

warfarină sub controlul coagulării.

Concluzii: Datorită simptomelor nespecifice, diagnosticul de tromboflebită VMS și VP a fost întârziat. Când se suspectează această complicație trebuie de efectuat USG, CT și imediat de început tratamentul cu antibiotice și anticoagulante.

Cuvinte cheie: Tromboflebită; Vena portă; Complicații; Apendicita

ACUTE THROMBOPHLEBITIS OF PORTOMESENTERIC VEINS: A RARE COMPLICATION OF ACUTE APPENDICITIS

Background: Acute thrombophlebitis of the portal vein represents a rare but fatal complication of the inflammatory pathology (diverticulitis, appendicitis, cholecystitis, infected pancreonecrosis). The lack of data of the clinical presentation and low degree of the suspicion makes this complication to range 30-50% mortality.

Case presentation: A 33 years old man hospitalized after four days of illness, presenting abdominal pain, vomiting, fever 39.0 degree, positiv peritoneal signs, leucocytes $14,3 \times 10^9$. Laparotomy establishes gangrenous appendicitis with diffuse purulent peritonitis, appendectomy with drainage of peritoneal cavity was performed. Postoperative treatment included antibiotics, fluids, and anticoagulants. On the 16th day after surgery the ultrasonography found the thrombosis of the superior mesenteric vein and suspicion of the portal vein thrombosis. The CT scan confirmed portal vein thrombosis. Treatment with cephalosporins (ceftazidime, ceftriaxone) + doxycycline + metronidazole, anticoagulants - clexane 1mg/kg each 12 hours for 12 days, then warfarin 2.5mg daily. Parenteral nutrition. Later the ultrasonographic and CT scan examination detect an abscess in the 4th segment of the liver which was drained by ultrasound control.

Results: The patient was discharged after 60 days of treatment. Over 4 months the CT scan shows partial recanalization of portal vein, rich in collaterals. Over 8 months Doppler ultrasound examination detected the restored flow through the upper mesenteric vein and portal vein. Patient continue treatment

Conclusions: Due to nonspecific symptoms, the diagnosis of VMS and VP thrombophlebitis was delayed. When this complication is suspected, USG, CT should be performed, and antibiotic, anticoagulant treatment should be initiated immediately.

Keywords: Trombophlebitis; Portal vein; Complication; Appendicitis

RECONSTRUCȚIA DEFECTELOR TISULARE DUPĂ GANGRENA FOURNIER



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Introducere: Reconstrucția defectelor organelor genitale și a zonelor adiacente apărute după tratamentul pacienților cu gangrena Fournier se realizează adesea cu țesuturi locale, grefe sau lambouri de piele. În literatură nu există un consens general cu privire la cea mai bună metodă de reconstrucție.

Material și metodă: Studiul cuprinde un lot de 137 pacienți pe o perioadă de 22 ani (1995-2017), B-115, F-22, cu vârsta între 19 - 89 ani. Pacienții au fost dețiați în 2 grupe. În prima grupă au fost incluși 64 pacienți, care au reprezentat experiența noastră de tratament, mortalitatea - 17,2%. Grupa a doua a inclus 73 pacienți, tratați în alte spitale, mortalitatea - 31,5%.

Rezultate obținute: Defectele tisulare la 40(62,5%) pacienți din prima grupă au fost închise cu suturi secundare, la 4(6,3%) - plastia penisului și a peretelui abdominal a fost efectuată cu autogrefe libere perforate, un pacient (1,5%) a suportat operația Reich-Salozhov, la 8 (12,5%) - testiculele au fost implantate sub pielea coapsei: 5 bilateral, 3 unilateral. În a doua grupă suturile secundare au fost aplicate numai la 18(24,6%) pacienți, 28(38,4%) - au fost externați cu plăgi deschise pentru tratament ambulator, la 2(2,7%) - plastia penisului(1) și a peretelui abdominal(1) a fost efectuată cu autogrefe libere perforate, la 1(1,4%) - s-a efectuat operația Reich-Salozhov, la 1 (1,4%) - plastia scrotului și a penisului s-a efectuat cu lambouri pediculate de pe coapsă.

Concluzii: Tehnicile de reconstrucție folosite oferă o acoperire sigură și protecția funcției testiculare și peniale cu un rezultat cosmetic acceptabil.

Cuvinte cheie: Gangrena Fournier, reconstrucția defectelor tisulare, autogrefe libere perforate, operația Reich-Salozhov.

THE RECONSTRUCTION OF TISSUE DEFECTS OF FOURNIER GANGREN

Introduction: The reconstruction of genital sphere and adjacent areas, which appered after the treatment of Fournier Gangren are often performed with local tissues or lambs of skin. There is no a general consens wich regards the most popular method of reconstruction.

Material and methods: The study includes a lot of 137 patients for a period of 22 years (1995-2017), men 115, women 22, with ages between 19-89 years. The patients were devided into 2 groups: I group 64 patients treated by our method, where the mortality range was 17,2%, the second group 73 of patients treated in another hospitals, where the mortality range was 31,5%.

Results: The tissue defects in 40(62,5%) of patients from the first group were closed by secondary sutures, in 4(6,3%) - the plastics of penis and of abdominal wall was efectuated with free perforativ auto lambs, 1(1,5%) patient suported the Reich-Salozhov operation, in 8 (12,5%) - the testicles were implanted under the thigh skin: 5 bilateral, 3 unilateral. In the second group the secondary sutures werw aplied only in 18 (24,6%) cases, 28(38,4%) were released with open wounds for ambulatory tretment, in 2(2,7%) the penis plastics(1) and (1) of abdominal wall were performed with perforativ auto lambs, in 1(1,4%) patient suported the Reich-Salozhov operation, in 1(1,4%) the scrot and penis plastics was performed by pedicular lambs from the skin thigh.

Conclusions: The used reconstructive tehniques offer a good protection of testicular and perineal functions with an acceptable cosmetic result.

Key words: Fournier Gangren, the reconstruction of tissue defects, free autografts perforated, Reich-Salozhov operation.