1991-2016.
Results. Mean age of patients with ECP was 30.4 ± 0.9 years (95% CI: 28.41-32.41). Body mass index of patients with ECP was 21.6 ± 0.6 kg. (95% CI: 20.28-22.85). The period of ECP appearance was 44.1 ± 2.8 months (95% CI: 38.39-49.73). In all cases the patients showed tumor (n = 32, 100%) in postoperative scar of anterior abdominal wall (n = 26, 81%), the Pfannenstiel incision (n = 23), median lower incision (n = 2), umbilical incision (n = 1), in perineal region (n = 6). Were determined the particularities of ECP: prevalence: monofocal vs. bifocal (n = 29, 90.6% vs. n = 3, 9.3%, p <0.0001), the left angle of postoperative scar vs. right and center (82.6% vs. 17.3%, p <0.0001). Ultrasound **with** dopplerography examination, computed tomography (CT) and magnetic resonance imaging (MRI) has an important value in the diagnosis of scar mass. All patients were undergone excision *en bloc* of tumors exceeding 5-10 mm beyond the limits of healthy tissues. Histopathological examination of excised mass with set size (max.3.3 ± 0.4 and 0.3 ± min.2.6) confirmed the diagnosis of ECP. Immunohistochemistry examination demonstrated CD10 diffusion in cytogenetic region, nuclear staining of the nucleus of endometrial gland and of stromal cells, progesterone and estrogen receptors (ERα).
Conclusion. The clinical evaluation in combination with imaging methods, histological and immunohistochemical examination are basic in the accuracy of diagnosis.
Keywords: endometriosis, scarring postoperative clinical cases

LEZIUNE DIEULAFOY COMPLICATĂ CU HEMORAGIE, HEMOSTAZĂ REUȘITĂ PRIN CLIPARE ENDOSCOPICĂ

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Introducere. Leziunea Dieulafoy este o malformaţie arterială rară care se poate complica ci hemoragie gastrointestinală masivă. Cel mai frecvent leziunea este localizată în porţiunea proximală a stomacului.
Material și metodă. Prezentăm cazul clinic al unui pacient de 59 ani, care a fost internat pentru hematemeză masivă. Endoscopia digestivă a pus în evidenţă o leziune Dieulafoy cu hemoragie în jet, localizată în porţiunea proximală a stomacului. Hemostaza a fost obţinută prin clipare endoscopică, fără recidiva hemoragiei. Examenul endoscopic la 3 zile a demonstrat detaşarea hemoclipselor şi dispariţia arterei protruzive.
Rezultate. Pacientul a fost externat la 4 zile de la internare în stare bună. Timp de 12 luni nu au fost observate date de recidivă a hemoragiei.
Concluzie. Cliparea endoscopică este o alternativă în tratamentul leziunilor Dieulafoy complicate cu hemoragie.
Cuvinte cheie: leziune Dieulafoy, hemoragie gastrointestinală, hemoclip
Publicat anterior: Ghidirim G, Mishin I, Gutsu E, Dolghii A. Gastric bleeding due to Dieulafoy's lesion, successfully treated by endoscopic hemoclipping. Rom J Gastroenterol. 2003;12(2):131-3. IF ISI(2014):2.202 Citations:1

GASTRIC BLEEDING DUE TO DIEULAFOY'S LESION, SUCCESSFULLY TREATED BY ENDOSCOPIC HEMOCLIPPING

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Introduction. Dieulafoy's lesion is a rare arterial malformation, which may produce massive gastrointestinal hemorrhage. Most commonly, the lesion occurs in the proximal part of the stomach.
Material & methods. We present the case report of a 59-year-old man who was admitted to our emergency unit with massive haematemesis. Urgent endoscopic examination revealed a Dieulafoy's lesion with spurting bleeding, which was located in the proximal part of the stomach. Bleeding was successfully stopped by endoscopic hemoclipping without any further recurrence. Follow-up endoscopy performed 3 days later showed that the hemoclips became detached, and the protruding artery disappeared.

Results. The patient was discharged 4 days after primary endoscopic procedure without any complications. There was no recurrence of the bleeding during the 12 months of observation.
Conclusion. Thus, we found that hemoclipping represents an alternative method of achieving endoscopic hemostasis in Dieulafoy's lesions.
Keywords: Dieulafoy's lesions, gastrointestinal hemorrhage, hemoclips
Previously published: Ghidirim G, Mishin I, Gutsu E, Dolghii A. Gastric bleeding due to Dieulafoy's lesion, successfully treated by endoscopic hemoclipping. Rom J Gastroenterol. 2003;12(2):131-3. IF ISI(2014):2.202 Citations:1

LIPOM SUBMUCOS AL CECULUI

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Introducere. Lipomul colonului este o tumoare benignă relativ rară. Prezentă un caz clinic de lipom cecal gigant complicat cu multiple episoade de ocluzie intestinală.
Material şi metodă. O pacientă de 51 ani a fost internată pentru durere abdominală cu localizare în flancul drept, alternantă cu diaree şi constipaţie. Semnele clinice au persistat timp de 3 luni. Irigografia cu dublu contrast a pus în evidenţă o tumoare polipoidă de aprox. 7 cm în diametru, care obtura lumenul cecului şi colonul ascendent. Colonoscopia a pus în evidenţă o tumoare submucoasă probabil benignă, însă prea mare pentru a putea fi rezecată endoscopic. Intraoperator a fost observată o tumoră dură, masivă a colonului drept, care a indus invaginare colo-colonică. A fost practicată hemicolonectomie dreaptă, iar examenul histopatologic a confirmat lipom submucos al cecului.
Rezultate. Timp de șase ani postoperator pacientul nu a mai prezentat nici unul din semnele clinice anterioare.
Concluzie. Este prezentată revista literaturii, incidența, diagnosticul şi tratamentul lipomelor colonului.
Cuveinte cheie: lipomul colonului, tumoră benignă, ocluzie intestinală
Publicat anterior: Ghidirim G, Mishin I, Gutsu E, Gagauz I, Danch A, Russu S. Giant submucosal lipoma of the cecum: report of a case and review of literature. Rom J Gastroenterol. 2005;14(4):393-6. IF ISI(2014):2.202 Citations:51

SUBMUCOSAL LIPOMA OF THE CECUM

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Introduction. Lipoma of the colon is a relatively rare benign tumor. A case with intermittent subacute colon obstruction due to a giant lipoma of the cecum is reported.
Material & methods. A 51-year-old woman presented with intermittent, abdominal crampy pain in the right upper and lower quadrants, accompanied by alternative episodes of diarrhea and constipation. She had had similar symptoms over the last three months. A double-contrast barium enema showed a large (approx. 7 cm in diameter) polypoid mass occluding the lumen of the cecum and the ascending colon. Colonoscopy revealed a submucosal mass suspected of benign tumor but too large for endoscopic resection. Surgery revealed a hard elongated mass in the right colon, which telescoped into the transverse colon and caused colo-colonic intussusception. Right hemicolectomy was performed and pathology documented a mature, submucosal lipoma of the cecum.
Results. Six years after the surgery, the patient has not showed any of the previous symptoms.
Conclusion. Along with a review of the literature, the incidence, diagnosis complications and treatment of colonic lipomas are discussed.