

funde. In toate cazurile s-a obtinut diminuarea severitatii clinice a SPT si vindecarea UTV. Transplantarea valvulara autologa poate servi drept o modalitate eficienta de diminuare a refluxului venos profund de etiologie posttrombotica. Transferul valvular safeno-popliteal reprezinta o optiune potentiala de tratament al UTV in cazuri minutios selectate de SPT, atunci cind managementul conservator adecvat a esuat.

VENOUS VALVE TRANSPLANTATION AS TREATMENT OPTION FOR LEG ULCER IN POSTTHROMBOTIC SYNDROME

Postthrombotic syndrome (PTS) is a well-recognized late complication of acute deep venous thrombosis, leading to the development of venous leg ulcer (VLU) in at least 15% of cases. One of the pathophysiological mechanisms that contribute to VLU formation is venous reflux. Conservative complex treatment is the most commonly prescribed and often only feasible curative option for patients with severe PTS. Superficial and/or perforator vein surgery can bring obvious clinical improvement but the number of patients eligible for this treatment modality is quite limited. As a result, many reconstructive surgical techniques have been proposed in an attempt to eradicate pathological deep venous reflux. We present initial results of autologous venous valve transplantation to the popliteal level in 3 pts with PTS and refractory VLU. All pts were in working age, but with maximal disability score conditioned by PTS. A long history of PTS was noted, duration of VLU being >18 months. Preoperative duplex scanning revealed severe incompetence of femorotibial venous axis without superficial reflux. Operations were done under spinal anesthesia. Segmental resection of popliteal vein was followed by partial "endophlebectomy". As interposed transplant was used the contralateral saphenous vein fragment containing a competent valve (previously assessed and then checked intraoperatively by "strip test"). Venous anastomoses were applied using a combined suturing technique. No perioperative complications were noted. Control duplex scanning confirmed vein patency and pronounced reduction of deep reflux. Decreasing of clinical severity of PTS and VLU healing were achieved in all cases. Autologous valve transplantation can serve as effective modality to reduce deep venous reflux due to postthrombotic etiology. Sapheno-popliteal venous valve transfer is a potentially curative option for VLU in thoroughly selected cases of PTS, when appropriate conservative management has failed.

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EXPERIENTA A 115 INTRERUPERI SUBFASCIALE ENDOSCOPICE ALE VENELOR PERFORANTE: ANALIZA REZULTATELOR CLINICE

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Introducere. Rolul refluxului patologic prin venele perforante gambiere in patogeneza insuficientei venoase cronice (IVC), precum si necesitatea suprimarii acestuia ramain controversate. Totusi, implementarea tehnicilor minim-invazive in flebologie a retrezit interesul catre chirurgia perforantelor, intreruperea subfasciala endoscopica a acestora (tehnica SEPS) fiind una din metodele fezabile. Scopul studiului: analiza rezultatelor clinice ale utilizarii SEPS in tratamentul pacientilor cu IVC avansata. Metode. In Clinica Chirurgie Generala au fost efectuate 115 operatii SEPS. Virsta medie a bolnavilor – 56,2 ani, femei – 62,1%. Sindromul posttrombotic a fost factorul etiologic al IVC in 29,5% cazuri. Evaluarea preoperatorie a inclus examenul clinic, functional si imagistic (duplex scanare). Prezenta ulcerului trofic la momentul operatiei s-a constatat in majoritatea cazurilor – 53,9%. SEPS s-a efectuat cu instrumentar laparoscopic standard, apelind la tehnica cu doua portale si insuflare de gaz. La 18 bolnavi s-a practicat SEPS la ambele membre; in 2 cazuri efectuindu-se interventie repetata. In 22,6% cazuri s-a realizat SEPS izolat (fara safenectomie). Rezultatele au fost evaluate (1) pentru lotul general; precum si (2) in raport cu criteriul etiologic si (3) operatiile asociate pe sistemul venos. Rezultate. In lotul general vindecarea ulcerului trofic a fost obtinuta in 95,1% cazuri. Reducerea postoperatorie a severitatii clinice a IVC, apreciata in baza sistemelor specifice de scor, a fost constatata in 95,6% cazuri. Rata vindecarii ulcerului in sindromul posttrombotic a constituit 91,6%, iar dupa SEPS izolat – 94,1%. Complicatii de plaga s-au inregistrat in 6% cazuri. Concluzii. SEPS se asociaza cu diminuarea vadita a simptomatologiei IVC si o rata initiala inalta de vindecare a ulcerului trofic, chiar si la majoritatea pacientilor cu sindrom posttrombotic. Evaluarea complexa meticuloasa permite selectarea pacientilor la care SEPS va aduce beneficiu clinic.

EXPERIENCE OF 115 SUBFASCIAL ENDOSCOPIC PERFORATOR VEIN INTERRUPTIONS: ASSESSMENT OF CLINICAL RESULTS

Introduction. The role of pathologic reflux through the calf perforating veins in the pathogenesis of chronic venous insufficiency (CVI) as well as necessity of its suppression remains controversial. However, implementation of minimally invasive techniques in phlebology has reawakened interest in perforators surgery, their subfascial endoscopic interruption (SEPS procedure) being one of feasible methods. The aim of study was to analyze the clinical results of SEPS in the treatment of patients with advanced CVI. Methods. At our department of surgery 115 SEPS procedures were performed. Mean age of operated patients was 56,2 years, female – 62,1%. Post-thrombotic syndrome was the etiological factor of CVI in 29,5% cases. Preoperative evaluation included physical and functional examinations, and imaging study (duplex scanning). Active venous leg ulcer at the time of surgery was found in most cases – 53,9%. SEPS was performed using standard laparoscopic equipment, the two-port technique and gas insufflation. In 18 patients SEPS was accomplished on both lower limbs; in 2 cases being performed re-operation. In 22,6% cases SEPS was done as sole procedure (without saphenectomy). Postoperative results were assessed (1) for general group, and in relation to (2) the etiological criteria and (3) associated operations on the venous systems. Results. In general group ulcer healing was achieved in 95,1% cases. Postprocedural decreasing of clinical severity of CVI, appreciated with disease-specific scoring systems, has been found in 95,6% cases. Healing rate of venous ulcer in post-thrombotic patients was 91,6%, but after isolated SEPS procedure – 94,1%. Wound complications were recorded in 6% cases. Conclusion. SEPS is associated with obvious diminution of symptoms of IVC and a high initial healing rate of venous leg ulcer, even in most patients with post-thrombotic syndrome. Comprehensive meticulous assessment allows selection of patients in whom SEPS will bring clinical benefit.