

Material and methods: From January 2011 until May 201, 38 LA were performed. The gender distribution revealed a predominance of women pathology with a ratio M/F – 1:1.7. The age of patients varied from 18 to 60 years, averaging 32.3±11.5 years. Intraoperative was found catarrhal appendix (n=10), phlegmonous appendix (n=20), gangrenous appendix (n=4), and perforated appendicitis with localized abscess (n=2). On 2 patients LA was performed within 3 months after absorption of appendicular infiltrate. The LA operative technique includes: trocars application and CO₂ peritoneum achievement, transabdominal exploration, skeletization of the appendix, ligatures, appendix base ligation with a pre-knotted Roeder-loop, and appendix removal. The appendix stump was inverted in the ceacum according to Semm in 33 patients, the ligature technique was applied in 5 patients.

Results: The mean operating time was 47.2±18.1 min (range: 35-78). The postoperative algometry revealed a decreased presence of postoperative pain syndrome. The mean length of hospital stay was 3 days. Patients returned to work in less than 10 days. The postoperative seroma occurred in 2 cases.

Conclusions: The LA provides obvious advantages including: definitive diagnosis in equivocal cases; optimal intervention in ectopic appendix; adequate peritoneal lavage “on demand” following removal of the appendix; reduced wound infection rate and rapid recovery; cosmetic benefits.

15 ANI DE TRANSPLANT HEPATIC ÎN ROMÂNIA – ANALIZA RETROSPECTIVĂ A 648 DE PACIENȚI TRANSPLANTAȚI

BRASOVEANU V, MATEI E, BOTEA F, DOROBANTU B, BACALBASA N, ANGHEL C, BARBU I, DUDUS I, PAUTOV M, IONESCU M, MOOTHOR M, ICHIM F, POPESCU I

Centrul de Chirurgie Generală și Transplant Hepatic “Dan Setlacec”, Institutul Clinic Fundeni, București, România

Introducere: Transplantul hepatic (TH) a devenit metoda de elecție în tratamentul bolilor hepatice în stadiu terminal, cu peste 20.000 de proceduri anuale la nivel mondial.

Scopul acestui studiu este de a analiza rezultatele programului de transplant hepatic românesc după 15 ani de activitate.

Material și metode: Între aprilie 2000 și aprilie 2015, 648 de pacienți au fost transplantați cu ficat în România. Raportul pe sexe a fost 382 (m) / 266 (f), în timp ce raportul adulți/copii a fost de 588/60, cu o vârstă medie de 45 de ani. Indicațiile principale pentru TH au fost: ciroza de etiologie VHB (176 pct; 27,1%), HCC (128 pct; 19,7%), și ciroza de etiologie VHC (118 pct; 18,2%). Transplantul hepatic de la donator cadaveric a fost efectuat la 532 pacienți (82,1%): 512 pct cu ficat întreg, 16 pct – cu ficat split, 2 pct – cu ficat redus, transplant-domino – la 2 pct. Transplantul de ficat de la donator viu a fost efectuat la 116 pct (17,9%).

Rezultate: Mortalitatea perioperatorie a fost de 7,9% (51 pct). Rata de retransplant a fost de 4,6% (30 pct). Supraviețuirea la 1, 3 și 5 ani pe termen lung a fost estimată la 88,8%, 82,5% și respectiv 79,2%. Timpul de așteptare pentru TH a scăzut semnificativ în timp. Mortalitatea pe un an pe lista de așteptare a scăzut semnificativ, de la 31,4% la 11,8%.

Concluzii: Programul de transplant hepatic în România se adresează atât cauzelor de insuficiență hepatică acută și cronică, cât și tumorilor hepatice la adulți și copii, fiind folosite toate tehnicile chirurgicale. Amploarea programului a crescut constant în timp, ceea ce a adus la scurtarea timpului și a ratelor de mortalitate pe lista de așteptare.

15 YEARS OF ROMANIAN NATIONAL PROGRAM OF LIVER TRANSPLANT – A RETROSPECTIVE ANALYSIS OF 648 PATIENTS OPERATED

Background: Liver transplantation (LT) is the treatment of choice for end-stage liver diseases, with more than 20.000 procedures yearly worldwide.

The aim of this study was to analyze the results of Romanian National Program of LT after 15 years of activity.

Methods: Between April 2000 and April 2015, 648 patients received 678 LTs in Romania. Male/female ratio was 382/266, while adult/pediatric ratio was 588/60, with a mean age range 7 months – 68 yr. Main LT indications in the adult population were HBV-related cirrhosis (176 pts; 27.1%), hepatocellular carcinoma (128 pts; 19.7%), and HCV-related cirrhosis (118 pts; 18.2%). DDLT (death donor liver transplant) was performed in 532 pts (82.1%): whole LT in 512 pts, split LT in 16 pts, reduced LT in 2 pts, and domino LT in 2 pts. LDLT (living donor liver transplant) was performed in 116 pts (17.9%).

Results: Perioperative mortality was 7.9% (51 pts). Retransplantation rate was 4.6% (30 pts). Long-term overall 1-, 3-, and 5-year estimated survival rates were 88.8%, 82.5%, and 79.2%, respectively. Median waiting time for LT decreased significantly over time. One-year overall mortality on waiting list also decreased significantly over time from 31.4% to 11.8%.

Conclusions: The liver transplantation program in Romania addresses all causes of acute and chronic liver failure or liver tumors in adults and children, using all surgical techniques. The program constantly increased over time, leading to less time and lower mortality rate on the waiting list with the results similar to those of other centers.

TRANSPLANTUL HEPATIC CU FICAT DE LA DONATOR VIU ÎN ROMÂNIA – EXPERIENȚA DE 116 CAZURI

BRASOVEANU V, MATEI E, DOROBANTU B, BOTEA F, BACALBASA N, ANGHEL C, BARBU I, DUDUS I, PAUTOV M, MOOTHOR M, IONESCU M, ICHIM F, POPESCU I

Centrul de Chirurgie Generală și Transplant Hepatic “Dan Setlacec”, Institutul Clinic Fundeni, București, România