

OPPORTUNITIES FOR DIAGNOSIS AND TREATMENT IN DEGENERATIVE COMPLICATIONS IN BILIARY LITHIASIS

Liuba Strelțov¹, S.Revencu¹, Gh.Rojnoveanu¹, E.Beschieru¹, I.Băbălău², V.Mustea²
 SUMF "Nicolae Testemitanu", Chisinau, Republic of Moldova⁽¹⁾
 The MC "Sf. Arh.Mihail" Hospital, Chisinau, Moldova⁽²⁾

Introduction

1-3% of patients with cholelithiasis develop GC. Difficulties in diagnosis and selection of the operation procedure, remain controversial issues.

Keywords

cholelithiasis, gallbladder cancer (GC) surgery results

Purpose

Analysis of experience treating patients with degenerative complications in gallstone disease.

Material and methods

The analysis of 14 cases of GC clinically diagnosed and treated in 2010-2019. 9 patients had anamnesis of gallstones for more than 10 years. Women- 10 men- 4. The diagnosis included: clinical aspects, laboratory tests, USG, contrast CT, ERSP, MRI with cholangiography, laparoscopy.

Results

Increased efficacy in diagnosis had MRI with cholangiography and CT. Treatment methods: laparoscopic cholecystectomy with enlarged diathermocoagulation of the vesicular lodge⁽²⁾, extended classical cholecystectomy with enlarged resection of the area of destruction and ablation of regional lymph nodes, Kerh drainage⁽²⁾, classic cholecystectomy with external tumor drilling and Champeau drainage⁽¹⁾, cholecystectomy, tumor drilling and internal drainage⁽³⁾, cholecisectomy, tumor resection, bihepaticojejunostomy a la Roux and ablation of lymph nodes⁽⁶⁾ Morbidity (50%)

Conclusions

The volume of surgery in CVB correlates with the tumor stage. Radical surgery with enlarged tumor removal contributes to a higher survival rate. In adva**external drilling and drainage interventions present the elective treatment option**nced stages, internal or.

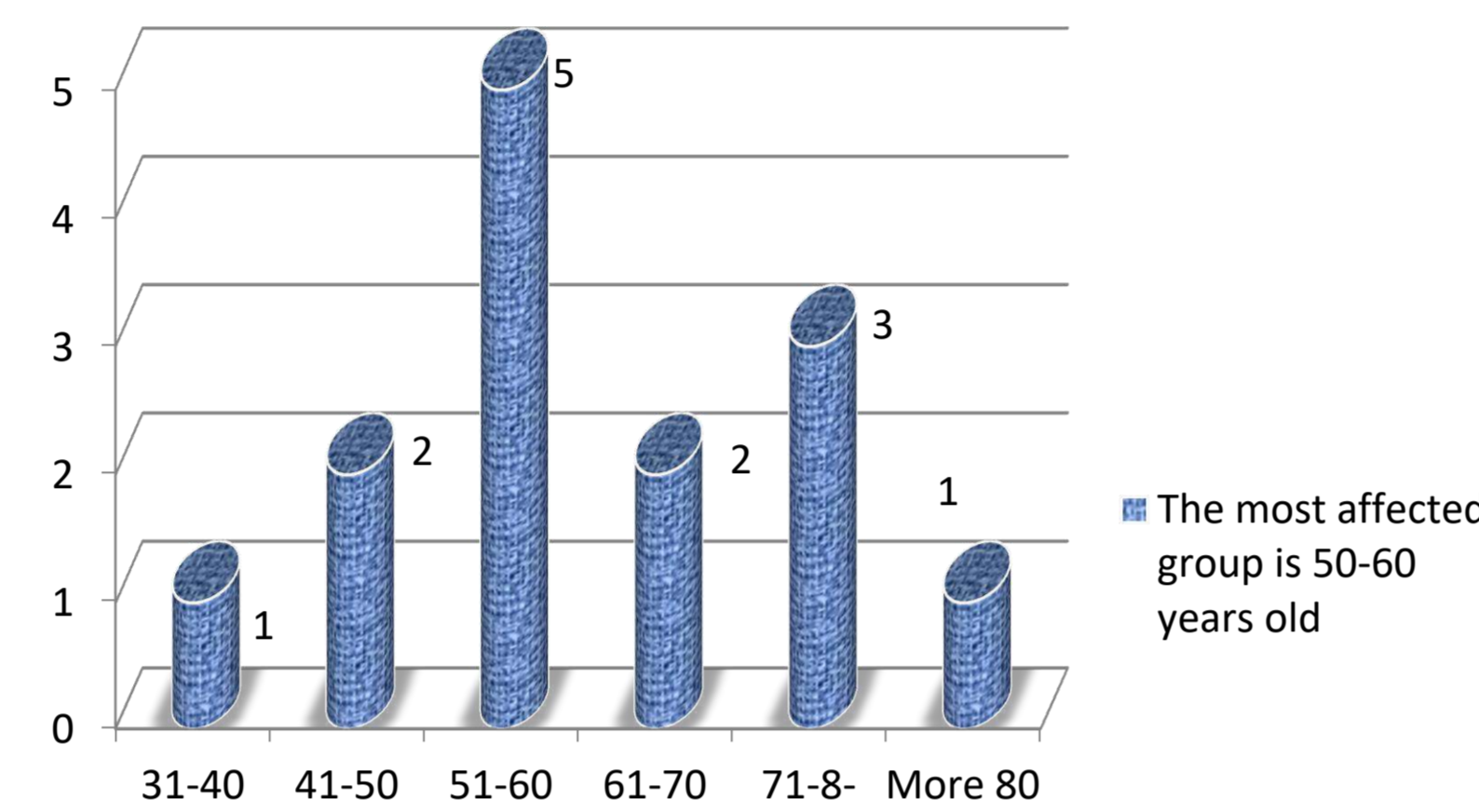


Fig.1 Frequency of gallbladder cancer

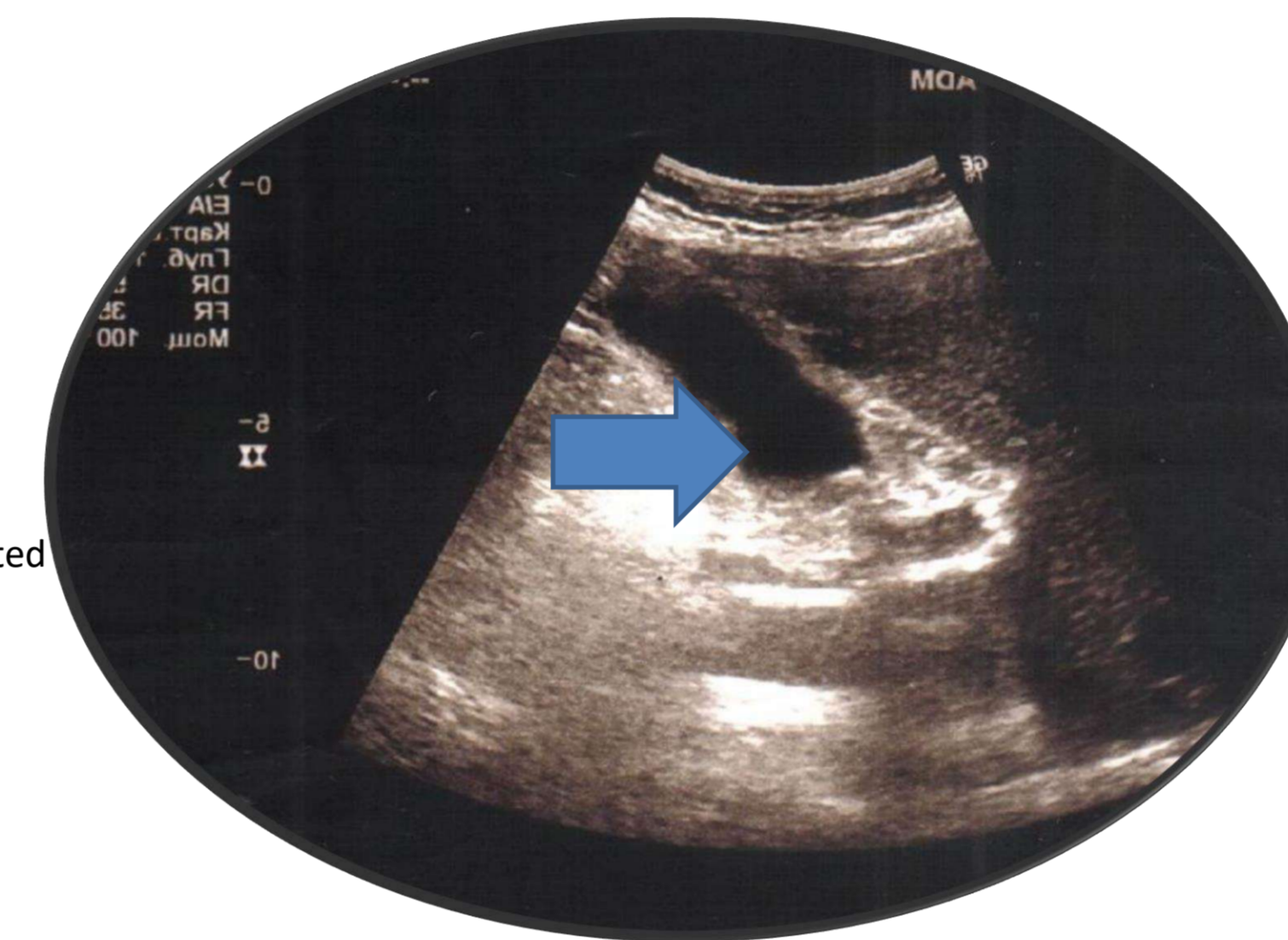


Fig.2 USG in the diagnosis of gallbladder cancer



Fig.3 CT in the diagnosis of gallbladder cancer

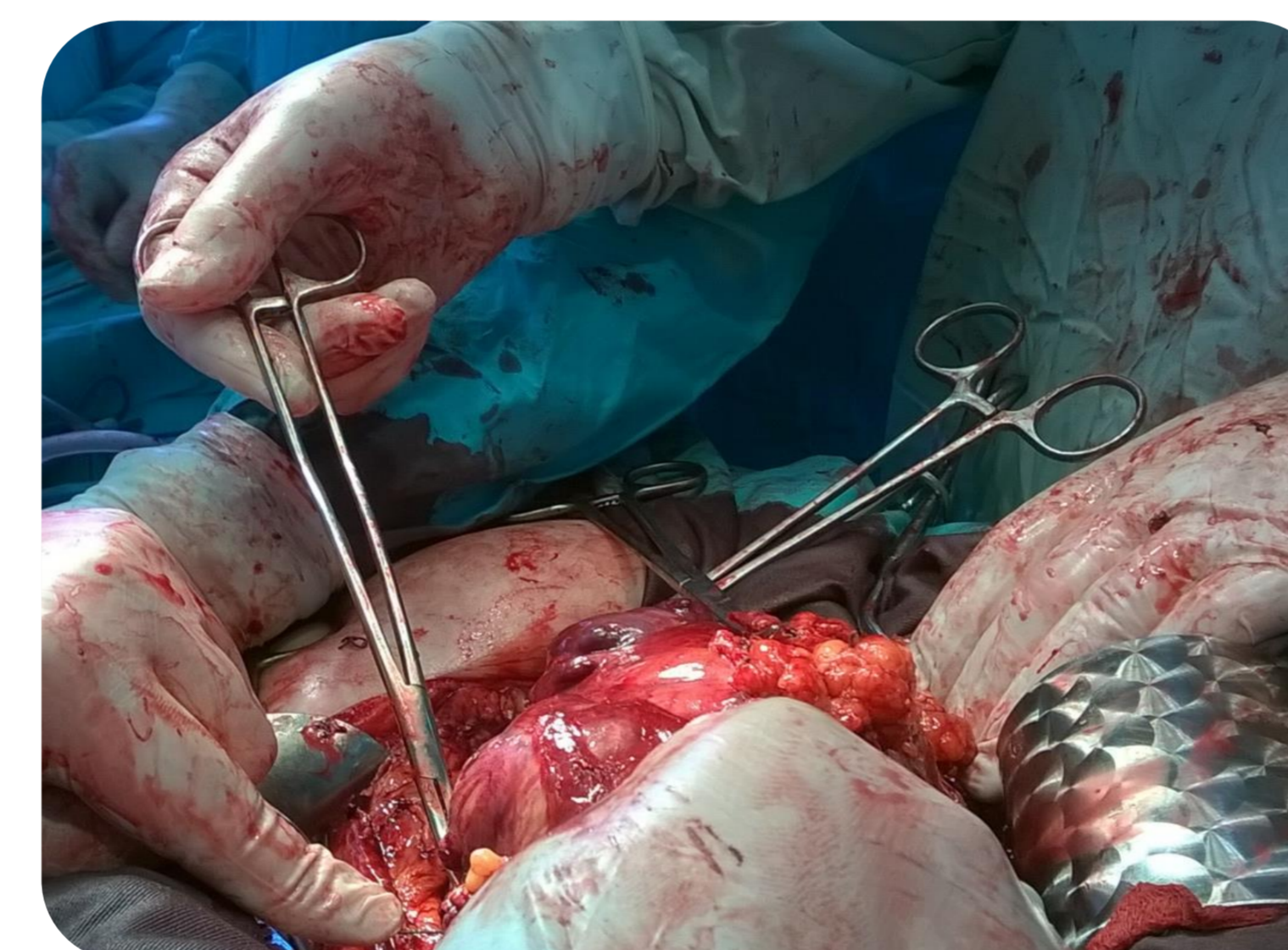


Fig.4 Open surgical approach



Fig.5 Postoperative fistulography

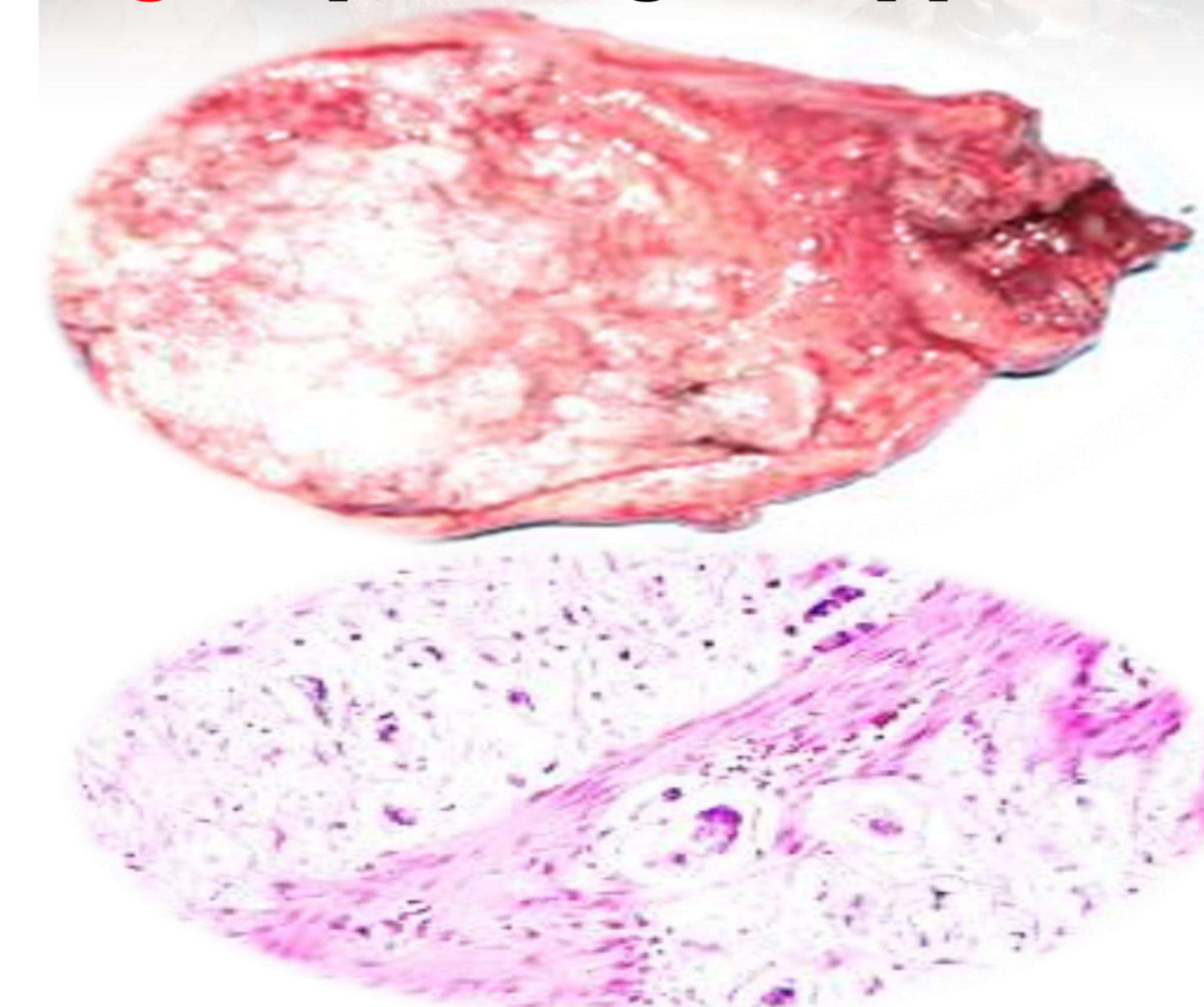


Fig.6 Patomorphological injuries (adenocarcinoma)