

PANCREATIC INSULINOMAS – CLINICAL, DIAGNOSTICAL AND THERAPEUTICAL ASPECTS

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Introduction. Insulinomas are neuroendocrine tumors with low incidence (1-4 persons per million of general population), and represents 1-2% of total pancreatic neoplasm.

Material and methods. The study presents the results of surgical treatment applied to 9 patients diagnosed with pancreatic endocrine tumor (PET) - between 1993 - 2016 in the Department of surgery Nr.2

The diagnostic management has included a clinical and laboratory examination, (glycemic profile, the glycemic index during hypoglycemic and convulsive crises, glycemic levels after the administration of glucose solutions of 40%, assessment of the level of serum insulin, echography, CT, MRI.

Results. The symptomatology is dominated by neuropsychiatric symptoms – 8 (88,8%) cases, adrenergic symptoms – 6 (66,6%) cases, digestive - 5 (55,56%) cases and Cushingoid syndrome 1 (11,1%) case. After evaluating the glycemic profile, the glycemic level of hypoglycemic and convulsions crisis was within 2-3,0mmol; the glycemic level after the administration of glucose solutions of 40% was 3,8-5,5mmol, the level of serum insulin was increased 32,45U/mL, level of C-peptide - 4,6 ng/ml. The elective surgeries included: tumor enucleation in 5 (55,6%) cases, corporeal-caudal pancreatectomy with spleen preservation in 3 (33,33%) cases, corporeal-caudal pancreatectomy with splenectomy in 1 (11,1%) case. Mortality and morbidity perioperative were 0.

Conclusion. Delays in diagnosis are caused by a non-specific symptomatology (cardiac, neurological, psychiatric symptoms), the pancreatic enucleoresection being the treatment of election.

THE INFLUENCE OF PAEDIATRIC MINIMALLY INVASIVE SURGERY ON THE HOSPITAL TREATMENT DURATION

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Purpose: to explore the possibility of shortening hospitalization after high complexity paediatric surgical operations.

Materials and methods: in 2014 - 2017 47 children (1 - 17 years old) were operated. Children were discharged from the hospital after medical stabilization, further treatment on an outpatient basis.

Results: 41 patients (19 boys and 22 girls) with abdominal pain were operated. In 23 cases were destructive forms of acute appendicitis. Of these, 8 patients with peritonitis (4 - generalized peritonitis).

Cryptogenic peritonitis simulating acute appendicitis in 6 girls, 1 girl had torsion of ovarian cysts. In 1 case (3.5 year old) was a penetrating abdominal trauma and loops of the small intestine, in 2 - recurrent intestinal invagination.

Also, 2 children with hydronephrosis completed by plastic ureteropelvic junction, 4 patients with vesicoureteral reflux was performed injection plastic of the ureteral orifice and detrusor injections with botulinum toxin. In all cases underwent endoscopic surgery without conversion to open surgery. Children with «emergency» diagnosis were discharged from the hospital on the 3,5 days (1-5,5 days), planned patients on the 4 days. One patient with hydronephrosis and 1 child with generalized peritonitis have the longest hospital stays (8 and 5,5 days respectively).

In case with hydronephrosis accidental removal of ureteral stent was the cause of ureteropelvic anastomosis obstruction and prolonged hospitalization. In all cases further treatment on an outpatient basis were without complications.

Conclusion: laparoscopic surgery in children certainly carries many advantages. These include less pain, rapid recovery, shorter hospital stay, less wound complications and better cosmetic result. The laparoscopic technique in comparison with medical and economic standard practically reduced the hospital stay period into halve without increasing of complications. Laparoscopic surgery in infants and young children will become more widely accepted.