

Introduction: Obtaining "clear" margins (R0) in pancreatoduodenectomy is the gold standard for this surgery. We sought to determine whether a standardized histopathological protocol (SHP) would increase the R1 rate.

Material and methods: We analyzed 116 cases who had received surgery to treat pancreatic ductal adenocarcinoma (PDAC) of the pancreatic head. We separated the cases into two groups: the first group included 59 cases (retrospective) with no standardized histopathological protocol (NSHP), while the second one included 57 cases (prospective), for which we used an SHP for the tumor margins. The circumferential margins were not defined in detail in the NSHP group, while SHP margins were defined as medial (mesopancreas), anterior, superior and posterior. R1 was defined as the distance between the tumor and the resection margin of ≤ 1 mm.

Results: The R1 rate increased significantly from 39% in the NSHP group to 68.6% in the SHP group (p -value=0.0016). The circumferential margin was closest to the R1 definition in the NSHP group (87%); the closest to R1 in the SHP group was a medial margin (74.35%). The margin positivity was multifocal (13.04% retrospective vs 51.28% prospective, p -value=0.003) in the SHP group. There was no significant difference in overall survival (OS) between R0 and R1 resections (p -value=0.348).

Conclusions: The R1 incidence rate in PD for PDAC of the pancreatic head is influenced by SHP, but OS is not influenced by margin positivity when R1 is defined as 1 mm. The mesopancreas represents the primary site for positive resection margins. SHP can determine multifocal margin positivity.

Key words: pancreatic ductal adenocarcinoma; margin R1; standardized protocol

FACTORII DE RISC AI COMPLICAȚIILOR APENDICITEI ACUTE



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Introducere: Apendicita acută reprezintă cea mai frecventă urgență chirurgicală, iar complicațiile sale intraabdominale continuă să determine o mortalitate postoperatorie constantă.

Scopul: studierea factorilor de risc ai evoluției complicațiilor apendicitei acute.

Material și metode: Studiul include analiza rezultatelor tratamentului chirurgical al 449 bolnavi, operați în aa.2015-2017 și divizați în 2 grupe: 117 pacienți cu complicații ale apendicitei acute (intra- și extraabdominale) și 332 bolnavi cu apendicită acută necomplicată.

Rezultate: În grupa cu apendicită acută complicată (AAC) s-a constatat o predominare a femeilor cu o rată de 1,60 comparativ cu 1,26 în grupa cu apendicită acută necomplicată (AAN). Rata persoanelor cu vîrstă > 60 ani a fost semnificativ mai mare în cazul AAC- 23,1%, fiind doar 3,9% în AAN. În cazul AAC s-a consemnat o tergiversare în adresare, termenul debut- adresare fiind mult mai mare comparativ cu grupa AAN. Statutul socio-economic jos a avut un impact negativ semnificativ asupra evoluției apendicitei acute și complicațiilor ei, la fel asupra rezultatelor apendicectomiei. Pacienții neasigurați ($n=59$, 49,6%) au format practic jumătate din grupa AAC. Comorbidități asociate au fost stabilite în 76(16,9%) observații, respectiv în AAC- 21,4% vs. 15,4% în AAN. În sumar am notat, că prezența comorbidităților asociate necorijate de regulă au avut un impact negativ asupra evoluției apendicitei acute.

Concluzii: Rezultatele noastre sugerează, că evaluările clinice sunt cele mai importante pentru identificarea persoanelor cu risc de evoluție a complicațiilor apendicitei acute, iar factorii de risc sus-menționați sunt utili în deciziile chirurgicale de urgență.

Cuvinte cheie: Apendicita acută; Complicații; Factori de risc

RISK FACTORS IN APPEARANCE OF ACUTE APPENDICITIS COMPLICATIONS

Background: Acute appendicitis is the most frequency surgical emergency, and its intraabdominal complications continue to determine the constant postoperative mortality.

Aim of the study: To study the risk factors of the development of acute appendicitis (AA) complications.

Methods and materials: The research included 449 patients with AA treated surgically during 2015-2017 divided into 2 groups: 117 patients who were admitted with complicated appendicitis (intra- and extraabdominal complications) and 332 patients with non-complicated AA were randomly selected from the same period.

Results: In the group complicated acute appendicitis (CAA), there was a predominance of women with a ratio of 1.60 versus 1.26 in the uncomplicated acute appendicitis group (NAA). The proportion of people aged > 60 years was significantly higher in the case of CAA-23.1%, while in uncomplicated AA it was only 3.9%. In the case of AA complications, there was an emphasis on late addressing, the debut-addressing term being higher compared to uncomplicated AA. The low socio-economic status has a significant negative impact on the evolution of AA and its complications, as well as on the results of apendectomy. Thus, uninsured patients ($n=59$, 49.6%) formed almost half of CAA group. Associated comorbidities were established in 76 or 16.9% of cases, respectively in CAA-21.4% vs 15.4% in NAA group. In summary we note that the presence of associated uncorrected comorbidities has an obvious negative impact on the development of AA.

Conclusion: Our findings suggest that clinical assessment is most important for identifying individuals at risk of developing complications of AA and the above-mentioned risk factors are useful for emergency surgical decisions.

Keywords: Acute appendicitis; Complications; Risk factors

TRATAMENTUL DIFERENȚIAT AL TROMBOZELOR FEMURO-ILIO-CAVE



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