## TRACHEA PLASTIC AFTER THE TRACHEOSTOMY

Our clinics experience includes 12 cases of plastic after the tracheostomy on the cervical portion of trachea. The majority of operated patients had the polytrauma as the result of falling from the height and accidents with survival after the profound coma in ICU. The trachea stenosis with respiratory insufficiency appears during 6-12 months after the tracheostomy. The operation on the cervical trachea in these patients is inevitable. There were effectuated three types of operations in dependence of the grade and form of the stricture. The best and the most anatomical is the resection of the tracheal rings implicated the process with formation of the anastomozis on the oro-tracheal intubation tube. Such interventions were effectuated to six patients. As a result, we obtained the normal anatomical tracheal lumen, and the respiratory insufficiency disappeared rapidly. We used the method of plastic with the bone plate on the vascular peduncle from the anterior lamina of the sternum in three cases. We used this method in the cases with the longitudinal stenosed tracheal defect where three or more rings were involved. These patients had the less favorable postoperative evolution because the connection of the transplant and trachea margin was not hermetic for a long time. Another method, elaborated in our clinics was the plastics with the auto transplant prepared from the patients rib, which contains periosteum and the portion of the bone with all layers in the form of the rhomb placed in the center of the strip. We used the proposed method in three cases. It can be used both in praecox and in advanced stages. The proposed transplant is easy prepared during the operation, to correspond the dimensions of the tracheas wound, has the major biocompatibility, do not provoke the abundant growth of the conjunctive tissues, includes rapidly and ideal in the paratracheal tissues (Invention # 3799).

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# MANAGEMENTUL CONTEMPORAN AL HERNIILOR HIATALE MIXTE

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Introducere.Hernie hiatală (HH) este o problemă actuală cu incidența globală 15%, din care 60% sunt asimptomatici.În patologiile cronice gastrointestinale HH se plasează pe locul trei după ulcerul peptic gastroduodenal și litiază biliară.Conform clasificării Allison și Sweet din 1952 după mecanismul de producere sunt trei tipuri de hernii: HH prin alunecare (axială) – 90%HH prin rostogolire (paraesofagiană) – 5-7%HH mixtă – 3%Manifestarea tipică a unei HH mixte este refluxul gastroesofagian. Scopul lucrării.Elucidarea managementului contemporan corect al HH mixte și superiorității tratamentului chirurgical comparativ cu cel conservativ.Material și metode:În clinica chirurgie FEC MF timp de 10 ani (2000-2011) au fost operați 32 de pacienți cu HH mixtă: 30 pe calea laparoscopică și 2 prin laparotomie.Dintre care 25 de cazuri – hernii cardiofundale, 7 cazuri – subtotale. La 20 de pacienți s-a practicat fundoplicatura anterioară pr.Dor (180°), la 5 pacienți – Nissen –Rossetti și la 7 pacienți pr. Toupet. 5 cazuri au fost rezolvate utilizînd și plasa sintetică.Concluzii.Fiecare din metodă de tratament chirurgical a fost practicată de noi electiv în dependență de avantajul sau dezavantajul său pentru fiecare caz aparte.Rezultatele la distanța au fost apreciate după „scara Visick":Rezultat excelent – 5 cazuri (15,6%)Rezultat bun – 25 cazuri (78%)Rezultat nesatisfăcător – 2 cazuri (6,25%).Cercetarea efectuată de noi ne-a permis să concludem că fiecare metodă are dreptul la existență în raport cu situația concretă.

## CONTEMPORARY MANAGEMENT OF MIXED HIATAL HERNIAS

Introduction.Hiatal hernia (HH) is a current problem with the overall incidence 15%, 60% are asymptomatic.HH three ranks after gastro-duodenal peptic ulcer and gallstones in chronic gastrointestinal pathologies.According to the classification Allison Sweet (1952) based on the mechanism there are three types of hernias:Sliding HH (axial) - 90%Roll HH- 5-7%Mixed HH - 3%The typical event of mixed HH is a gastro-esophageal reflux.Purpose. Elucidation of the contemporary management of mixed HH and the superiority of surgery treatment versus conservative.Material and methods:In the department of surgery CEM were operated 32 patients with mixed HH for 10 years (2000-2011): 30 by laparoscopy and 2 by laparotomy.25 cases of which – cardio-fundal hernias, 7 cases – subtotal hernias.In 20 patients underwent previous fundoplication pr.Dor (180 °), 5 patients - Nissen-Rossetti and 7 patients pr. Toupet.5 cases were resolved and using synthetic mesh.Conclusions.Each method of surgical treatment has been practiced in the new elected its advantage or disadvantage depending on each case.The results distance were evaluated by the "Visick scale":Excellent result - 5 cases (15,6%)Good result – 25 cases (78%)Unsatisfactory result - two cases (6,25%).Research carried out by us has allowed to conclude that each method has the right to exist in relation to the situation.