipsa utilajului necesar etc) este necesar tratamentul chirurgical deschis. O cale de acces optimală în acest caz este o laparotomie transversală, cum ar fi laparotomia Chevron. Depistarea unor altor patologii chirurgicale intraabdominale (colecistită calculoasă) impun o rezolvare concomitentă, pentru evitarea unor relaparotomii repetate laborioase.

Cuvinte cheie. Anevrișm, gigant, aorta

RESECTION OF A SYMPTOMATIC GIANT ABDOMINAL AORTIC ANEURYSM IN A PATIENT WITH MORBID OBESITY

Castravet A¹, Turcan A^{1,2}, Cerevan E², Bodi I.^{1,2}, Chiriac C.^{1,2}, Tran M.^{1,2}, Ungureanu A.^{1,2}, Raileanu D.^{1,2}, Danu S.^{1,2}, Castravet Ad.², Ciubotaru A.¹

¹ Department of Cardiovascular Surgery, ”Nicolae Testemițanu” State University of Medicine and Pharmacy, Chișinău, Moldova; ² ”Timofei Moșneaga Republican Clinical Hospital”, Vascular Surgery Department, Chișinău, Moldova;

Clinical case. A 65-year-old patient with a BMI of 46.1 presented with abdominal and lower back pain. A CT angiography revealed a giant type III abdominal aortic aneurysm measuring 12x14x12 cm. Due to its urgent nature, the following surgical intervention was performed: Chevron laparotomy, resection of the giant abdominal aortic aneurysm with aorto-bifemoral grafting. During the surgery, an enlarged gallbladder with thickened walls and palpable calculi of various sizes was discovered. Cholecystectomy was performed during the same session. The postoperative period was uneventful, and the patient was discharged in satisfactory condition on the 12th day. A CT angiography performed 6 months later showed normal functioning of the reconstructed area without any particularities. The patient intentionally lost approximately 20 kg.

Conclusions. In cases of symptomatic abdominal aortic aneurysms associated with morbid obesity that cannot be treated endovascular due to various reasons (inappropriate morphology, lack of necessary equipment, etc.), open surgical treatment is necessary. An optimal approach in such cases is a transverse laparotomy, such as the Chevron laparotomy. The identification of other intra-abdominal surgical pathologies (calculous cholecystitis) requires concurrent resolution to avoid multiple laborious repeat surgeries.

Keywords. Aneurysm, gigantic, aorta

TRATAMENTUL ISCHEMIEI ACUTE A EXTREMITĂȚILOR (IAE) LA PACIENȚII CU INFECȚIE COVID-19: EVALUAREA REZULTATELOR



A.Predenciuc², I.Spinei², F.Bzovii^{1,2}, V.Culiuc^{1,2}, D.Casian^{1,2}

¹ Clinica Universitară Chirurgie Vasculară, Catedra de Chirurgie Generală – Semiologie nr.3, USMF ”Nicolae Testemițanu”; ² Secția Chirurgie Vasculară, Institutul de Medicină Urgentă, Chișinău, Republica Moldova

Scopul lucrării. Analiza rezultatelor tratamentului IAE la bolnavii cu infecție cu coronavirus de tip nou (COVID-19).