
The 6th International Medical Congress for Students and Young Doctors

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 alimentionation 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.

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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 Barret 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 analys of 154 patiens with gastro-esophagian 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-esophagian reflux disease and the second that included 14 (10%)patients with Barret esophagus.

Results: The clinical examination included 154 patients to which was revealed: GERD, esophagitis and Barrett esophagus. The male sex was predominant and represented 104 (67.5%) patients and female sex represented 50 (32.4%) patients.

The clinical signs were determined by heartburn that was revealed at 130 patients (92%) from the first group and 2 patients (14%) from the second group. The second sign most commonly found was belching that was revealed at 20 patients from the first group (14%) and 9 cases from the second group (64%). The endoscopic examination was the basic examination of all patients. At 103 patients from all (70%) was found evident signs of incapacity of inferior sphincter of esophagus, and namely the hiatal cardia, and its opening to a light air blast, but at 43 patients was not found these signs, despite of presence of clinical and endoscopic sign of esophagitis reflux. At 48 patients (32.9%), endoscopy set nonconfluent island hyperemia at lower region of the esophagus, which corresponded to the first level of reflux esophagitis after Savary Miller. At 57 patients (39%) was revealed hyperemia and confluent mucosal erosions that corresponded to the second level of reflux esophagitis after Savary-Miller. The third level after Savary-Miller was found at 29 patients (19%) and the fourth level at 12 patients (8%). The radiological examination was performed at 106 patients from which 104 patients was with gastro-esophageal reflux disease, and 2 patients with Barrett esophagus. At patients with GERD-78 cases was found with radiological signs of reflux, but at 24 patients was not found any signs.

Conclusions: Barrett esophagus was found mostly at male sex, the average age being 45-50 years. The most common clinical signs were heartburn 89% cases, followed by epigastric pain and belching-78%. At 103 patients from all (70%) was found evident signs of incapacity of inferior sphincter of esophagus, and namely the hiatal cardia, and its opening to a light air blast, but at 43 patients was not found these signs, despite of presence of clinical and endoscopic sign of esophagitis reflux.

169. SINUS-SAVING MODIFICATION OF EVERSION CAROTID ENDARTERECTOMY AS A METHOD OF STABILIZATION PERIOPERATIVE ARTERIAL HEMODYNAMICS

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Introduction: In surgery of the carotid arteries, from all known techniques of carotid endarterectomy, eversion technique has several important advantages. It helps to avoid the longitudinal arteriotomy, patch angioplasty and reduces the length of operation. However the standard version of it is attended with damage of carotid sinus nerve, which has a negative impact on perioperative arterial hemodynamics with a tendency to hypertension. Our goal is to develop an operative technique that could let us avoid intersection of the carotid sinus nerves, which reduce the risk of complications thanks to a more manageable blood pressure, due to decreased sympathetic influence on the regulation of vascular tone.

Materials and methods: The research included 193 patients operated on carotid arteries in Chelyabinsk Regional Clinical Hospital since 2012 to 2015. Groups are even in age, sex, initial