patients being asymptomatic until the tumors are found incidentally during surgery or imaging studies. Methods: We reviewed 2 patients operated on for acute intestinal obstruction secondary to GIST at the Clinic of General Surgery during the last year 2010-2011. The patients were admitted urgently to the hospital and a physical, x-ray and histological examinations were performed. In both cases the surgical treatment of the patients included the removal of the occlusive syndrome and the resection of the tumor according to oncology principles. Results: Both patients had a good postoperative evolution with the discharge and a long-term cancer follow-up. The results of the histological examination in both cases confirmed the stromal origin of the tumors. Conclusions: The appearance of the gastrointestinal stromal tumors is in most cases related to the occurrence of acute complications; GIST have usually a low malignant potential, depending on the location, size and mitotic activity; the intussusception and the intestinal obstruction are rare complications of the GIST and their treatment consists both of the removal of the occlusive syndrome and the radical resection of the tumor; the treatment in the postoperative period depends on the tumor character and a long-term follow-up at the oncology service is necessary.

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ANASTOMOZA ILEOCECALA IN REZECTIA PORTIUNII TERMINALE A ILEONULUI

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Introducere.Aplicarea anastomozei dupa rezectia terminala a ileonului, cind capatul distal al acestuia ramine scurt (3-5 cm) reprezinta o provocare pentru chirurg din cauza circulatiei insuficiente in regiunea respectiva. In aplicarea anastomozei ileo-transversale se exclude partea dreapta a colonului. Cu scop de a preveni neajunsurile metodelor sus numite se foloseste anastomoza ileo-cecala. Materiale si metode. In perioada de timp 1993-2010 la 15 bolnavi dupa rezectia terminala a ilionului a fost efectuata anastomoza ileo-cecala. Anastomoza termino-laterala s-a efectuat in 14 cazuri si 1 caz latero-laterala. Virsta bolnavilor a fost cuprinsa intre 19 si 58 de ani. Distributia dupa gen: barbati 3 (20%) si femei 12 (80%). Interventia a fost efectuata pentru: ocluzie intestinala acuta prin aderenta 46,6%(7 cazuri), tumoare tuboovariana cu abcese interintestinale si necroza portiunii terminale a ileonului 26,6% (4 cazuri), eventratia ileostomei bipolare cu strangulare si ocluzie intestinala 6,6%(1 caz), volvulus ileosigmoidean 6,6%(1 caz), concresterea tumorii ovarului drept cu stenozarea lumenului 6,6%(1 caz), boala Crohn 6,6%(1 caz). Rezultate. La 8 (53,3%) bolnavi s-a efectuat interventia intr-o sedinta, iar la 6 in prima etapa s-a efectuat rezectia terminala a ileonului cu ileostomie terminala si peste 2-4 luni in mod planic s-a efectuat anastomoza ileo-cecala prin incizie in regiune iliaca dreapta. In perioada postoperatorie tardiva (de la 3 luni pina la 14 ani) 12 (80%) din pacienti au fost examinati. Jumatate din ei sunt invalidizati din cauza: cirozei hepatice (1 caz), cancerului ovarian (1 caz), boala Crohn (1 caz), scleroza multipla (1 caz), epilepsie (1 caz), sindrom de malabsorbtie (1 caz). A doua jumatate din bolnavii examinati sunt apti de munca, nu au pierdere ponderala , scaunul regulat. Concluzii. Anastomoza ileo- cecala termino-laterala este recomandata pentru prevenirea sindromului de malabsorbtiei.

ILEOCECAL ANASTOMOSIS IN TERMINAL ILEUM RESECTION

Introduction. Application of anastomosis, after terminal ileum resection, when it's distal part is short (3-5 cm), represents a challenging situation for the surgeon due to insufficient blood supply of the region. When the ileotransverse anastomosis is performed the right hemicolon is excluded. In order to prevent the deficiency of this method ileocecal anastomosis is applied. Materials and methods. In the period 1993–2010 ileocecal anastomosis after terminal ileum resection was performed in 15 patients. Termino-lateral anastomosis was made in 14 cases and latero-lateral anastomosis in 1 case. The age of patients was between 19 and 58 years. From total number of patients 3 (20%) were males and 12 patients (80%) females. The causes of terminal ileum resection were as follows: acute intestinal obstruction by adhesions 46,6% (7 cases); tuboovarian tumor with interintestinal abscesses and terminal ileum necrosis 26,6% (4 cases); bipolar ileostomy eventration with strangulation and bowel obstruction 6,6% (1 case); ileosigmoid volvulus 6,6% (1 case); tumor of the right ovary with invasion and lumen stenosis 6,6% (1 case); Crohn's disease 6,6% (1 case).Results. One step surgery was performed in 53,3% (8 patients), for the rest 6 patients the first step of surgery was terminal ileum resection with terminal ileostomy followed in 2-4 months by scheduled ileocecal anastomisis through the incision in the right iliac region. In late postoperative period (3 months -14 years) 12 patients (80%) were examined. Half of them (6 patients) were affected by hepatic cirrhoses (1 case), ovary cancer (1 case), Crohn's disease (1 case), multiple sclerosis (1 case), epilepsy (1 case), malabsorption (1 case). The second half of examined patients are fit to work, have no weight loss and have regular stool daily. Conclusion. Termino-lateral ileocecal anastomosis in terminal ileum resection is recommended for prevention of malabsorption syndrome.

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ANOPLASTIA PRIMARA CU IMPLANTAREA PEDICULILOR VASCULARI DUPA HEMOROIDECTOMIA URGENTA

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Introducere. Tromboza hemoroidala acuta (THA) poseda un risc neprognozabil de evolutie spre ulceratie si/sau gangrena, necesitind tratament de urgenta. Tratamentul chirurgical al THA a fost traditional limitat din frica eventualelor complicatii postoperatorii. Scopul studiului: analiza eficacitatii clinice precoce si a sigurantei hemoroidectomiei urgente inchise la bolnavii cu THA. Metode. Lotul cercetat a cuprins 71 pacienti; virsta medie – 42,48 ani; barbati – 53,52%. Durata de la debutul THA pina la spitalizare – 85,48 ore (18-172). Necroza mucoasei a fost observata in 42,25% cazuri. La toti bolnavii s-a efectuat hemoroi-

dectomia urgenta (≤24 ore de la internare) cu implantarea pediculilor vasculari si anoplastie primara. Metoda de anestezie: generala i/v – 73,23% cazuri; locala infiltrativa – 21,12% si spinala – 5,63% cazuri. Regimul de analgezie postoperatorie s-a selectat in raport cu solicitarea bolnavului. Evaluarea rezultatelor clinice s-a efectuat pe durata unei luni. Rezultate. Toate interventiile s-au efectuat intr-o sedinta; numarul de hemoroizi excizati – 2,83±0,04/pacient. Durata medie a operatiei – 20 min (15-35). In 2,81% cazuri a fost notata hemoragia din locurile de punctie ale pielii perianale. La 11,26% pacienti s-a observat retentia acuta tranzitorie de urina. Administrarea opioidelor (1-3 zile) a fost necesara in 60,56% cazuri. Complicatii nespecifice au fost notate în 2 cazuri. Perioada de spitalizare a durat in mediu – 5,21 zile (3-11). Pe perioada de evaluare nu au fost inregistrate cazuri de deces si nici un pacient nu a necesitat reinternare. Dehiscenta plagii (>1 mm) a fost observata la 8,45% bolnavi, iar strictura anala – la 7,04%, simptomatologia cedind dupa dilatare. Concluzii. Hemoroidectomia urgenta cu implantarea pediculilor vasculari si anoplastie primara este eficienta si sigura, si poate fi utilizata pe larg in managementul THA, asociindu-se cu o durata scurta de spitalizare si frecventa cumulativa redusa a complicatiilor.

PRIMARY ANOPLASTY WITH IMPLANTATION OF VASCULAR PEDICLES AFTER EMERGENT HEMORRHOIDECTOMY

Introduction. Acute hemorrhoidal thrombosis (AHT) possess an unpredictable risk of progression to ulceration and/or mucosal gangrene, requiring emergency treatment. Surgical intervention for AHT has been traditionally limited by fear of possible postoperative complications. The aim of study: analysis of early clinical efficacy and safety of closed emergent hemorrhoidectomy in patients with AHT. Methods. There were 71 patients included in study; average age – 42,48 years; male – 53,52%. Duration from onset of AHT till hospitalization – 85,48 hours (18-172). Mucosal necrosis was observed in 42,25% cases. In all patients was performed emergency hemorrhoidectomy (≤24 hours from admission) with the implantation of vascular pedicles and primary anoplasty. The method of anesthesia: general i/v – 73,23% cases, local tumescent – 21,12% and spinal – 5,63% cases. Postoperative analgesia regimen was selected in relation to the patient's request. Evaluation of clinical outcomes was made during one month. Results. All interventions were performed in one session; the number of excised piles – 2,83±0,04 per patient. The average duration of operation was 20 min (15-35). In 2,81% cases was noted hemorrhage from the perianal skin puncture sites. In 11,26% patients was observed transient acute urinary retention. The administration of opioids (1-3 days) was required in 60,56% cases. Nonspecific complications were noted in 2 cases. The hospitalization period lasted on average – 5,21 days (3-11). During the follow-up there were no deaths and no patient required readmission. Wound dehiscence (>1 mm) was observed in 8,45% patients, but anal stricture – in 7,04%, the symptoms diminished after dilation. Conclusion. Emergency hemorrhoidectomy with the implantation of vascular pedicles and primary anoplasty is effective and safe and can be widely used in the management of AHT, being associated with a shorter duration of hospitalization and reduced cumulative frequency of complications.

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PROCESE SEPTICE IN CHIRURGIA COLONULUI

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Introducere: In studiul prospectiv a 174 pacienti cu media varstei de 64,3 ani (limite:19-84 ani) au fost operati pentru afectiuni chirurgicale ale colonului. Material si metoda: Pentru cancer au fost operati 111(63,79%) pacienti: stadiul clinic II(n = 29;27,3%) si stadiul IV(n = 54;31,03 %). Rezultate: S-a intervenit in urgenta la 45(25,86%) pacienti pentru semne clinice ale proceselor septice intraperitoneale (n = 15;13,51%) si pentru sindroame ocluzive (n = 30; 27,02%)dintre care ocluzii intestinale (n = 12;19,04%) in patologia netumorala.Pentru afectiuni netumorale au fost operati 63(36,21%) pacienti pentru: diverticulita colica (n = = 24;13,79%), polipi colici (n = 20;11,60%), volvulus sigmoid (n = 11;6,32 %), rectocolita ulcerohemoragica si purulenta (n=5;2,29%), boala Crohn (n=3;1,72%).Complicatiile postoperatorii au fost reprezentate de manifestarile locale si generale ale proceselor septice intraperitoneale (n = 30;17,24%) si complicatiile septice parietale (n=27%;15,81%).Complicatiile postoperatorii mai frecvente in prima saptamana postoperator: hidroelectrolitice (66,66%), a patra decada postoperator: septice.Au fost efectuate operatii in urgenta (n=74;44,2%).Operatiile radicale-11,36%.Prezenta preoperatorie a sindromului raspunsului inflamator sistemic si evolutia sa postoperatorie a condus la declansarea sindromului de insuficienta multipla a organelor, factor de predictie a letalitatii postoperatorii (p<0,001).S-au inregistrat 37(21,22%) decese postoperatorii.Dezunirea liniei de anastomoza s-a soldat cu mortalitatea de 100 %. Concluzii: Complicatiile septice in chirurgia colonului au valoare predictiva pozitiva de 60 % in producerea deceselor postoperatorii.Cuvinte cheie: chirurgie, colon, sepsis, morbiditate, mortalitate

SEPTIC PROCESSES IN COLONIC SURGERY

Introduction: In a prospective study of 174 patients with mean age of 64.3 years (range:19-84 years) were operated for surgical diseases of the colon.Material and methods: For cancer were operated 111(63.79%) patients: clinical stage II (n = 29,27.3%), IV (n = 54,31.03%).Results: We operated in emergency 45(25.86%) patients for clinical signs of intraperitoneal septic processes (n = 15,13.51%) and occlusive syndromes (n = 30,27.02%) from which intestinal occlusion (n = 12,19.04%) with nontumoral pathology. For nontumoral diseases were operated 63(36.21%) patients for: colic diverticulosis (n = 24, 13.79%), colic polyps (n = 20,11.60%), sigmoid volvulus (n = 11,6.32%), ulcerative ulcerohemorrhagic colitis and purulent (n = 5,2.29%), Crohn's disease (n = 3,1.72%). Postoperative complications were represented by local and general manifestations of septic processes intraperitoneal (n = 30,17.24%) and parietal septic complications (n = 27%, 15.81%).More frequent postoperative complications in the first week after surgery: electrolytes disorders (66.66%), the fourth decade after surgery: septic complications. Emergency surgery: n = 74,44.2%;11,36% radical operations. This preoperative systemic inflammatory response syndrome and postoperative evolution led to the outbreak of the syndrome multiple organ failure, a predictor of postoperative lethality (p < 0.001). There were 37(21.22%) postoperative deaths. Dehiscence of anastomosis line resulted in 100% mortality.Conclusions: Septic complications of colon surgery were 60% positive predictive value in producing postoperative deaths.Key words: surgery, colon, sepsis, morbidity, mortality