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Keywords: pancreatic necrosis, diagnosis, treatment.

166. STANDARDIZED FOAM FOR SCLEROTHERAPY OF VARICOSE VEINS OF LOWER LIMBS: IS IT BETTER?

Cristina Ursoi, Valeria Turcan

Scientific adviser: Vasile Culiuc, MD, PhD, Associate Professor, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction: Nowadays the foam sclerotherapy is becoming the top choice of the majority of vascular surgeons for varicose disease treatment, although a standardized method of producing SF has not been chosen yet.

Aims: To appreciate the difference between the half-life of the sclerosant foam (SF) obtained by using different types of syringes connected by a two-way connector, and the one obtained by using the Kreussler Pharma Easy Foam Kit.

Methods: In CCGS laboratory of USMF, „Nicolae Testemitanu” an experimental study was performed. By using Trombovar 3% and Etoxisclerol 3%, together with room air, different brands and volumes of syringes, siliconized and unsiliconized syringes, a two-way connector and Kreussler Pharma Easy Foam Kit, SF was obtained. The liquid-to-gas ratio was 1:4, with 20 passages.

Results: The SF half-life varied insignificantly when using both Trombovar 3% and Etoxisclerol 3%, as well as using Kreussler Pharma Easy Foam Kit did not increase the SF half-life, compared to the syringes connected by a two-way connector. The volume of the syringes used in the experimental study, had no influence on the SF half-life. However, the unsiliconized syringes seem to potentiate the durability of the SF.

Conclusion: SF formation is greatly influenced by the choice of the types of syringes, also unsiliconized syringes are to be preferred for obtaining of SF.

167. SURGICAL TREATMENT OF AFTER SCARS EXCISION WOUNDS IN CHILDREN

Olesea Prisacaru, Ion Prisacaru, Valentin Bernic

Scientific adviser: Eva Gudumac, MD, PhD, Professor, Academician, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction: The ability of the primary wound healing, and hence the probability of formation of scar with favorable characteristics depends on how modern principles of surgery are implemented.

Materials and methods: During last 3 years (2013-2015), in PMSI "Emilian Cotaga" Clinic, in the Department of burns, plastic and reconstructive surgery, 162 surgeries of scar excision and plasty with local tissues were performed.

Results and discussions: Principles of surgical treatment of wounds are: (1) Preservation of blood supply in the tissue forming the wound wall at a satisfactory level. Solving a specific surgical task is always associated with the separation of tissues, and in plastic surgery very often with the formation of skin-fat flaps. In cases when tissue blood flow does not have a distinct axial direction, the alimentation of the flap is considerably reduced. (2) Accurate approximation of the wound walls, especially of the skin edges. This presumes the presence of a relatively smooth and adequate, in terms of dimensions, to each other wound surfaces, which allows closing the wound or without cavities formation with a smooth surface in the area of sutures. (3) Fixing the wound edges in tight contact during the entire period of scar formation. (4) Minimal action of the sutures on the skin surface. If separate sutures are applied too tight, next to the suture develop small foci of necrosis, and the scar take a rail road appearance. This significantly impairs the external characteristics of the scar, and often makes it impossible for effective correction.

Conclusion: It is necessary to apply the stitches so that after the operation would not remain any significant cavities in the wound that will increase the risk of infection. For this, first, wound layers must be precisely connected to the corresponding layers (muscle, fascia, subcutaneous fat, skin). The second important principle of wound closure: skin edges should be very close approximated by applying deep, subcutaneous stitches. This allows to close the wound with cutaneous sutures with a minimum tension, and thus with the lowest exposure of skin surface to sutures.

Keywords: injury, scar, tissue, sutures.

168. BARRET ESOPHAGUS. ETIOPATHOGENESIS. DIAGNOSTIC AND THERAPEUTIC ASPECTS.

Alexandru Predenciuc

Scientific adviser: Gheorghe Ghidirim, Academician of Academy of Sciences of Republic of Moldova, Professor, Head of "Nicolae Anestiadi" Surgery Chair, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction: Barrett's esophagus is a attractive pathology in gastroenterology for two fundamental reasons. Although its true prevalence is unknown, due largely asymptomatic cases, the widespread introduction of endoscopy allows us to assert that Barrett esophagus is a relatively frequent. Esophagus surgery presents particular technical difficulties compared to other organs, because of its position, difficult -to reach and relation with a number of vital organs.

Purpose and objectivities: studying the risk factors, the oldness of the pathology, studying subjective and objective clinical signs, endoscopic and radiological analyse.

Materials and methods: This research is based on analysis of 154 patients with gastro-esophageal reflux disease and Barrett esophagus, examined in Public Healthcare Institution, Republican Center of Medical Diagnosis, during 2014 year. The patients were divided into 2 groups: first with 140 (90%) patients with gastro-esophageal reflux disease and the second that included 14 (10%) patients with Barrett esophagus.