HYBRID INTERVENTIONS ON AORTO-ILIAC SEGMENT AND ARTERIES OF LOWER LIMBS

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Introduction: Current progress in endovascular methods and techniques makes possible its effective combination with open surgical procedures.
Material and methods: The following hybrid procedures were performed in our department: 34 interventions on aorto-iliac segment (iliac arteries stenting combined with reconstruction of deep femoral artery – 16 cases, loop-endarterectomy from external iliac artery combined with iliac arteries stenting – 18 cases); 25 interventions on femoral-popliteal segment (loop-endarterectomy from superficial femoral artery – 15 cases, iliac stenting combined with loop-endarterectomy from superficial femoral artery – 7 cases, above-knee femoral-popliteal bypass combined with popliteal artery stenting – 3 cases); and 21 interventions on popliteal-tibial segment (loop-endarterectomy from popliteal artery with angioplasty of tibial arteries – 8 cases, femoral-peroneal bypass combined with angioplasty of tibial arteries – 13 cases). Completion angiography was routinely performed in all patients for quality control of revascularization. Chronic ischemia grade II Fontaine was diagnosed preoperatively in 19 (23,75%) patients, grade III - in 40 (50%) and grade IV – in 21 (26,25%) patients.
Results: Complete regression of ischemic pain, initial signs of healing of superficial defects of soft tissues as well as primary healing of wounds after debridement of necrotic lesions were observed in the postoperative period. Mean duration of hospital stay was 7 days.
Conclusion: Thus, implementation of hybrid procedures contributes to the reduction of the volume of open vascular reconstructions. Hybrid interventions represent the optimal approach for treatment of occlusive lesions of aorto-iliac segment and arteries of lower limbs.
Keyword: hybrid interventions, vascular reconstruction, occlusive lesions

PASTRAREA JONCȚIUNII SAFENO-FEMURALE INTACTE ÎN CAZUL INTERVENȚIEI CHIRURGICALE PENTRU MALADIA VARICOASĂ

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Introducere: Conform diferitor date în 20-30% din populația adultă din întreaga lume suferă de maladia varicoasă (MV). Cu toate aceste o problemă comună după inerverțile chirurgicale la pacienții cu MV cronică sunt venele varicoase reziduale și recidivante. În majoritatea publicațiilor științifice se raportează o rată a recurenței după operație de 20-40%.
Material și metode: În studiu au fost incluși 110 bolnavi (157 extremități afectate) cu MV primară. De la momentul operației până la efectuarea examenului clinic au trecut 82,01±1,7 luni (45-155 luni). Femei-75 (68.18%), bărbați-35 (31,82%). Vârsta medie la momentul operației a fost 48,3±11,79 ani (19-70 ani). Durata medie a MV la momentul operației a fost 19,34±11,46 ani (1-48 ani). Recidiva MV se atestă în 29,29% cazuri (prezența refluxului patologic venos și a venelor varicoase vizibile).
Rezultate: Păstrarea joncțiunii safeno-femurale intacte a fost depistată în 8 cazuri, ceea ce constituie 5,09% din numărul total de observații și 15,68% din numărul total de cazuri ale recidivei refluxului în regiunea joncțiunii safeno-femurale. Indicicele mediu al masei corporale la pacienții cu păstrarea crosei intacte a fost 28,99±4,42 kg/m^2, versus 26,86±3,98 kg/m^2 la persoanele cu deconectarea joncțiunii safeno-femurale (P=0,07). Accesul pentru crosectomie a fost situat mult mai distal de plica inghinală la pacienții cu păstrarea joncțiunii safeno-femurale intacte.
Concluzii: Păstrarea joncțiunii safeno-femurale intacte mai rămâne o cauză a recidivei MV, fiind favorizată de indicele crescut al masei corporale la momentul intervenției chirurgicale și abordul chirurgical inadecvat mai distal de plica inghinală.
Cuvinte cheie: maladie varicoasă, joncțiune safeno-femurală, crosectomie.

MAINTENANCE OF SAFENO-FEMURAL JONCTION INTACT IN THE CASE OF SURGICAL INTERVENTION FOR VARICOUS ILLNESS

Introduction: According to different data, 20-30% of the adult population worldwide suffers from Varicose Veins (VV). However, a common problem after surgical intervention to patients with chronic VV is remanent varicose veins and relapsing varicose veins. In most scientific publications, a recurrence rate of 20-40% is reported.
Material and methods: In the study, 110 patients (157 affected extremities) with primary VV. From the time of surgery to the clinical examination 82.01 ± 1.7 months (45-155 months). Women–75 (68.18%), male–35 (31.82%). The mean age at the time of surgery was 48.3±11.79 years (19–70 years). VV duration at the time of surgery 19.34±11.46 years (1–48 years). VV relapse is evident in 29.29% cases (presence of venous pathological reflux and visible varicose veins).
Results: The maintenance of the sapheno-femoral junction intact was detected in 8 cases, representing 5.09% of the total observations and 15.68% of the total cases of reflux relapsing in the region of the sapheno-femoral junction. The mean body mass index for patients with intact crown was 28.99±4.42 kg/m^2, versus 26.86±3.98 kg/m^2 in people with disconnection of the sapheno-femoral junction (P=0.07). Access to crosectomy was far removed from the inguinal regeion to patients with intact sapheno-femoral junction.
Conclusions: Keeping the intact sapheno-femoral junction still remains a cause of VV relapse, being favored by the increased body mass index at the time of surgical intervention and the inappropriately more distal surgical approach of the inguinal region.
Key words: varicose illness, sapheno-femoral junction, crosectomy.