

The 8th International Medical Congress for Students and Young Doctors

Introduction. Colorectal cancer (CRC) is the third most common cancer worldwide, accounting for about 10% of all cancer cases diagnosed annually. Due to the high prevalence of CRC, implementation of a screening program, especially non-invasive would reduce the incidence by eradicating precancerous lesions, as well as mortality by treating the early stages of the disease.

Aim of the study. Presentation of recent information on the role of fecal microbial markers as a non-invasive method in the early detection of CRC.

Materials and methods. 47 literary sources were analyzed, using Medline, PubMed, Google Scholar, Hindawi databases over a 5 year period. Keywords used in the search: microbial markers, screening, colorectal cancer.

Results. Of the 47 articles selected: 16–dedicated to clinical diagnostic methods, 10–regarding the fecal immunochemical test (FIT), 11–regarding the role of fecal microbial markers in combination with FIT, as predictors of CRC and 10–regarding the specificity and sensitivity of the markers fecal microbes in symptomatic and asymptomatic patients. Thus, it was determined that certain bacterial species, such as *Parvimonas micra*, *Solobacterium moorei*, and *Clostridium hathewayi*, are significantly enriched in stool samples from CRC patients, whereas the presence of other bacterial species, such as *Bacteroides clarus* and *Roseburia intestinalis*, is significantly reduced in CRC patient stool. Also, *Fusobacterium nucleatum* is thought to potentiate intestinal tumorigenesis through recruitment of infiltrating immune cells and via activation of beta-catenin signaling. Such increased or decreased presence of these bacterial species results in higher or lower levels of signature DNA, RNA and protein species unique to these species, which in turn can be used for detection, both qualitatively and quantitatively.

Conclusions. This review highlights the effectiveness of non-invasive methods in the early diagnosis of CRC, in estimating the risk of relapse and neoplastic dissemination, as well as the rate of response to adjuvant treatment. Implementing an effective screening program would reduce mortality in CRC, save a significant portion of the resources that would be spent on treating patients in advanced stages of the disease.

Key words: colorectal cancer, fecal microbial markers, fecal immunochemical test.

DEPARTMENT OF SURGERY NO.2**60. CONTEMPORARY TREATMENT METHODS IN ACUTE CHOLANGITIS**

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Introduction. Acute cholangitis is a medical emergency and is a potential life-threatening condition, is an infectious process of the entire biliary tree or only of the intrahepatic system developed almost always under the conditions of partial or complete obstruction of the main biliary tract.. If this condition is not treated with antibiotic therapy and the earlier decline of bile pressure, the risk of aggravation of the situation and mortality increases. The actuality of the problem is determined by the increase of the number of diseases of the organs in the hepatopancreatoduodenal area, which are accompanied by a lot of complications.

Aim of the study. Research of surgical tactical opportunities in acute cholangitis.

Materials and methods. Scientific articles were searched in PubMed, Hinari and Cambridge University press databases, using the descriptors "acute cholangitis", "biliary stenting", "nasobiliary drainage". The research was not delimited to a specific time period and was supplemented with bibliographic data from statistical sites, from Ministry of Health, Labor and Social Protection of Moldova.

Results. Reaching positive results in the treatment of cholangitis, is possible by performing the diagnostic and therapeutic maneuvers in stages. A necessary condition is the strict observance of the sequences and the time in each stage by the maximum use of the endosurgical and mini-invasive interventions. Early surgery in acute cholangitis is accompanied by an increased frequency of complications. Advances in therapeutic endoscopy, such as balloon drainage guided by balloon enteroscopy or endoscopic ultrasound-guided biliary drainage, have added new extent for the endoscopic management of acute cholangitis, which avoids the need for more invasive procedures. Bile drainage can be achieved by different methods and procedures: endoscopic, percutaneous and open transhepatic. Endoscopic drainage is associated with a shorter duration of hospitalization and a low morbidity rate.

Conclusions. The treatment tactic in acute cholangitis remains a current problem in hepatobiliary surgery. So far, there are many questions for pathogenesis, diagnosis, treatment and prevention, which need to be solved. Acute cholangitis requires an in-depth multidisciplinary study, which allows the adoption of a correct management for each clinical case, and the application of the stepped treatment tactic will allow us to obtain positive results in this pathology.

Key words: acute angiocolitis, biliary drainage

61. THE UTILITY OF ECHO-DOPPLEROGRAPHY IN THE MANAGEMENT OF PORTAL SPLENOPATHY

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Introduction. Portal splenopathy (PS) is a common complication of liver cirrhosis.

Aim of the study. Examination of the utility and diagnostic performance of portal echo-Dopplerography (PED) for the detection of PS and observation of those patients.

Materials and methods. The retrospective study based on the cases includes 36 cirrhotic patients with PS, admitted and surgically treated within the Clinic. The analyzed data for each studied case were included in an evaluation form, based on the outline of the imagistic aspects of the analyzed lot.

Results. The study group was represented by men (44.2%), women (55.8%) with an average age of 35-45 years and cirrhotic status. Valid PED findings were defined as follows: splenomegaly (mild / moderate / severe - 6/11/19), clinically associated with abdominal pain and distension (63.8%) and hypersplenism (91.7%), portal and splenic vein dilation with sinus varicose veins in hilum (94.4%), splenoportal axis thrombosis (22.2%), ascites (16.7%), hepatomegaly (19.4%), accessory spleen (13.9%), splenic infarction (8.3%), subcapsular hematoma (5.6%).