

10. COMPARATIVE STUDY FOR COLORECTAL PATOLOGY IN TWO DIFFERENT COUNTRIES: ROMANIA AND ITALY

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Introduction: Colorectal surgery refers to a variety of procedures used to repair damage to the colon, rectum, anus and pelvic floor caused by diseases of the lower digestive tract, such as cancer, diverticulitis and inflammatory bowel disease.

Materials and Methods: One thousand consecutive patients who undergone colorectal surgery, at the Department of general surgery and emergency of the University of Bologna, St.Orsola Hospital, were included in this retrospective study (Group 1). These patients were compared with the last 1000 patients who had colorectal surgery at Clinical County Hospital of Targu Mures (Group 2). The parameters analyzed included: age, sex, type of disease, type of presentation of the disease, TNM score and grading for malignant disease, emergency or elective surgery, type of operation, curative or palliative surgery, type of surgical approach (laparoscopy or laparotomy), mechanical or manual anastomosis, duration of operation, blood loss, transfusions, operative morbidity, mortality and hospital length of stay. SPSS statistical software was used for all statistical analyses.

Results: Significant differences between the two groups were found within the incidence of different diseases: in Group 1, patients operated for cancers were the majority with a percentage of 48,06%, while diverticular disease was found in 13,87% of patients. In Group 2, cancers were 74,0% while diverticular disease was less representative with a percentage of 2,5%. This could be probably be explained by differences in dietary habits within the patients in the two groups. There were no statistically significant differences in mortality, morbidity and hospital stay between the two groups. Post-operative 30-day mortality, morbidity for all causes and hospital length of stay were respectively 3,69%, 32,88% (urgency: 42,39%, elective: 28,64%) and 9,67 days (urgency: 10,29; elective: 9,42) in Group 1, while were 6,7%, 25,1% (urgency: 11,74% elective: 13,08%) and 11,12 (urgency: 5,25; elective: 5,86) days in group 2. However the percentage of palliative operation was higher in group 2 probably because of a more delayed diagnosis. This could be explained with the use of an accurate local program of colonic cancers screening that take place in Bologna.

Conclusions: The results of study show that colorectal pathology and surgery complication of these two countries are very similar, without representative differences, just a higher frequency of diverticular disease in Italy and a problem of screening for colorectal cancer in Romania.

Key words: colon diverticula, surgery, screening

11. CORONARY SINUS RECONSTRUCTION – 2 CASES REPORT

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Introduction: Coronary sinus and ostium primum (unique atrium type) atrial septal defects (ASD) represent rare congenital malformations (less than 1% of total ASDs) and are frequently associated with persistent left superior vena cava (LSVC). The shunt is caused in the first case by the incomplete development of the wall between the coronary sinus and the left atrium and in the second case, the coronary sinus drains into the single atrial cavity.

Case description: Two patients (I. P., 15 years, B. G., 12 years) were operated in 2013 in our clinic. In the first case, although enlargement of the coronary sinus was not identified during echography, angio-CT showed fenestration of the coronary sinus wall and cardiac catheterization documented the bidirectional shunt as well as the persistent LSVC. Moreover, the ASD was associated

with patent ductus arteriosus and cor triatriatum. In the second case the ostium primum ASD and the persistent LSVC as well as an anterior mitral valve cleft were diagnosed by echography and CT. Both patients underwent elective surgery. The coronary sinus was reconstructed in both cases using autologous pericardial patches. Moreover, in the first patient the ductus arteriosus was ligated and the intraatrial trabeculum was excised. In the second case the interatrial septum was reconstructed with autologous pericardium. Both cases had an unremarkable postoperative recovery.

Conclusions: Both cases showed that although the diagnosis for these malformations requires multiple investigations, a surgical correction with good long term results is feasible if the mechanism of the shunt is well documented.

Key words: Coronary sinus reconstruction, ostium primum

12. TEXTILOMAS OF ABDOMINAL CAVITY

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Introduction: The term "textiloma" denotes a textile foreign body that is retained inside the patient during surgery. Intra-abdominal textilomas are a rare condition, which is reported non-frequently. Their natural evolution is unclear, whereas diagnosis and treatment are difficult and not standardized.

Purpose and Objectives: To assess the features of presentation, reliability of preoperative diagnostic methods, and treatment modalities in patients with textilomas.

Materials and methods: During 12-years period three patients with suspicions on retained textile foreign bodies were admitted in the National Center of Emergency Medicine. Males – 2, female – 1, with median age 26.6 years. In the past all patients underwent urgent surgical procedures: for penetrating abdominal wounds (2) and ruptured ectopic gestation (1). Time to readmission after first surgery was 9 days, 8 years, and 60 days, respectively. Examination included routine laboratory tests, abdominal ultrasound, and computed tomography in all cases.

Results and discussion; On the basis of imaging studies the diagnosis of intraabdominal postoperative abscess was supposed in two patients, and a gastric tumor – in one. The ultrasound scan features included a well-defined mass with a hypoechoic rim and a strong posterior shadow. Abdominal computed tomography revealed a well-defined "spongiform" mass with gas bubbles inside. All three patients had repeated surgery with removing foreign bodies and drainage of the residual cavity (2 cases), and subtotal gastrectomy en bloc with textiloma (in one). All patients had a complicated postoperative recovery with length of in-hospital stay 50, 39 and 33 days, respectively.

Conclusions: The possibility of textiloma should be in the differential diagnosis of any postoperative patient, who presents with signs of peritoneal infection or with abdominal mass. Repeated surgery is required for removing foreign bodies from abdominal cavity. Avoidance of leaving foreign bodies inside the patients could be possible by careful count of surgical materials, and thorough exploration of the surgical site.

Key words: Textiloma, abdominal cavity, imaging studies, repeated surgery

13. MITRO-AORTIC SUBACUTE BACTERIAL ENDOCARDITIS IN A PATIENT WITH SITUS INVERSUS TOTALIS

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Introduction: Situs inversus is a genetic disorder in which the main organs are in reversed position inside the human body (mirror image). The situation in which the heart is positioned on the right side of the thorax is known as situs inversus with dextrocardia or situs inversus totalis. If the heart