

years (28-71 years), who underwent surgery from 2008 to 2014, were included in this study. The clinical records of the patients were analyzed retrospectively.

**Results:** Abdominal pain (11 cases, 84.6%) was the most common complaint. Abdominal CT was routinely performed on 9 (69.2%) patients. The preoperative diagnosis was established in 7 (53.8%) cases by abdominal CT. In 5 cases the tumors manifested clinically with complications: hemorrhage – 2 (15.4%) patients, obstruction – 2 (15.4%) patients and perforation – 1 (7.7%) patient. In 3 (23.1%) patients the tumor was localized in the duodenum, in 8 (61.5%) – in the jejunum and in 2 (15.4%) – in the ileum. All patients received surgery: 2 – cephalic pancreatoduodenectomy, 9 – small bowel resection, 1 – duodenal resection and 1 – wedge resection. The distribution of stages of the disease was as follows: IA=23.1% (n=3), II=7.7% (n=1), IIIA=30.7% (n=4), IIIB=23.1% (n=3) and IV=15.4% (n=2). The mean number of tumors was  $2.5 \pm 0.7$  (from 1 to 9). The mean maximum diameter of the tumors was  $9.5 \pm 1.3$  (from 3.7 to 20) cm. All 13 patients (100%) showed positivity for *c-KIT*(CD117). The overall median number of mitoses/50HPF was  $8.8 \pm 1.2$  (95% CI:6.15-11.54). The median number of mitoses/50HPF in patients with high risk of recurrence was  $11.1 \pm 1.1$  (95% CI:8.60-13.62) (from 7 to 18) (n=9) and  $3.7 \pm 0.5$  (95% CI:2.227- 5.273) (from 3 to 5) (n=4) in patients with low risk of recurrence. A total of 9 (69.2%) patients received adjuvant treatment with imatinib mesylate 400mg/day.

**Conclusion:** Clinical manifestations of small bowel GISTs are non-specific and preoperative diagnosis is difficult. Surgery is the only curative option in the complex treatment of this disease.

**Keywords:** gastrointestinal stromal tumor, small bowel, clinicopathologic characteristics, resection

### 31. MORPHOLOGICAL EVALUATION OF THE DIFFERENT METHODS USED FOR PROTECTION OF COLONIC ANASTOMOSIS

**Chelban Dumitru, Pleşco Elena, Coltuc Oleg**

*Academic adviser: Mişin Igor, M.D., First Department of Surgery "N. Anestiadi" and Laboratory of Hepato-Pancreato-Biliary Surgery, Medical University "N. Testemiţanu", Chişinău, RM*

**Introduction:** Despite the performances of modern medicine, especially of colorectal surgery, anastomotic leakage remains one of the most dangerous postoperative complications, without significant trend of decreasing. Morbidity and mortality increase considerably after the development of an anastomotic leakage. Anastomotic leakage presents an important problem of public health with major socio-economic impact and can be considered one of the quality indicators of specialized surgical centers' activity. There are multiple studies running in order to create and assess the efficacy of colonic anastomosis local protection methods. Aim of study was morphological evaluation of the methods used for local protection of anastomotic zone and their influence on the anastomosis healing.

**Materials and methods:** Sixty three rats were divided in three groups: colonic anastomosis was performed and topical latex tissue adhesive was applied in the group I (n=21); colonic anastomosis with local application of collagen patch in the group II; colonic anastomosis without local protection in the group III.

**Results:** Anastomotic leakage was not determined in the group I vs the group III, where were detected 5 cases of anastomotic leakage. According to the present study's data in the group I was determined early diminution exudativ-detensiv process' activity vs groups II and III ( $p < 0.01$ ). Latex tissue adhesive has positive influence on the processes of neoangiogenesis and fibrilogenesis in the anastomotic zone on the 14th POD vs the group II and III ( $p < 0.05$ ). According to ours data latex tissue adhesive has considerable compatibility with colonic tissue that represents the absence of giant like „foreign bodies” symplasts and insignificant immunologic reaction of large bowel. Aggressive bacterial colonization in this group has contributed for appearance of anastomotic leakage, formation of abscesses and granulomatous processes like „foreign bodies”. Mentioned processes considerable have complicated synchronous evolution of neoangiogenesis and fibrilogenesis in the anastomotic zone,

resulted in decreasing of the primary healing, appearance of anastomotic deformations and expression of the adhesion process vs anastomosis from the groups I and III.

**Conclusion:** Using of latex tissue adhesive for local protection of colonic anastomosis improves anastomotic healing, processes of neoangiogenesis and fibrilogenesis. Using of collagen patch for local protection of colonic anastomosis doesn't have any advantages and provokes delaying of regenerative processes and persisting of an inflammatory process.

**Keywords:** anastomotic leakage, collagen patch, latex tissue adhesive

## 32. TRAUMA OF THE PANCREAS: PROBLEMS IN DIAGNOSIS AND OPTIMAL MANAGEMENT

**Cojocaru Ion**

*Academic adviser:* **Berliba Sergiu**, M.D., State Medical and Pharmaceutical University "Nicolae Testemițanu" Chișinău, Republic of Moldova

**Introduction:** Leading place among abdominal trauma is represented by the damage of hepatopancreatoduodenale area, including very serious consequences as pancreatic trauma, manifested by difficulty in diagnosis and high lethality, which is 2-3% in isolated trauma, and 50-60% - the associated trauma and posttraumatic complications rate is up to 75%.

**Purpose and Objectives:** Analysis of the results of diagnosis and treatment of patients with traumatic injuries of the pancreas depending on the degree of injury by optimizing the algorithm of diagnosis, treatment and prevention of complications.

**Materials and methods:** During the period 2000-2010 in surgery clinic no. 1 "Nicolae Anestiadi" were interned 60 patients with traumatic lesions of the pancreas. Most of the patients suffered closed abdominal trauma 39 (65%) and with open trauma were 21 (35%). There was a major of cases of associated lesions and multiple constituting (35% and 22%). Major interest presented diagnosis of complications caused by traumatic lesions of the pancreas, and especially traumatic acute pancreatitis (PTAP) and its evolutionary forms, which is the most common complication in this type of injury. As the major methods in the diagnosis of traumatic lesions of the pancreas were ultrasound examination 41 (68%), laparocentesis 19 (48.7%) and laparoscopy 16 (26.7%), being applied consecutively and in dependency of the status of each case. Drug treatment was applied in 8 patients with isolated closed abdominal trauma hospitalized with clinical signs of PTAP, with no signs of intra-abdominal haemorrhage or peritonitis and patients operated with or without signs of PTAP in order to its prevention. Surgery required 52 (86.7%) patients, of them 31 (59.6%) with closed abdominal trauma and 21 (40.4%) with open lesions. According to the severity of injuries patients were distributed: gr. I-17 (28.3%), gr.II-34 (56.7%), third degree, 4 (6.7%), gr. IV-4 (6.7%), gr.V-1 (1.6%). Basic principles of surgical treatment included hemostasis with organ preservation, closed or open drainage of omental bursa, external drainage of injured duct of Wirsung, biliary decompression.

**Results:** The postoperative complications were 41 (68.3 %) patients, of which: PTAP 34 (82.9%), suppurative complications 7 (17.1%). Lethality was 11 (18.33%).

**Conclusions:** The diagnosis of traumatic lesions of the pancreas is determined by the anatomical features of pancreatic-duodenal area, preoperative diagnosis is possible only on the basis of a standardized complex of clinical and laboratory investigations. Treatment of traumatic lesions of the pancreas with organ preservation, most necessary part of the operation being conducted bursoomentostomia.

**Keywords:** Pancreas, trauma, acute posttraumatic pancreatitis