

The 8<sup>th</sup> International Medical Congress for Students and Young Doctors

**Aim of the study.** Comparative assessment of the efficacy of transurethral Thulium:YAG laser vapoenucleation of prostate (ThuVEP).

**Materials and methods.** 37 patients with average age of 67 years underwent surgical treatment of large BPH at the Department of urology and surgical nephrology, State University of Medicine and Pharmacy “Nicolae Testemitanu”. Patients were divided into two treatment groups: ThuVEP (17 patients) and open simple prostatectomy (Fuller-Freyer procedure) (20 patients) and evaluated postoperatively at 3 months. Hemoglobin drop was also evaluated at the first postoperative day.

Preoperative patients were investigated: PSA, IPSS, QoL, TRUS-P with PVR and Qmax. Patients inclusion criteria: Prostate Volume  $\geq 80\text{cm}^3$ , IPSS  $\geq 16$  and PVR  $\geq 50\text{ml}$ , PSA  $\leq 4\text{ng/ml}$ , QoL  $> 4$ , Qmax  $< 8\text{ml/s}$ .

**Results.** Average duration of intervention: 79 min vs 63 min. The prostate volume decreased postoperative on average from  $82,2\text{ cm}^3$  to  $31,3\text{ cm}^3$  vs  $83,4\text{ cm}^3$  to  $31,9\text{ cm}^3$ , there was an increase of average  $Q_{\text{max}}$  from 8,2 to 20.3 ml / s vs 8,4 to 21,1 ml / s, and a decrease in mean IPSS from 19,3 to 5.3 vs 20,1 to 5,4, and PVR diminished from 67.2 ml to 15,4 ml versus 68,1 to 17,4 ml, respectively. The period of transitional macrohematuria was 2,1 days vs 5,3 days respectively. The duration of cateterization was 2,3 days in the first group and 8,3 days in the second group. Mean hemoglobin drop was 2,1g/l in Group 1 vs 3,4g/l in Group 2.

**Conclusions.** ThuVEP is an effective alternative method in the treatment of large BPH. Immediate postoperative results of ThuVEP are similar to the results in open simple prostatectomy (Fuller-Freyer procedure). It is to mention a high safety profile characteristic for ThuVEP and a reduced hemoglobin drop comparatively to classic open surgery.

**Key words:** Thulium:YAG laser, vapoenucleation, prostate

## DEPARTMENT OF SURGICAL ONCOLOGY

## 91. ETIOPATHOGENICITY AND DIAGNOSIS OF ENDOMETRIAL OVARIAN TUMORS

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**Introduction.** Endometriosis is a benign gynecological estrogen-dependent disease characterized by endometrium-like tissue outside the uterus. The disease affects approx. 6-10% of women of reproductive age. The benign endometrial tumor also known as “chocolate cyst” affects 17-44% of women with endometriosis. Etiological theories explaining the endometrial lesions are: reflux of endometrial tissue via fallopian tubes during menstruation, coelomic metaplasia, vestiges of embryonic cells and lymphatic and vascular proliferation. The golden standard in diagnosis of endometrial tumors is laparoscopy. Transvaginal ultrasound does not help in initial diagnosis, but nonetheless can help in telling apart the endometrial from other benign ovarian tumors, while MRI helps in differentiating endometrial ovarian tumors from other ovarian cysts.

**Aim of the study.** Evaluation of risk factors and methods of diagnosis of endometrial ovarian tumors.

**Materials and methods..** Lot of patients: 27 patients with endometrial ovarian tumors who were hospitalized and received treatment at PMSI OI of the Republic of Moldova between 2014 and 2019.

**Results.** Total number of patients enrolled in the study: 27 patients, 25-45 years (age of highest incidence) - 15 patients (55,5%). The most frequent symptoms: pelvic pain - 27 patients (100%), dysmenorrhea - 9 patients (33,3%), dyspareunia- 5 patients (18,51%), metrorrhagia - 3 patients (11,1%).Bimanual examination of 12 patients (44,4%), revealed a smooth, elastic mass. According to laboratory data, 19 patients (70,37%) showed high CA 125 values, and 14 patients (51,8%) high estradiol values. Diagnostic imaging: ultrasound - 27 patients (100%), CT -7 patients (25,92%), MRI - 3 patients (11,1%). Laparoscopic methods: diagnostic laparoscopy - 12 patients (44,4%). All patients have received surgical treatment: surgery under laparoscopy - 12 patients (44,4%), laparotomy - 15 patients (55,5%).

**Conclusions.** 1.Age and high estrogen levels are among the main factors which lead to endometrial ovarian tumors. 2.Pelvic pain is the main symptom shown by patients followed by dysmenorrhea, dyspareunia, and metrorrhagia. 3.Laparoscopy is the golden standard in the diagnosis of endometrial ovarian tumors.

**Key words:** endometriosis, endometrial tumor, laparoscopy, pelvic pain

## 92. CONTEMPORARY TREATMENT OF METASTATIC OVARIAN TUMORS

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**Introduction.** Metastatic ovarian cancer is a serious worldwide public health problem, with one of the highest potential for lethality among all tumors. It is an advanced malignancy, or secondary tumor, with primary other organs, most commonly the gastrointestinal tract and mammary gland, stomach, colon, appendix, uterus, lung. At present, the treatment of metastatic ovarian tumors consists of several successive stages: surgical treatment, chemotherapy and radiotherapeutic treatment. Patients with a metastatic limit only in the ovary have a favorable prognosis, or usually. Adjuvant chemotherapy after metastasis resection offers survival benefits in gastric and colorectal cancer. The ovary is a frequent site of involvement for metastases. Ovarian involvement is observed at autopsy in approximately 10% of breast cancer cases. Metastasis is bilateral around 80% of patients. About 5-30% of ovarian cancers are metastatic malignancies.

**Aim of the study.** To study the techniques and principles of treatment for metastatic ovarian tumors

**Materials and methods..** Lot of patients: 53 patients with metastatic ovarians tumors were hospitalized and treated in IMSP IO from Moldova during 2012-2019

**Results.** Total enrolled: 53 patients, age with the highest incidence - 41-50 years - 18 patients (33.9%) Histological distribution: signet ring cell - 26 patients( 49.1%), adenocarcinoma – 24 patients ( 45.2%), clear cell carcinoma - 3 patients (5.66%). After the primary outbreak - the highest incidence for the stomach cancer - 25 patients (47.1%) and uterus cancer- 17 patients (32.07%).For the colorectal cancer the incidence is 9.43%- 5 patients, uterin cervical cancer-3.77%- 2 ,mammary gland cancer-5,66%- 3 patients and for cancer without clarification-1,88 %- 1 patient. Bilaterality is prevalent in our study with 62.2% (33 persons) Of them treated surgically: 53 patients-100% ,treated only with adjuvant chemotherapy: 40 patints- 75,47 %,