SURGICAL DIFFERENTIATED MANAGEMENT OF PATIENTS WITH ABDOMINAL WOUNDS

Background: Modern management of abdominal wounds remains controversial and undergoes continuous re-evaluation. Abdominal wound management varies according to the following factors: mechanism, site, hemodynamics and neurological status, associated injuries and institutional resources.
Methods and materials: A retrospective and prospective study was performed on a group of 124 patients with abdominal wounds treated at the Institute of Emergency Medicine for the period 2015-04.2019. Clinical features and evolution, paraclinical investigations and surgical protocols in patients with abdominal wounds were analyzed.
Results: Data analysis revealed: M:F ratio-9.3:1; mean age-37.29±12.4 years; patients with non-penetrating wounds−56(45.2%) and penetrating wounds–68(54.8%). Patients with non-penetrating wounds (n=56) were subject to revision of the wound canal and subsequent primary surgical wound debridement. Hemodynamically stable patients with penetrating wounds without peritoneal signs (n=20) had the following diagnostic algorithm: abdominal X-ray(19), FAST(19), laparoscopy(4), they underwent primary surgical wound debridement and were admitted for monitoring. Hemodynamically unstable patients with penetrating wounds and with peritoneal or hemorrhagic syndrome (n=48) followed: abdominal X-ray(25), FAST(31), diagnostic laparoscopy(8), subsequently undergoing emergency exploratory laparotomy, in all cases injuries of intra- and extra-abdominal viscera(58) and blood vessels(23) were detected. Ten(20.8%) patients developed complications after laparotomy in the postoperative period: pneumonia(7), evisceration(2), wound sepsis(2). One patient died before laparotomy. Of patients which underwent laparotomy, 3 died(6.7%).
Conclusions: Hemodynamically stable patients without peritoneal signs require clinical examination and dynamic monitoring, and those hemodynamically unstable with hemorrhagic and peritoneal syndrome-emergency exploratory laparotomy. Differentiated therapeutic attitude leads to avoidance of non-therapeutic laparotomies, decrease of the postoperative complications rate, hospital stay and medical costs.
Keywords: Abdominal wounds; Diagnosis; Treatment

SARCOAMELE RETROPERITONEALE – EXPERIENȚA UNUI SINGUR CENTRU

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Introducere: Sarcoamele retroperitoneale (SRP) constituie un grup heterogenic de tumori maligne. Criteriile comune ale acestor tumori sunt: regiunea anatomică în care se dezvoltă; proveniența mezenchimală; clinică silențioasă; rata înaltă a recurenței. RPS constituie 1/3 dintre toate tumorile retroperitoneumului și constituie aproximativ 15% dintre toate sarcoamele țesuturilor moi. Succesul tratamentului constă în diagnosticul precoce și radicalitatea actului chirurgical.
Material și metode: lotul de studiu a fost constituit din 217 pacienți ai serviciului Gastrologie a IMSP IO, Chișinău, între anii 2005-2019. Materialul histologic a fost examinat de un expert morfopatolog,
Rezultate: Pentru diagnostic au fost utilizate USG, CT, MRI și examinarea histologică a materialului histologic obținut prin biopsie sau înlăturarea tumorii în întregime. Din totalul de 217 pacienți cu TRP, în 82 cazuri (36 bărbați și 46 femei, vârsta medie constituind 54,52 ani) au fost determinate una din formele histologice de SRP ceea ce a constituit 37,20%. Formele histologice identificate: liposarcom -23 cazuri (28,04%), leiomiosarcom – 20 cazuri (24,39%), histiocitom fibros malign 16 cazuri (19,51%), fibrosarcom – 6 cazuri (7,31%), angiosarcom 4 cazuri (4,87%), hemangiopericitom - 3 cazuri (3,65%), sarcom nediferențiat - 10 cazuri (12,19%). Tratamentul chirurgical radiacal a fost posibil de efectuat în 70 cazuri (85,36%), într-un caz s-a efectuat intervenție chirurgicală citoreductivă (1,21%), și în 10 cazuri (12,19%) s-a efectuat laparotomie de diagnostic. Pentru asigurarea radicalității în 27 cazuri (32,92%) s-a efectuat excizia ”en bloc”: în 17 cazuri (24,28%) cu un organ, în 8 cazuri (9,75 %) – 2 organe și într-un caz (1,42%) – 3 organe. Cele mai sacrificate organe au fost: rinichi – 10 cazuri (14,28%), colon - 6 cazuri (8,57%), intestin subțire - 6 cazuri (8,57%), splină - 4 cazuri (4,87%), glanda suprarenală - 2 cazuri (2,85%), pancreas - 2 cazuri (2,43%), stomac - 1 caz (1,42%). Rata recurențelor a constituit 25,61%.
Concluzii: Sarcoamele retroperitoneale constituie cea mai întânită entitate nozologică dintre TRP în corpul uman, se caracterizează prin heterogenitate morfologică și are un tablou clinic nespecific. Deseori, asigurarea radicalității tratamentului chirurgical este necesară sacrificarea unui organ adiacent ca rinichi, colon, intestin subțire, splină.
Cuvinte cheie: Tumoare retroperitoneală primitivă (TRP); Sarcom retroperitoneal (SRP).

THE RETROPERITONEAL SARCOMAS – THE EXPERIENCE OF SINGLE CENTRE

Background: Retroperitoneal sarcomas (RPS) represent a heterogenic group of malignant tumors. The common criteria of this group are: the common anatomical base; the mesenchymal origin of the tumor; the silent clinical manifestation; the high frequency of recurrence. RPS constitutes one-third of the malignant tumors occurring in retroperitoneum and accounting for approximately 15% of the soft tissue sarcomas of the human body. The success of treatment depends on early diagnosis and radical surgery.
Methods and materials: the study group consists of 217 patients with primitive retroperitoneal tumors (PRT), reviewed by an expert pathologist, during the period 2005-2019 from the Gastrology clinic of IMSP IO Chisinău.
Results: For diagnostic purpose following investigations were applied: USG, CT, MRI and histological exam of biopsy specimen of removed tumor. From the group of 217 patients with PRT we identified one of the histological forms of sarcoma in 82 cases (37,20%; 36 men and 46 women, average age 54,52 years). Identified histological forms are: liposarcoma - 23 cases (28,04%), leiomyosarcoma – 20 cases (24,39%), malign fibrous histiocytoma - 16 cases (19,51%), fibrosarcoma – 6 cases (7,31%), angiosarcoma - 4 cases (4,87%), hemangiopericytoma - 3 cases (3,65%), unclassified sarcoma - 10 cases (12,19%). Radical surgical treatment was performed in 70 cases (85,36%), in one case was performed cytoreductive surgery (1,21%), and in 10 cases (12,19%) was performed laparotomy of evaluation. To ensure the radicality in 27 cases (32,92%) was performed excision ”en bloc”: in 17 cases (24,28%) one organ, 8 cases (9,75 %) – 2 organs and 1 case (1,42%) – 3 organs. Slaughtered organs were: kidney – 10 cases (14,28%), colon - 6 cases

(8,57%), small intestine - 6 cases (8,57%), spleen - 4 cases (4,87%), adrenal gland - 2 cases (2,85%), pancreas - 2 case (2,43%), stomach - 1 case (1,42%). The rate of recidivism recorded is 25,61%.
Conclusion: The retroperitoneal sarcoma is the most common primitive retroperitoneal tumor in human body, that is characterized by morphological heterogeneity and it has an unspecific clinical manifestation. Often to ensure the radicality of surgery, it is necessary to sacrifice some adjacent organs (kidney, colon, small intestine, spleen)
Keywords: Primary Retroperitoneal Tumor (PRT), Retroperitoneal sarcoma (RPS).

MALFORMAȚII CARDIACE CONGENITALE COMPLEXE CU HIPERTENSIUNE PULMONARĂ. TRATAMENT CHIRURGICAL

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Introducere: Malformații cardiace congenitale (MCC) complexe cu șuntare intracardiacă, sunt asociate cu hipertensiune pulmonară (HTP) severă. Iar în lipsa tratamentului chirurgical pot dezvolta rapid Sindromul Eisenmeger.
Scopul studiului: Analiza experienței tratamentului chirurgical al anomaliilor MCC complexe.
Materiale și metode: În secția chirurgia MCC a SCR din anii 2015 pînă în 2018 au fost operați 51 copii. Grupul de patologii incluse în studiu au fost: Canal atrioventriclar coplet (CAVC) - 30(58,8%) pacienți, Ventricol drept cu cale dubla de iesire (VDCDE)-11(21,5%), Ventricol Unic (VU) - 8(15,%) și Transpoziția de vase magistrale cu DSV (TVM+DSV) - 2(3,9%).
Rezultate: Tratamentul chirurgical a inclus corecție etapizată, prima operație fiind cea paleativă "banding de AP" și apoi corecția radicală. Au fost supuși tratamentului chirurgical pe etape 25 (49%), iar corecție radical au suportat din prima 26(51%). Toți copiii cu media PSVD = 54,5mmHg în preoperator. Complicațiile postoperatorii: Pneumonie în 27 cazuri (52,9%), pleurezii în 7 cazuri (13,7%), bloc AV gr.III-2 cazuri. Iar 5(9,8%) cazuri soldate cu deces.
Concluzii: Rezultatele operațiilor sunt în strînsă corelație cu vîrsta bolnavului, greutatea acestuia, dereglările hemodinamice, gradul de HTAP și fonul clinic general. Bandingul arterei pulmonare este o metodă cu risc relativ sporit (mortalitate de 5,8%), dar este etapă importantă în managementul pacienţilor cu insuficienţă cardiacă progresivă, hipotrofie şi anomalii asociate. În grupul cu MCC complexe mortalitatea a fost de 9,8%(5 copii) cu toții fiind sub 6kg și vîrsta medie de 4,1l.
Cuvinte cheie: malformații cardiace congenitale; hipertensiune pulmonară; tratamentul chirurgical

COMPLEX CARDIAC MALFORMATION ASSOCIATED WITH PULMONARY HYPERTENSION. SURGICAL TREATMENT

Introduction: Complex congenital cardiac malformations with intracardiac shunt are associated with advanced of the surgical can rapidly develop Eisenmeger s syndrome.
The purpose of the study: was to analyze the experience of surgical treatment of complex congenital heart abnormalities.
Materials and Methods: 51 children were operated in the CCM section of SCR in the years 2015 to 2018.The group of pathologies included in the study were: Atrioventricular septal defect (AV-canal)-30 patients, Double Outlet Right Ventricle (DORV)-11 patients, Single Ventricle (SV) - 8 patients, and Transposition of the Great Arteries (TGA) associated with ventricular septal defect-2 patients.
Results: Surgical treatment included correction in stages, first was palliative operation "PA banding" and then radical correction. Twenty-five patients were surgically staget, and 26 patients underwend primary-correction. All children with PSVD mean=54,5mmHg (pressure) in preoperative time. Postoperative complications: Pneumonia in 27 cases (52,9%), pleurisy in 7 cases(13,7%), A-V block in 2 cases and 5 cases(9,8%) of death.
Conclusion: The results of the operations are closely correlated with the patient s age, body weight, hemodynamic disturbances, grade of pulmonary hypertension, and general clinical condition. Pulmonary artery banding is a relatively high risk method (5,8% mortality), but is au important step in the managements of patients with progressive heart failure, hypertrophy and associated abnormalities. In the group with complex congenital malformations the mortality was 9,8%,all being below 6kg and the mean age of 4,1 years.
Keywords: congenital cardiac malformations; pulmonary hypertension: surgical treatment

ENDOSCOPIC PAPILLECTOMY IN TREATMENT OF PATIENTS WITH AMPULLARY NEOPLASMS: A SINGLE-CENTER EXPERIENCE

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Introduction: Benign tumors of the ampulla of Vater occur in 0.4% -0.12% of all tumors of the gastrointestinal tract (GI tract). However, malignant transformation occurs in 60-65% of cases, so the common tactic of treatment is their removal. Regardless of the pathophysiological structure of the tumor, endoscopic papillectomy is considered reasonably safe and most effective method compared to a more radical interventions such as pancreatoduodenal resection (PDR), transduodenal resection.
Material and methods: 37 endoscopic papillectomies were performed at the Moscow Clinical Research Center between April 2014 and January 2018. In most cases, the tumor was detected during a routine examination for other diseases. The preoperative examination protocol included duodenoscopy with biopsy, endosonography, CT or MRI, which excluded the presence of malignant lesions and the intraductal spread of the adenoma more than 1 cm. The sizes of the adenomas ranged from 1 cm to 5 cm. The aim of the study was to evaluate the effectiveness of endoscopic papillectomy in the treatment of patients with neoplasm of the ampulla of Vater.