Introduction: Acute aortic dissection is a major emergency in cardiac surgery, being the most common lethal complication in patients with aneurysmal dilatation of the aortic root in combination or not with Marfan syndrome. Replacement of the dissected ascending aorta is a "*life-saving*" surgical intervention, associated with high morbidity and mortality. Due to the extremely varied clinical polymorphism and the severe complications that occur rapidly, the patient's diagnosis and conduct presents difficulties.
Material and methods: In the clinic, 51 operating patients were studied, divided into 2 categories: group A - 43 patients (84%) with acute dissection and group B - 8 patients (16%) with acute dissection in association with Marfan syndrome. The differences between the two groups were analyzed for preoperative characteristics, surgical techniques, immediate and long-term postoperative outcomes.
Results: Patients in group B were significantly younger (B:34.2 ± 11) vs (A:58.3 ± 9). High blood pressure (HBP) was predominantly found in group A. The incidence of postoperative complications as well as intraoperative mortality and the 30-day mortality were similar. After post-operative outcomes, the mortality in group B is lower.
Conclusions: Postoperative mortality in acute aortic dissection is similar with or without Marfan syndrome. Remote survival is greater for operated patients with Marfan syndrome. Early diagnosis of aortic aneurysms with or without Marfan syndrome, permanent coronary care of HBP, planar surgeries can significantly reduce the occurrence of aortic dissection.
Key words: aortic dissection, marfan syndrome, cardiac surgery emergency

MOMENTUL OPERATOR IN PANCREATITA ACUTA

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Introducere: Pancreatita acuta reprezinta o patologie cu evolutie impredictibila, cu potential letal, fiind insotita de o rata de mortalitate si morbiditate semnificativa. Managementul chirurgical al acestei patologii vizeaza faza tardiva de evolutie a bolii, in care riscul major este reperzentat de infectia necrozei pancreatice si peripancreatice. Literatura actuala arata ca abordul de tip interventional progresiv este asociata cu rezulatate: Corelarea momentului operator cu rata complicatiilor la pacientii cu pancreatita acuta.
Materiale și metoda: Studiu retrospectiv, efectuat pe o perioada de 4 ani, in care au fost inclusi pacientii internati in Spitalul Clinic de Urgenta Bucuresti cu diagnosticul de pancreatita acuta, pentru care s-a practicat chirurgie deschisa sau minim invaziva.
Rezultate obținute: Au fost inclusi 624 de pacienti diagnosticati cu pancreatita acuta din care in functie de gradul de severitate 44 pacienti (7%) au avut forma severa, 243 pacienti (39%) forma moderat severa si 337 pacienti (54%) forma usoara. In ceea ce priveste corelatia dintre momentul operator si gradul de severitate , pentru pancreatita acuta severa timpul mediu pana la interventia chirurgicala a fost de 26.43 zile, iar pentru pancreatita acuta moderat severa timpul mediu pana la momentul operator a fost de 9.8 zile. Mortalitatea pentru pacientii cu pancreatita acuta forma severa este una semnificativa, in proportie de 42%. Analiza curbelor de supravietuire corelate cu momentul operator au aratat faptul ca pacientii operati tardiv au avut o rata de supravietuire mai buna.
Concluzii: Interventia chirurgicala efectuata in primele 28 zile se asociaza cu o rata semnificativa de complicatii si mortalitate. Managementul multidisciplnar al pacientilor cu pancreatita acuta, terapie intenziva asociata cu tehnici minim invazive, pot oferi timp pretios acestor pacienti, pentru a ajunge la momentul optim tratamentului chirugical.
Cuvinte cheie: pancreatita acuta; managementul

TIMING OF SURGERY IN ACUTE PANCREATITIS

Introduction: Acute pancreatitis is a potentially lethal disease with an unpredictable evolution, with a significant morbidity and mortality rate. Surgical management of this disease targets the late evolution phase, when there are major risks from the infection of pancreatic and peripancreatic necrosis. Modern literature reports that progressive interventional approach shows better clinical results.
Objective: Correlation of surgery timing with morbidity rate in patients with acute pancreatitis.
Material and method: Retrospective study which included patients with acute pancreatitis admitted and operated (open and minimally invasive procedures) in the București Clinical Emergency Hospital during a period of 4 years.
Results: 624 patients with acute pancreatitis were included; distribution according to severity: severe form - 44 patients (7%), moderate severe - 243 patients (39%), and mild - 337 patients (54%). Regarding the correlation between the timing of surgery and severity – median time until surgery for severe acute pancreatitis was 26.43 days, and for moderate severe - 9.8 days. Mortality rate for patients with severe acute pancreatitis is significant and reached 42%. Survival curves analysis corelated to the timing of surgery unveiled that the patients with delayed surgery showed a better survival rate.
Conclusion: Surgical intervention performed during the first 28 days is associated with a significant rate of morbidity and mortality. Multidisciplinary management of these patients, intensive care combine with minimally invasive techniques may offer precious time to these patients in order to reach the optimal surgery timing.
Key words: acute pancreatitis; management

INSUFICIENȚA EVACUATORIE GASTRICĂ DUPĂ DUODENOPANCREATECTOMIA CEFALICĂ (DPC): CAUZE, IMPLICAȚII CLINICE ȘI TRATAMENT

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Introducere: Insuficiența evacuatorie gastrică este cea mai frecventă complicație post DPC, fiind constant asociată cu creşterea

duratei şi a costurilor spitalizării, cu scăderea calităţii vieţii pacienţilor prin menţinerea îndelungată a tubului de dren naso-gastric şi cu reducerea supravieţuirii, întârziind momentul începerii chimioterapiei adjuvante.
Material si metode: În perioada 2009-2018, în serviciul nostru s-au efectuat 444 DPC, pacienții fiind împărțiți în două loturi: 2009-2015 și 2016-2018. S-au urmărit factorii de risc în apariția complicației, atunci când aceasta nu a apărut consecutiv unei fistule, iar analiza statistică s-a efectuat cu software-ul R v3.2.4.
Rezultate: Frecvența de apariție a complicației s-a redus semnificativ la pacienții celui de-al doilea lot (de la 20,47% la12,8%), si s-a redus semnificativ statistic față de perioada 1993-2008 (43%). Dintre factorii de risc analizați, semnificație statistică au avut alegerea partenerului de anastomoză pentru bontul pancreatic (stomac versus jejun, p=0.05), păstrarea pilorului (p=0.03) și necesarul de transfuzii intraoperator (p=0.016).
Concluzie: Rata de apariție a insuficienței evacuatorii gastrice poate fi influențată prin prezervarea pilorului și alegerea jejunului ca și partener de anastomoză pentru stomac.
Cuvinte cheie: duodenopancreatectomie cefalică, insuficiența evacuatorie gastrică, factori de risc

POST-PANCREATICODUODENECTOMY (POST-PD) GASTRIC STASIS: CAUSES, CLINICAL IMPLICATIONS AND TREATMENT

Introduction: Gastric stasis is the most common post-PD complication, being consistently associated with increasing the duration and cost of hospitalization, decreasing the quality of life of patients by prolonging the naso-gastric drainage tube and reducing survival, delaying the onset of adjuvant chemotherapy.
Material and methods: During 2009-2018, 444 PDs were performed in our service, the patients being divided into two lots: 2009-2015 and 2016-2018. Risk factors were observed when the complication occurred, not after a fistula, and the statistical analysis was performed with the R v3.2.4 software.
Results: The incidence of complication was significantly reduced in patients in the second batch (from 20.47% to 12.8%), and significantly reduced compared to the 1993-2008 period (43%). Of the analyzed risk factors, statistical significance had the choice of the anastomosis partner for the pancreatic stump (stomach versus jejunum, p = 0.05), pylorus preserving PD (p = 0.03) and the need for intraoperative transfusion (p = 0.016).
Conclusion: The incidence of gastric emptying can be influenced by preserving the pylorus (PPPD) and choosing the jejunum as an anastomosis partner for the stomach.
Key words: cephalic duodenopancreatectomy, gastric emptying disorder, risk factors

MANAGEMENT PERIOPERATOR A PACIENȚILOR CE URMEAZĂ A FI SUPUȘI DUODENOPANCREATECTOMIEI CEFALICE (DPC). EXPERIENȚA CLINICII CHIRURGIE III CLUJ-NAPOCA

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Introducere: În 2009, în Clinica Chirurgie III Cluj-Napoca a fost introdus un protocol care cuprinde aspecte legate de pregătirea preoperatorie a pacienților pentru DPC, de tactica și tehnica intraoperatorie, și tratament postoperator.
Material si metode: Studiul înrolează 444 pacienti cu DPC operați în clinica între 2009-2018, împărțiți în două loturi: 2009-2015 și 2016-2018. Au fost urmăriți factorii incriminați în apariția principalelor complicații postoperatorii, rezultatele fiind comparate cu cele obținute înainte de 2009. Informaţiile s-au colectat utilizând Excel 2009, analiza statistică efectuandu-se cu software-ul R v3.2.4.
Rezultate: Nu am obtinut reducerea semnificativă a morbidității (53% înainte de 2009, 45,6% între 2009-2015 și 42% între 2016-2018), însă a scăzut rata de apariție a fistulei pancreatice (de la 10% la 9,06%, respectiv 7,5%) și a stazei gastrice (de la 43% la 20,47%, respectiv 12,8%). Hemoragia bontului pancreatic a apărut mai frecvent (de la 2%, la 6,71%, respectiv 7,2%). Mortalitatea s-a redus semnificativ (de la 11,9%, la 6,04%, respectiv 3,99%), datorită scăderii fistulelor pancreatice grad C.
Concluzie: Implementarea protocolului de pregătire a DPC și-a dovedit utilitatea, iar preocuparea de îmbunătățire a acestuia, prin adaptarea la literatură și la propria experiență rămâne o prioritate.
Cuvinte cheie: DPC, protocol, complicații

PERIOPERATIVE MANAGEMENT OF PATIENTS UNDERGOING PANCREATICODUODENECTOMIES (PD). SURGICAL CLINIC NO. III CLUJ EXPERTISE

Introduction: In 2009, a protocol was introduced at the Surgical Clinic III Cluj-Napoca, which included aspects related to preoperative preparation of patients for PD, intraoperative tactics and technique, and postoperative treatment.
Material and Method: The study includes 444 patients with PD operated in the clinic between 2009-2018, divided into two batches: 2009-2015 and 2016-2018. We followed the factors involved in the occurrence of the main postoperative complications and the results were compared with those we obtained before 2009. The information was collected using Excel 2009, the statistical analysis being performed with the software R v3.2.4.
Results: We have not achieved a significant decrease in morbidity (53% before 2009, 45.6% between 2009-2015 and 42% between 2016-2018), but decreased the rate of pancreatic fistula (from 10% to 9, 06% and 7.5% respectively) and gastric stasis (from 43% to 20.47% and 12.8% respectively). Pancreas bleeding occurred more frequently (from 2% to 6.71% and 7.2%, respectively). Mortality was significantly reduced (from 11.9% to 6.04% and 3.99%, respectively) due to the reduce rate of grade C pancreatic fistulae.
Conclusion: Implementation of the protocol has proven useful and the concern for improvement by adapting it to literature and our experience remains a priority.
Key words: DPC, protocol, complications