

western countries traditional hemorrhoidectomy is performed only in 17-21% of patients with hemorrhoidal disease. HAL-RAR is a modern minimally invasive method of hemorrhoidal disease treatment.

Aim of study: Presentation of the advantages and disadvantages of HAL-RAR method.

Material and methods: Based on the literature data and our modest experience we analyzed the advantages and disadvantages of HAL-RAR method.

Results: We have found the following advantages: (1) Minimally invasive and pathogenetic treatment; (2) Method is done as one procedure; (3) Short duration of the surgical intervention; (4) Possibility to perform in ambulatory conditions; (5) Minimum rate of postoperative complications reported in the literature. Major complications were not reported. (6) Treatment of the main symptoms of hemorrhoidal disease (pain, bleeding from rectum, itching, discomfort – HAL; hemorrhoidal nodules prolapse – RAR); (7) Hemorrhoidal tissue is kept; (8) Ability of treatment after failure with other methods; (9) Postoperative pain syndrome is less pronounced in comparison to other treatment methods; (10) Fast recovery and reintegration; (11) Possibility to combine with other treatment methods. To disadvantages refers: (1) Less efficacy in the treatment of external hemorrhoids and skin tags; (2) Minor blood discharge from rectum can appear in the first month after surgery, which disappears spontaneously.

Conclusions: According literature data and our modest experience, we consider that the advantages of HAL-RAR method prevail over the disadvantages and it can be recommended in the treatment of hemorrhoidal disease.

MANAGEMENTUL CONTEMPORAN AL HEMOROIZILOR CRONICI INTERNI ÎN DEPENDENȚĂ DE GRADUL DE EVOLUȚIE

BOUR A, GUGAVA V, TARGON R

Curs chirurgie generală al facultății stomatologie, USMF „Nicolae Testemițanu”, Spitalul clinic central feroviar, Chișinău, Republica Moldova

Introducere: Hemoroizii reprezintă o patologie răspândită a regiunii ano-rectale. La momentul actual pe larg se utilizează diferite clasificări ale hemoroizilor interni. Gradul I – hemoroizii proemină în anus fără prolaps; gradul II – hemoroizii prolabează în timpul defecației și se reduc spontan; gradul III – hemoroizii prolabează și necesită reducere manuală; gradul IV – hemoroizii prolabează și sunt ireductibili. De asemenea, de obicei gradul este în corelație cu severitatea eliminărilor sangvinolente din rect.

Material și metode: Noi am analizat rezultatele managementului contemporan al hemoroizilor cronici interni.

Rezultate: Reieșind din datele literaturii de specialitate și experiența noastră, considerăm, că în gradul I-II este indicată schimbarea modului de viață, dieta cu conținutul sporit al fibrelor naturale, cantitate optimă de lichide; tratamentul conservativ local (unguente, creme, supozitoare, uleiuri, clistere, băi, etc.) și sistemic (angioprotectoare, flavonoide, laxative, antiinflamatoare, coagulante/anticoagulante, antispastice, imunostimulante, antioxidanți, etc.). De asemenea, la necesitate, tratamentul conservativ în hemoroizii interni de gradul I-III poate fi asociat cu metodele miniminvasive de tratament chirurgical: ligaturarea arterelor hemoroidale cu/fără mucopexie (HAL-RAR), ligatura cu benzi elastice (RBL), hemoroidopexia cu stapler (Longo), fotocoagularea în infraroșu, scleroterapia, hemoroidoliza galvanică, laser – fotocoagulare, diatermocoagularea mono- sau bipolară. În gradul III-IV este indicat tratamentul chirurgical: excizia tradițională cu abordarea individuală – Milligan-Morgan, Parks, Fergusson, Whitehead, etc.; excizia cu electrocoagulare, radiofrecvență, cu ultrasunete; metoda Longo sau HAL-RAR.

Concluzii: Considerăm, că abordarea diferențiată, complexă și individuală în managementul hemoroizilor interni în funcție de grad permite o alegere optimă a metodei de tratament.

CONTEMPORARY MANAGEMENT OF INTERNAL CHRONICAL HEMORRHOIDS DEPENDING ON GRADE OF CLINICAL COURSE

Introduction: Hemorrhoids are a widespread pathology of anorectal region. Currently various classifications of internal hemorrhoids are widely used. Grade I – hemorrhoids protrude into the anus without prolapse; grade II – hemorrhoids prolapse during defecation and are reduced spontaneously; grade III – hemorrhoids prolapse and require manual reduction; grade IV – hemorrhoids prolapse and are irreducible. Also, the grade is usually correlated with the severity of bleeding from the rectum.

Material and methods: We analyzed the results of contemporary management of chronic internal hemorrhoids.

Results: Basing on literature data and our experience, we believe that in grade I-II it is indicated: the change of lifestyle, diet with high content of natural fibers, the optimal amount of liquid; local conservative treatment (ointments, creams, suppositories, oils, enemas, baths, etc.) and general treatment (angioprotectors, flavonoids, laxatives, anti-inflammatory, coagulants/anticoagulants, spasmolytics, immunostimulants, antioxidants, etc.). Also, if necessary, conservative treatment of internal hemorrhoids grade I-III can be associated with minimally invasive surgical treatment methods: hemorrhoidal artery ligation with/without mucopexy (HAL-RAR), rubber band ligation (RBL), stapled hemorrhoidopexy (Longo), hemorrhoids infrared coagulation (IRC), sclerotherapy, galvanic hemorrhoidolysis, Nd-YAG laser phototherapy, mono- or bipolar diathermocoagulation. In grade III-IV surgery is indicated: traditional excision with individual approach – Milligan-Morgan, Parks, Fergusson, Whitehead, etc.; excision with electrocoagulation, radiofrequency, ultrasound; Longo or HAL-RAR method.

Conclusions: We believe that differentiated, complex and individual approach in management of internal hemorrhoids depending on grade allows to select an optimal method of treatment.

CLASIFICĂRILE BOLII HEMOROIDALE

BOUR A, GUGAVA V, TARGON R, BAZELIUC I

Curs chirurgie generală al facultății stomatologie, USMF „Nicolae Testemițanu”, Spitalul clinic central feroviar, Chișinău, Republica Moldova