

## 145. VAGINAL APPROACH OPPOSITE (VS) TO THE ABDOMINAL IN THE SURGICAL TREATMENT OF UTERINE MYOMA

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**Background.** Hysterectomy is the second most common surgery performed on women of childbearing age. There are several ways to remove the uterus: abdominally, vaginally, through an incision at the back of the vagina, or laparoscopically. The goal of our study is to compare the complications in total hysterectomy depending on used surgical approach.

**Materials and methods.** The retrospective study that constitutes the object of the present research was conducted on 1147 patients with uterine myoma and genital prolapse, admitted in the Clinic Municipal Hospital "Saint Arhanghel Mihail" of Chisinau over a period of 5 years (2010 – 2014). 142 of these patients (13% of cases) underwent total hysterectomy. Vaginal hysterectomy was performed at 82 patients and abdominal one at 60 patients.

**Results and discussion.** In the result of this study the advantages of vaginal hysterectomy were recorded: reduced postoperative recovery time, fewer days of hospitalization, reduced hospital costs, reduced surgery time. Among the intraoperative observation, the mean duration of surgery of abdominal hysterectomy was 98.8 min and that of vaginal was 87 min ( $p=0.0192$ ). Wound infection was the main cause for febrile morbidity in abdominal hysterectomy group where as urinary tract infection was the main cause for febrile morbidity in vaginal hysterectomy. There was one case of bladder injury and 1 case of ureteric injury in abdominal hysterectomy group while none in vaginal hysterectomy group. There was 6% of thromboembolic complications in abdominal hysterectomy and 1,5% in vaginal hysterectomy. There were 2 (4.0%) cases of postoperative hemorrhage in abdominal hysterectomy group and none in vaginal hysterectomy group.

**Conclusions.** This study showed that vaginal hysterectomy was Associated with less intraoperative complications and postoperative morbidities and complications as compared to abdominal hysterectomy. Only a physician can determine the best approach to hysterectomy in an individual woman.

**Key words:** vaginal hysterectomy, abdominal hysterectomy, surgical complications.

## 146. PREDICTORS OF RETRANSPLANTATION IN LIVER TRANSPLANT

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**Introduction:** A small subgroup of patients undergoing liver transplantation (LT) require retransplantation (RT), which is correlated with significantly higher morbidity, lower survival rates and increased medical costs. The purpose of the study is to determine the predictive factors of RT, following LT, clinical and laboratory findings were studied during the period from 2013 till 2016, effectuated by a medical team from Republican Clinical Hospital.

**Materials and Methods:** Liver transplant evidence was sourced from the National Transplantation Agency database starting with February 1st, 2013, to March 20th, 2016. Covariates selected from the database for inclusion in the analysis admitted: recipient's age, cold and warm ischemia time, donor's type (cadaveric versus living), body mass index (BMI), model for end-stage liver disease (MELD) score at transplant, albumin level at transplant, gender of the recipient and transplant year. Recipient hepatitis C virus (HCV) and hepatocellular carcinoma (HCC) status were determined by using United Network for Organ Sharing (UNOS)/Organ Procurement and Transplantation Network (OPTN) primary diagnosis coding. Generalized linear modeling was used to determine the odds ratios (ORs) for the risk of RT in liver transplant recipients. According to National Transplantation Agency of Republic of Moldova since 2013 were registered 212 potential brain death donors, but families of 99 (46,69 %) of them have refused donation.

**Discussion results:** A total of 19 patients underwent LT during the study period, with 5 patients needing RT and only one patient has undergone RT because of lack of donors. Results from the univariate analyses identified the following risk factors which predicted the likelihood of RT: age of the recipient, BMI, HCV status, HBV+HDV status, HCC status, MELD score, albumin levels, cold ischemia time and year of transplant. Multivariate analysis showed the following risk factors which predicted the probability of RT: recipient's age, gender, BMI, HBV+HDV status, HCV status, cold ischemia time, donor type and year of transplant. Importantly, female gender, higher BMI, HCV positivity, longer cold ischemia time and living donor LT resulted in higher odds for RT.

**Conclusion:** Our analysis identified several host and graft-related predictors of RT in liver transplant recipients. Efforts must be directed to reduce the significant number of RT in the era of donor shortage and ever increasing demand for LT. Both, the community and physicians should therefore approach organ transplant positively and objectively and treat ethical, social and religious issues as negotiable perspectives and not barriers to organ transplant.

**Key Words:** Living donor living transplant, Retransplantation, Predictor factors

## **147. DECELLULARIZED TISSUE ENGINEERED PERICARDIUM AS REPLACEMENT FOR TRICUSPID VALVE IN CARDIAC SURGERY.**

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