

2018 at the Surgical Clinic No.2. The elective surgeries included: pancreatojejunostomosis (PJS) on the loop by Roux -135(27.3%) cases, in cases of CP complicated with pancreatic pseudo cyst (PP)-cystopancreatojejunostomy (CPJS) on the loop by Roux - 201(40.6%) cases, external drainage of PP-67(13.5%) cases; ultrasound guided puncture of PP - 10(2.0%) cases. For the CP with mechanical jaundice - PJS or choledocho-jejuno-anastomosis(CJS) on the loop by Roux- 7(1.4%) cases, CPJS, CJS on the loop by Roux-33(6.7%) cases, cholecysto-CJS on the loop by Roux-32(6.5%) cases, cephalic duodenopancreatectomy-4(0.8%) cases, caudal pancreatectomy with PJS, splenectomy-3(0.6%) cases, the endoscopic stenting of the Wirsung's duct-2(0.5%) cases, enucleations of pancreatic cyst-1(0.2%) case. In cases with recurrent CP: thoracoscopic splanchnicectomy-45(9.1%) cases. The pharmacological settlement of pancreatic fistulas was efficient in 6(1.2%) cases. The surgical intervention required – 8(1.6%) cases.

Results: The patients evolution was favorable in 396(80.0%) cases. The rate of early complications - 42(8.33%) cases. Late complications - 21(4.16%) cases reason for 21(4,2%) of them required a new classical surgery and 19(3,8%) a minimally invasive. Lethality was 0.

Conclusions: Assessment of the severity of pancreatic duct and pancreatic parenchyma injuries, associated pathologies by applying a complex of modern methods of diagnosis and differential approach of election a reasonable surgical strategy are ways that can improve treatment results.

Keywords: chronic pancreatitis, surgery treatment, complication

ABORDUL PACIENTULUI CIROTIC DIN PERSPECTIVA INTERDISCIPLINARĂ

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Introducere: Intervențiile terapeutice din sfera HTP sunt multiple, iar amploarea lor este diferită și necesită o nouă dimensionare adoptată particularităților individuale ale pacientului cirotic de interes chirurgical.

Scop: Recunoașterea și evaluarea beneficiilor abordării interdisciplinare și instituirii unei terapii multimodale, urmărind evoluția bolnavului cu status postchirurgical.

Material și metode: Studiul a fost retrospectiv, lotul fiind reprezentat de pacienți cirolici la care s-au practicat intervenții chirurgicale pentru HTP. Drept urmare am monitorizat o serie de parametri (caracteristici generale, prezența și grading-ul varicelor esofagiene, tipul și utilitatea terapeutică a intervenției chirurgicale și a medicației urmată perioperatoriu asupra evoluției bolii și complicațiilor apărute).

Rezultate: Sunt analizate 366 pacienți cirolici operați (vârstă medie 44,1±2,8 ani; 204 F, 162 B cu clase Child A/B/C=16/321/29) : 340 pacienți au beneficiat de devascularizare azygo – portală (abord deschis – 302, laparoscopic -38); 14/366 - transplant hepatic, 8 /366 - șunturi selective și 4/366 - splenectomie. Perioperator, pacienții au aderat la terapie hepatoprotectoare, anticoagulantă și, după indicații, antivirală, prevăzute de protocolul terapeutic elaborat în Clinică. La 164/366 pacienți cu potențial hemoragic s-a efectuat ligaturarea endoscopică a VE. Acest raționament terapeutic a influențat pozitiv rata de morbiditate și mortalitate: complicații- 14.5% (53 cazuri), mortalitatea intraoperatorie – nulă, postoperatorie - 3.55%.

Concluzii: Abordarea interdisciplinară a pacientului cirotic de interes chirurgical pozitiv modifică evoluția bolii sub tratament, speranța de viață și calitatea vieții.

Cuvinte cheie: ciroză, multimodal, interdisciplinar.

THE APPROACH OF THE CIRRHOTIC PATIENT FROM AN INTERDISCIPLINARY PERSPECTIVE

Introduction: The therapeutic interventions in the sphere of portal hypertension (PHT) are multiple, their amplitude is different and require a new dimensioning adopted for the individual particularities.

Objective: Recognition and evaluation of the benefits of an interdisciplinary approach, following the evolution of the postsurgical patient.

Material and methods: The study is retrospective one, the group being represented by cirrhotic patients who underwent surgery for PHT. We have selected a series of parameters (general characteristics, presence and grading of esophageal varices, therapeutic utility of surgery and medication followed perioperatively on the evolution of the disease and the complications that occurred).

Results: 366 operative cirrhotic patients are analyzed (average age 44,1±2,8 years; 204F, 162M with Child class A/B/C=16/321/29):340 patients have benefited from azygo-portal disconnection (open surgery – 302, laparoscopic – 38); 14/366 - liver transplantation, 8/366 – selective shunts and 4/366 – splenectomy. Perioperatively, patients adhered to hepatoprotective, anticoagulant and, according to indications, antiviral therapy (protocol developed in the Clinic). In 164/366 patients with hemorrhagic potential was performed endoscopic variceal ligation. It was noted that this therapeutic reason positively influenced the morbidity and mortality rate: complications – 14,5% (53 cases), intraoperative mortality – null, postoperative – 3,55%.

Conclusions: The interdisciplinary approach of the cirrhotic patient of surgical interest positively change the evolution of the disease under treatment, life expectancy and quality of life.

Keyword: cirrhosis, multimodal, interdisciplinary.

TRATAMENTUL ENDOVASCULAR AL STENOZELOR CAROTIDE EXTRACEREBRALE ÎN ERA STENTURILOR DUAL-MESH

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