

Materials and methods: Modern endoscopic diagnostics includes examination not only in white light, but also light and electronic filters that are used to improve the image and examine the vascular pattern (NBI, ISCAN). If necessary, the study can be supplemented with chromoscopy (Lugol's solution, 1% - acetic acid), which will allow to detailed assessment of the mucosal surface and identify pathological lesions. During the esophagoscopy, it is possible to take material for cytological or histological examination, which is necessary for making a diagnosis. Treatment options for Barrett's esophagus include: argon plasma ablation, resection of foci or radiofrequency ablation. Endoscopic antireflux mucosectomy of the cardiac mucosa is possible at cardiac insufficiency. Benign mucosal neoplasms are possible to remove using loop resection, cap resection of the formation or dissection in the submucosal layer. The first stage with malignant neoplasms is performed EUS to assess the degree of invasion, as well as the presence of regional lymphadenopathy. T1aN0M0 cancer is dissected in the submucosal layer, intraluminal photodynamic therapy is also possible. Neoplasms in the submucosal layer are used submucosal tunneling resection techniques. Achalasia cardia are treated with using dilatation or oral myotomy. Zenker's diverticulum are treated with using diverticuloesophagostomy, and also there is tunneling resection techniques that can be possible.

Results: In Oncology Dispensary of Leningrad Regional since 2016 RFA was performed for 27 patients with Barrett's esophagus with dysplasia of various degrees. Endoscopic antireflux mucosectomy of the cardiac mucosa was performed in 4 patients.

Conclusions: Endoscopic resection of the esophageal mucosa lesions are performed in 45-50 patients annually. Endoscopic submucosal dissection of esophageal cancer are performed 10-15 patients annually. Submucosal tunneling resection techniques performed 4-5 patients per year.

CAPSULE ENDOSCOPY FOR SCREENING COLON TUMORS

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Introduction: Most of the colon tumors are detected in the later stages. The introduction of new, minimally invasive technologies into clinical practice allows to improve the results of the diagnosis of neoplasms.

Material and methods: Capsule endoscopy is a procedure for colon examination using a miniature camera, which takes more than 10,000 images of colon at a speed of 4 to 24 frames per second. For the patient, the procedure itself does not cause discomfort. On the day of the study, the patient may do his usual activities. The indications for capsular examination of the colon may be suspected tumor of the colon, a positive test of fecal occult blood test, and the patient is over 50 years old. We made a decision to launch a pilot project for screening the colon among health care workers in Oncology Dispensary of Leningrad Region.

Results: In the years 2017-2018, we performed 67 capsule colon examinations for medical workers who had not previously performed a colonoscopy. A total colon investigation was performed in 58 patients (87%). Among these patients 2 malignant tumors of the colon (3.5%) were detected. Colon epithelial neoplasia was detected in 11 patients (19%). These findings contributed to perform colonoscopy with endoscopic polypectomy.

Conclusion: Capsule endoscopy of the colon can be used for examination, in cases where colonoscopy is not possible. Capsule endoscopy helps to convince the patient of the need to perform colonoscopy. Capsule endoscopy is a safe method for screening colorectal cancer.

Keywords: capsule endoscopy; colorectal cancer

ENDARTERECTOMIA CAROTIDIANĂ PRIN EVERSIIUNE CU PREZERVAREA SINUSULUI: REZULTATELE PRECOCE ȘI TARDIVE

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Introducere: Endarterectomia carotidiană (EAEC) și-a demonstrat avantajul în tratamentul stenozei hemodinamice semnificative ale arterei carotide interne (ACI). Tehnica prin eversiune este cea mai populară, însă în versiunea sa standard se asociază cu traumatizarea frecventă a sinusului carotidian, cu impact negativ asupra reglării vegetative a tonusului vascular și hemodinamic.

Scopul: Evaluarea eficacității EAEC prin eversiune cu prezervarea nervilor sinusului carotid, comparând rezultatele precoce și la distanță cu cele ale unui lot de control.

Material și metode: Studiul a inclus 375 pacienți supuși tratamentului chirurgical în Spitalul Clinic Regional Celiabinsk în perioada anilor 2012-2018. În lotul I (208 bolnavi) EAEC prin eversiune s-a efectuat conform tehnicii standard. În lotul II (167 pacienți) s-a practicat EAEC modificată, cu prezervarea sinusului. Loturile au fost comparabile în funcție de vârstă, gen, statutul neurologic și hipertensiv inițial, utilizarea șuntului temporar, timpul de clampaj al ACI și gradul leziunii arteriale carotidiene contralaterale. Pe lângă înregistrarea parametrilor hemodinamici comuni, a fost evaluată și activitatea vegetativă în baza analizei prospective a variabilității frecvenței cardiace utilizând ritmocardiografia. La etapa de *follow-up*, parametrii hemodinamici au fost evaluați la 103 pacienți: cu păstrarea nervilor sinusului carotidian (39) și după secționarea acestora (64).

Rezultate: În prima zi atât presiunea sistolică, diastolică, cât și presiunea pulsului, precum și frecvența cardiacă au fost mai reduse la bolnavii după EAEC cu prezervarea sinusului în comparație cu lotul de control. În plus, diminuarea influenței simplice asupra ritmului conform ritmocardiografiei a fost notabilă. La pacienții operați cu prezervarea nervilor sinusului carotidian elevarea tensiunii arteriale