

функциональный класс стенокардии. Из нашей работы видно, что преобладают наиболее «опасные» типы кровоснабжения - правый тип («наиболее опасный») - 54,7%, сбалансированный («умеренно опасный») - 29,5%, левый тип кровоснабжения («оптимальный») - 15,8% случаев. При проведении контрольной коронарографии в отдаленном периоде пациентам предъявляющим жалобы на плохое самочувствие, у большинства больных стенты и шунты остаются проходимыми.

## FEASIBILITY OF MONOVASCULAR MYOCARDIAL REVASCULARIZATION IN CORONARY ARTERY DISEASE

A comparative study of effectiveness of surgical and endovascular treatment techniques in patients with coronary heart disease with monovascular coronary pathology was performed. 190 patients who underwent monovascular myocardial revascularization from 2004 to 2009 were included in the study. Patients were divided into two groups, 90 patients underwent coronary artery stenting, 100 patients were performed coronary artery bypass grafting without cardiopulmonary bypass under intubation anesthesia, we have used in 72 patients the left internal mammary artery, in 13 - the right internal mammary artery, in 15 patients - the radial artery. Direct stenting of coronary arteries was performed in 60 patients; stenting with predilatation was performed in 30 individuals. When performing the coronary artery stenting - 28 patients fitted with drug-coated stents, 62 - without drug coverage. Anterior interventricular artery stenting was performed in 47, right coronary artery in 24, circumflex artery in 15, diagonal branch of anterior interventricular artery in 2 patients, the intermedia arteries in 1, the branches of the blunt edge in 1 patient. We have analyzed the relationship based on the type of blood supply: 104 patients - the right type (the "most dangerous"), 56 - balanced type ("moderately dangerous"), 30 - left type of blood supply ("optimal"). The information was received about the health 115 patients. After coronary bypass surgery was 52 patients: 35 feel well, 16 note poor health, 1 died (cause of death unknown). After the coronary artery stenting was 63 patients - 43 feel well, 18 note poor health, two died (one - from pulmonary embolism, another one - from myocardial infarction). After operative intervention all patients' condition has improved, the angina functional class has decreased. It results from our work that the most "dangerous" types of blood supply dominate - the right type ("most dangerous") - 54,7%, balanced ("moderately hazardous") - 29,5%, the left type of blood supply ("optimal") - 15,8% of cases. The follow-up control coronarography of patients complaining of a bad health showed that the majority of patients had permeable stents and bypasses.

B45

## REVASCULARIZAREA SEGMENTULUI ARTERIAL INFRAPOPLITEU ÎN PROCESELE OCLUZIV-STENOTICE

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Scopul: Studiarea rezultatelor precoce ale revascularizărilor chirurgicale a segmentului arterial infrapopliteu în procesele ocluziv-stenotice. Materiale și metode: Pe parcursul anilor 1995-2010 în secția de Chirurgie Vasculară s-au efectuat 566 de intervenții chirurgicale la 533 pacienți, dintre care 33 la ambele membre inferioare. La 82% pacienți s-a determinat gr III-IV de ischemie la nivelul membrului inferior, fapt ce prezintă indicație absolută pentru a interveni chirurgical. Tactica și volumul operator a fost apreciat conform rezultatelor investigațiilor clinice, duplex scanare, angiografie, CT angiografie și explorare intraoperatorie. Intervențiile de preferință efectuate au constituit, by-passurile cu grefon safen intern inversat și trombendarterectomiile din arterele poplitea și tibială cu petic din autovenă. În 68 (12%) cazuri au fost revascularizate și segmentele proximale necesitând by-pass aorto-femural sau femuro-popliteu respectiv. Rezultate: În perioada postoperatorie precoce, retrombozele au survenit în 73 (12,9%) cazuri, dintre care la 28 pacienți datorită reintervențiilor precoce am obținut rezultate favorabile. La 37 pacienți s-a recurs la amputarea coapsei sau gambei. Concluzie: Conform datelor noastre, revascularizarea segmentului arterial infrapopliteu în procesele ocluziv-stenotice este posibilă în 92,5% cazuri. Intervențiile de preferință conform indicațiilor și investigațiilor efectuate, au constituit by-passurile și trombendarterectomiile cu folosirea materialului autolog.

## REVASCULARIZATION OF THE INFRAPOPLITEAL ARTERIAL SEGMENT IN OCCLUSIVE-STENOTIC PROCESSES

Aim of the study: Evaluation of early results of surgical revascularization of the infrapopliteal arterial segment in the occlusive-stenotic processes. Material and methods: During the period of 1995-2010 in the Department of Vascular Surgery there have been performed 566 operations in 533 patients, of which 33 for both lower limbs. Critical ischemia was identified in 82% of patients, determining absolute indications for surgery. Further surgical tactics were appreciated after physical examination, duplex scan, angiography, CT angiography and intraoperative exploration. The elective surgical procedure was by-pass with reversed autologous internal saphenous graft and trombendarterectomy from the popliteal and tibial arteries with autovenous patch. Proximal segment revascularization using aorto-femoral or femuropopliteal by-passes were necessary in 68 (12%) of cases. Results: The early postoperative period was complicated by rethrombosis in 73 (12,9%) cases. Early reintervention has been performed to 28 patients with satisfactory results. In 37 cases high amputations were necessary. Conclusion: Revascularization of the infrapopliteal arterial segment in occlusive-stenotic processes was possible in 92,5% of cases. The surgical procedures of choice were by-passes and trombendarterectomy with use of autologous material.