

Methods and materials: A retrospective study was performed in a public county hospital, over a period of 5 years, on 517 patients who benefitted from a surgical procedure for inguinal hernia treatment. Patients were divided into 2 groups, one with open surgical repair and, the other, laparoscopic. Variables taken into account were age, sex, mean hospital stay, mean postoperative hospital stay, hospital expenses, and operative time.

Results: Laparoscopic repair was performed for 304/517 (59,37%), with a slight prevalence of TEP over TAPP; Hospital stay, expenses and operative time were significantly lower for the TEP group, most of the patients being discharged the following day.

Conclusion: The results of our study seems to support the idea that TEP hernia repair could be performed on a “one-day surgery” basis in a public hospital, thus increasing patient comfort and decreasing hospital expenses.

Keywords: Laparoscopy; Hernia; Inguinal

REZECȚIILE HEPATICE MAJORE – EVOLUȚIA UNUI NOI CENTRU DE CHIRURGIE HEPATO-BILIO-PANCREATICĂ

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Introducere: În mod istoric, rezecțiile hepatice au fost însoțite de morbitate și morbitate majore, reprezentând un tip prohibitiv de chirurgie până în ultimii ani. Odată cu evoluția tehnologiei și îmbunătățirea tehnicilor imagistice, cât și a dezvoltării unui management perioperator specific ficatului, rezecțiile hepatice au ajuns să fie efectuate în centre de volum mare cu o rată a mortalității de < 5%.

Material și metode: În ultimii 5 ani, Spitalul Clinic “Dr. Ion Cantacuzino” s-a dezvoltat ca un nou centru de chirurgie hepato-bilio-pancreatică, o varietate largă de rezecții hepatice fiind practicate de rutină.

Rezultate: Experiența acestei clinici în ceea ce privește rezecțiile hepatice majore a progresat până la 15 cazuri, la ora actuală, cu un singur deces postoperator.

Concluzii: Din perspectiva unui centru în creștere a devenit aparent faptul că se pot realiza rezecții hepatice majore în siguranță și cu rezultate postoperatorii bune, atât timp cât se aplică o selecție riguroasă a pacienților și sunt urmarite protocoale standardizate.

Cuvinte cheie: Ficat; Rezecție; Majoră

MAJOR HEPATIC RESECTIONS – THE PROGRESS OF A NEW HBP SURGICAL-CENTRE

Background: Historically major hepatic resections have been associated with high morbidity and mortality, being a prohibitive type surgery until recent years. With the advancement of technology and better imaging techniques, as well as liver-specific perioperative care, hepatic resections are performed in high-volume centres with a mortality of less than 5 %.

Method and materials: The “Dr. Ion Cantacuzino” Hospital in Bucharest has developed as a new hepato-biliary-pancreatic surgical centre in the past 5 years, with a wide variety of hepatic resections performed on a regular basis.

Results: The experience of this clinic, as far as major hepatic resections is concerned, has progressed, to date, to 15 such cases, with just one postoperative death.

Conclusion: From the perspective of a growing centre it has become apparent that major hepatic resections can be safely performed and with good postoperative outcomes, with a thorough selection of patients and if standardised protocols are followed.

Keywords: Liver; Major; Resection

PREVENTION OF REBLEEDING IN PATIENTS WITH PORTAL HYPERTENSION AND ESOPHAGEAL VARICEAL BLEEDING

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Background: Despite the development of medicine esophageal variceal bleeding remain an urgent problem.

The aim of the study was to evaluate the effectiveness of the use of embolization of the splenic artery in order to prevent portal bleeding.

Methods and materials: The study included 96 patients, who had cirrhosis classes B and C (Child-Pugh) and esophageal variceal bleeding. Patients were divided into 2 groups: main group (n=71, 73.95%) – endoscopic ligating of bleeding and embolization of the splenic artery; comparison group (n=25, 26.05%) – only drug therapy.

Results: In comparison group we stopped bleeding in 54 (76.1%) patients. 17 (23.9%) patients died. The duration of treatment was 10.1±2.4 days.

In main group we stopped bleeding in 23 (92.0%) patients. 2 (8.0%) patients died. The duration of treatment was 6.5±2.7 days.

A statistical analysis of mortality and duration of treatment revealed a significant difference (p<0.01) between the groups in both indicators.

After splenic artery embolization in all cases managed to achieve a reduction in blood flow of 60–80%.

After 6 months among 54 patients in the comparison group, bleeding relapse occurred in 12 (22.2%) cases; in the main group – 2 (8.7%).

Conclusion: Splenic artery embolization in patients after endoscopic hemostasis of variceal bleeding allows to reduce the pressure in the portal system, which in turn leads to a decrease in the frequency of bleeding recurrences.

Keywords: Cirrhosis; Variceal bleeding; Endoscopic ligation; Embolization of the splenic artery