FDJ vizualiuată ca unghi drept, la 7 - sub forma unui unghi obtuz ≥ 90°.
Concluzie: Studiul dat denotă o incidenţă de 59,3% a SD la bolnavul litiazic. Specificarea radiologică a statutului funcţional duodenal constituie o măsură obligatorie în protocolul de diagnostic al bolnavului cu colelitiază.
Cuvinte- cheie: colelitiază veziculară, stază duodenală

ASPECTS ON THE ETIOPATHOGENY OF CHOLELITHIASIS IN MEN

Introduction: Diagnosis of cholelithiasis does not pose particular difficulties, whereas the specification of the etiopathogenetic factors with the specification of the organ functions connected to the biliary tree (liver, pancreas, duodenum, enter) already requires a much more complex and easy approach. The etiopathogenetic mechanisms of cholelithiasis in men remain unleaded, the subject being reflected by sporadic publications.
The aim: To study the incidence of duodenal stasis (DS) as an etiopathogenetic factor in the evolution of cholelithiasis in men.
Material and methods: The study includes research analysis of 182 men surgically treated for gallstones. Radio-imagistic manifestations of DS were determined by using stomach and duodenum fluoroscopy by standard contrasting. The radiologic semiotics was established by evaluating the produced differences compared to normal duodenum, evaluated according to the classification of acad.V.Hotineanu.
Results: We have noted the DS semiotics in 108 (59.3%) observations. In all of cases the duodenal-jejunal flexure all cases (DJF) was positioned on the left side of the backbone, 58- to L2, L2-L3 43- limit in 5 - L3 level, and only 2 patients at L3-L4. In healthy people (approximately 60% of cases), as a rule, DJF is at L2 level. Besides detecting the flexure positioning it was also examined the duodeno-jejunal angle with the lamina Treitz- another pathognomonic sign of duodenostasis. We detected acute angle at 4 patients, in 3 cases DJF was viewed as a right angle, in 7 cases as an obtuse angle ≥ 90°.
Conclusion: This study shows an incidence of 59.3% of DS at the lithiasic patient. The radiological specifying of the functional duodenal status is a mandatory measure at diagnostic protocol of patients with gallstones.
Key-words: vesicular cholelithiasis, duodenal stasis

REZULTATELE EXAMENULUI ULTRASONOGRAFIC DUPLEX LA PACIENȚII CU VARICOTROMBOFLEBITA ACUTĂ

BZOVÎI F[1,2], DONȚU I[1,2], CASIAN D[1,2]

[1]Catedra de chirurgie generală, Universitatea de Stat de Medicină și Farmacie „Nicolae Testemiţanu”; [2]Spitalul Clinic Municipal nr.1, Chișinău, Republica Moldova

Introducere: Incidența varicotromboflebitei acute (VTFA) variază între 4-59%, iar rata extinderii spre venele profunde (VP) și a embolismului pulmonar ajunge la 19%. Diagnosticul VTFA se bazează pe examenul clinic și ultrasonografie duplex (UD).
Scopul studiului a fost evaluarea prin UD a caracteristicilor procesului trombotic la bolnavii cu VTFA.
Material şi metode: Lotul de studiu a inclus 105 pacienți prospectivi cu diagnosticul de VTFA (debut ≤14 zile). UD a fost efectuată la toți bolnavii în regim de urgență la internare și în dinamică. Volumul trombozei a fost calculat în baza lungimii trombului și a diametrului venei afectate.
Rezultate: Mediana vârstei pacienților a constituit 60 ani (25%-75% IQR 53,2-66), rata femeilor – 62%. Extremitatea stângă a fost afectată în 53 (50,5%) cazuri; VTFA bilaterală – un singur caz. VTFA în v.safena *magna* (VSM) – 90 cazuri: izolat tributare – 51 (57%), trunchi și tributare – 37 (41%), izolat trunchi – 2 (2%). VTFA în v.safena *parva* (VSP) – 17 cazuri: izolat tributare – 5 (30%), trunchi și tributare – 11 (65%), izolat trunchi – 1 (5%). Durata medie a VTFA în afectarea izolată a tributarelor – 5,5±2,7 *vs* 6,9±3,4 zile în cazul implicării și a trunchiului safenian (p=0.05). Volumul mediu al maselor trombotice – 20,4±18,5 cm^3 (VSM – 22,5±19,3 cm^3, VSP – 18,0±17,3 cm^3). Extinderea trombozei spre VP (tip Verrel III) – 3 (2,9 %) cazuri, exclusiv în bazinul VSM.
Concluzii: În majoritatea cazurilor VTFA implică numai tributarele varicoase cu progresarea ulterioară a trombozei spre trunchiul safenian. UD efectuată în mod urgent permite inițierea precoce a tratamentului individualizat și exclude tromboza venoasă profundă concomitentă.
Cuvinte cheie: Varicotromboflebita acută; Vena safena *magna*; Vena safena *parva*

RESULTS OF DUPLEX ULTRASOUND EXAMINATION IN PATIENTS WITH ACUTE VARICOTHROMBOPHLEBITIS

Background: Incidence of acute varicothrombophlebitis (AVTP) ranges between 4-59%, while the rate of progression to deep veins (DV) and pulmonary embolism reaches 19%. The diagnosis of AVTP is based on clinical examination and duplex ultrasound (DU).
Aim of study was to evaluate the DU characteristics of the thrombotic process in patients with AVTP.
Methods and materials: The 105 prospective patients with AVTP (≤14 days) were included. DU was performed in all patients in emergency way at admission and during follow-up. The volume of thrombosis was calculated basing on the length of the thrombus and the diameter of the affected vein.
Results: Median age of patients was 60 years (25%-75% IQR 53.2-66), female rate - 62%. Left limb was affected in 53 (50.5%) cases, bilateral AVTP – one case. AVTP in great saphenous vein (GSV) – 90 cases: only tributary – 51 (57%), trunk and tributaries – 37 (41%), only trunk – 2 (2%). AVTP in small saphenous vein (SSV) – 17 cases: only tributary – 5 (30%), trunk and tributaries – 11 (65%), only trunk – 1 (5%). Mean duration of AVTP in isolated thrombosis of tributary – 5.5±2.7 *vs* 6.9±3.4 days in case of involvement of saphenous trunk (P=0.05). Mean volume of thrombus – 20.4±18.5 cm^3 (GSV – 22.5±19.3 cm^3, SSV – 18±17.3 cm^3). Extension of thrombosis to DV (Verrel type III) – 3 (2.9%) cases, exclusively in case of GSV involvement.
Conclusions: In most cases AVTP involves varicose tributaries only with further progression toward the saphenous trunk. Emergency DU allows early initiation of personalized treatment and excludes concomitant thrombosis of DV.
Keywords: Varicothrombophlebitis; Great saphenous vein; Small saphenous vein