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**TRATAMENTUL CHIRURGICAL AL TROMBULUI FLOTANT
IN VENELE PROFUNDE ALE MEMBRELOR INFERIOARE****Gutu E., Casian D., Culiuc V., Zaprojan A., Sochirca M.***Catedra Chirurgie Generala, USMF "N. Testemitanu", Chisinau, Moldova*

Introducere. Tromboza venelor profunde (TVP) ale membrelor inferioare este cauza principala a embolismului pulmonar (EP), forma flotanta a trombozei fiind cea mai periculoasa. Variate abordari curative au fost propuse in tratamentul TVP si prevenirea EP: terapia anticoagulanta, plicatia/ligaturarea venoasa, trombectomia chirurgicala si tehnicile endovasculare (plasarea cava-filtrului, tromboliza). Scopul studiului a fost evaluarea rezultatelor tratamentului chirurgical al trombului flotant (TF) in venele profunde ale membrelor inferioare. Metode. Pe parcursul a patru ani forma flotanta a TVP a fost diagnosticata prin duplex scanare la 53 bolnavi. Tratamentului chirurgical au fost supusi 41 pacienti (grupa de baza), ceilalti fiind tratati conservator din cauza refuzului de la interventie (grupa de control). Virsta medie a bolnavilor in grupa de baza a constituit 57,8 ani, 25 (60,9%) au fost barbati. Localizarea TF a fost urmatoarea: vena cava inferioara – 6, vv.ilice – 5, vv.femorale – 25, v.poplitea – 5 cazuri. Rezultate. In toate cazurile de TF in vena cava inferioara a fost efectuata cavaplicatia transabdominala. Tromboza vv.ilice a fost tratata prin plicatie (n=2) si trombectomie cu cateterul cu balon (n=3). TF in vv.femorale si poplitea a fost tratat prin plicatia v.femorale comune in 18, plicatia v.femorale superficiale in 3 si ligaturarea v.femorale superficiale in 9 cazuri. Localizarea TF in v.femurala comuna a necesitat trombectomie partiala (n=8) inainte de intreruperea venoasa. Cazuri de EP fatal intra- si postoperator nu au fost inregistrate. Imagistica vasculara de control a descoperit 2 cazuri de embolie in zona cavaplicatiei. Un caz de deces de EP si un caz de EP non-fatal au fost inregistrate in grupa de control. Concluzii. Operatiile pe venele profunde pot preveni dezvoltarea emboliei arterei pulmonare la pacientii cu tromboza flotanta. Evaluarea impactului interventiilor asupra dezvoltarii sindromului posttrombotic necesita cercetari ulterioare.

**SURGICAL TREATMENT OF FREE FLOATING THROMBUS
IN THE DEEP VEINS OF LOWER LIMBS**

Introduction. Deep vein thrombosis (DVT) of the lower limbs is a principal cause of pulmonary embolism (PE), the free floating form of thrombosis being the most dangerous. Various curative approaches are proposed for treatment of DVT and prevention of PE: anticoagulation, deep vein plication/ligation, surgical thrombectomy and endovascular therapy (cava-filter insertion, thrombolysis). The aim of present study was evaluation of results of surgical treatment of free floating thrombus (FFT) in the deep veins of lower limbs. Methods. During a four year period the free floating form of DVT was diagnosed by duplex ultrasound in 53 patients. Surgical treatment was performed in 41 cases (basic group), remaining being treated conservatively due to refuse for surgery (control group). Mean age of the patients in the basic group was 57,8 years, 25 (60,9%) were male. There were the following locations of FFT: inferior cava vein – 6, iliac veins – 5, femoral veins – 25, popliteal vein – 5 cases. Results. In all cases of FFT in the inferior cava vein the transabdominal cavaplication was performed. Iliac vein thrombosis was treated by plication in 2 and balloon-catheter thrombectomy - in 3 cases. FFT in the femoral and popliteal veins were treated by plication of common femoral vein in 18, plication of superficial femoral vein in 3 and ligation of superficial femoral vein in 9 cases. Location of FFT in the common femoral vein required partial thrombectomy (n=8) prior to venous interruption. Cases of fatal PE were not registered during surgery and postoperative period. Control vascular imaging reveals 2 cases of embolism in the site of cavaplication. One death caused by PE and one case of non-fatal PE were registered in the control group. Conclusion. Deep vein surgery may prevent pulmonary artery embolism in patients with free floating thrombus. Assessment of impact of surgery upon development of postthrombotic syndrome requires further investigation.

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**TRANSPLANTAREA VALVULARA VENOASA
CA OPTIUNE DE TRATAMENT AL ULCERULUI TROFIC
IN SINDROMUL POSTTROMBOTIC****Culiuc V., Casian D., Sochirca M., Gutu E.***Catedra Chirurgie Generala, USMF „N. Testemitanu”, Chisinau, Moldova*

Sindromul posttrombotic (SPT) reprezinta o sechela binecunoscuta a trombozei venelor profunde, conducind la dezvoltarea ulcerului trofic venos (UTV) in cel putin 15% cazuri. Unul din mecanismele fiziopatologice care contribuie la UTV este refluxul venos. Tratamentul conservator este cel mai frecvent prescris si deseori singurul posibil in SPT sever. Operatiile pe vv.superficiale si/sau perforante pot aduce ameliorare clinica vadita insa numarul pacientilor ce beneficiaza de acestea este destul de limitat. Ca urmare, multiple tehnici chirurgicale reconstructive au fost propuse pentru a eradica refluxul profund. Noi prezentam rezultatele initiale ale transplantarii valvulare venoase autologe la nivel popliteal efectuate la 3 pacienti cu SPT si UTV refractar. Toti bolnavii au fost in virsta apta de munca, dar cu dizabilitate maxima conditionata de SPT. Pacientii au remarcat o anamneza indelungata a SPT, durata UTV fiind >18 luni. Duplex scanarea a relevat incompetenta severa a axului venos femurotibial si lipsa refluxului superficial. Interventiile au fost efectuate cu anestezie spinala. Rezectia segmentara a venei poplitea a fost urmata de "endoflebectomie" partiala. Ca transplant interpozitionat s-a utilizat un fragment de vena safena contralaterala cu valva competenta (evaluata in prealabil si verificata prin "strip test"). Anastomozele au fost aplicate utilizind tehnica combinata de suturare. Nu au fost inregistrate complicatii perioperatorii. Duplex scanarea de control a confirmat permeabilitatea si reducerea pronuntata a refluxului la nivelul venelor pro-

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.