The mortality rate in the keyhole group was 5 (16,67%) and 15 (20%) in the standard craniotomy group. Parallel treatment results of using two options - keyhole craniotomy and standard larger crniotomy - were analysed in the past 5 years. Two experienced neurosurgical teams in perfoming both surgical approaches have reached almost similar morbidity and moratlity rates, and overall surgical results. The type of craniotomy is selected according to the experience of the surgical team, and familiarity with certain aproach. The authors have good experience with the minimally invasive approach for different intracrainal pathology and recommend it especially in neurovascular surgery.

Present Trends in Abdominal Actinomycosis

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Actinomycosis is a chronic infectious disease caused by bacteria in the Actinomyces genus. The pathologic, clinic and imagistic polymorphism and the rare incidence of this disease make it so frequent misdiagnosed. Single unit retrospective nonrandomized clinical study on over 40 years of experience in diagnosing and treating abdominal actinomycosis. First case of abdominal actinomycosis was diagnosed in our clinic in 1968. During the next 36 years, between 1968 and 2004, there were registered only 3 cases, all ileo-cecal actinomycosis. In the next 3 years interval, 5 more cases were diagnosed: 4 associated with intrauterine devices (IUDs) and 1 associated with intraperitoneal remnant calculi after laparoscopic cholecystectomy. We present these last 5 cases, the first 3 having been reported elsewhere. Abdominal actinomycosis is a rare disease, with variable and deceiving clinical and imagistic characters. In Romania we witness a shift in the epidemiology of this disease as a result of the introducing of the IUDs for the first time after 1990. Confronted with a female patient carrying an IUD that has an inflammatory and a pelvic tumoral syndrome of variable intensity, one should consider also the diagnosis of abdominal actinomycosis. Preoperative establishing of this diagnosis may allow, by a long antibiotic therapy, the elimination of the need for surgery or at least the decrease of its limits. A very rare cause of intraperitoneal actinomycosis is intraperitoneal gallstones remnant after laparoscopic cholecystectomy. To our knowledge, our case is the first reported in the medical literature.

Role of Tumoural Markers in the Treatment and the Prognosis of Head and Neck Cancer

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Head and neck cancer has important mortality, incidence and prevalence in Romania, therefore prompting for studies meant to detect reliable markers capable of predicting the disease's progression and its response to treatment. The study was conducted in the Oncology Clinic of Craiova, Romania during ianuarie 2000-decembrie 2009. Patients were randomized 1:1 (using a simple randomization software) in 2 groups: A receiving standard radiotherapy, B comprising patients who received radiochemotherapy (protocol 5-fluorouracil1000 mg/mp/d iv CI + Cisplatin 20 mg/mp/d IV CI x 4 days/4 week or Cisplatin 20 mg/mp IV CI weekly or 20 mg/mp/d IV CIx5 days/3 week). The endpoints of the study were: response rate, median overall survival, disease progression

free survival and quality of life in each group. Kaplan Meier curves were used for statistical analysis – for overall survival and the logrank test. The response rate was high for patients with radiochemotherapy which was possible radical surgery. Is significant difference between median overall survival appeared between the 2 groups: 18,8 months in group A and 17,2 months in group B with a hazard ratio for survival of 0,88 (95%CI, 0,75-1,12, p<0.004). Progression free survival was not significant different between these 2 groups: 6.9 months for group A and 7.2 months for group B. Multivariate analysis revealed TNM stage and site of the tumor significant factors for overall survival, and TNM stage, site of the tumor and EGFR expression as significant factors for time to progression. The molecular biomarkers EGFR and VEGF have a prognostic significance in head and neck cancer in addition to the established clinical prognostic factors such as the stage and site of the tumor.Also hypermethylated TSG promoters were detected in saliva using microarray based (DCC, MINT31, p16, cyclin A1, MINT1, TIMP3, DAPK) and this test can be a surveillance prediction and model of recurrence that might be applied to screening the population. First line chemoradiotherapy regimen associated with molecular target therapy in advanced head and neck carcinoma remains a decision of the physician. New approaches include the combination of anti VEGFR agents and antiEGFR monoclonal antibodies, and combined antiEGFR therapy with small molecule tyrosine kinase inhibitors.

Medical-clinical Aspects of Chronic Atrophic Fetid Rhinitis. Clinical Case

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Chronic atrophic fetid rhinitis (ozaena) takes important place among other forms of chronic atrophic rhinitis. It has, mostly, progressive flow, that leads to complete atrophy of mucous membrane and skeleton of nose, also the appearance of unpleasant smell and establishment of irreversible lowering of sense of smell. Denotation and presentation of some medical-clinical aspects of chronic fetid rhinitis and elaboration the diagnostic`s algorithm of patients with such pathology. This advanced work is integral, descriptive research based on an analysis and synthesis of official autochthonous medical information and international periodicals. The significance and research importance corroborates with demonstration of clinical case. A man, European, 48 years, complaints on: breach of nasal breathing from crusts which hard separate, anosmia, presence of unpleasant smell on distance according to other people. A patient was exposed casually. From anamnesis - patient is ill more than 25 years, accepted treatment irregularly, his son suffers from similar disease. Laboratory indexes have shown: Hb - 126 g/l, Er - 4,3x1012/l, i/c - 0, 87, Fe serum - 2, 4 umol/l. On the basis of clinical and paraclinical facts the final clinical diagnosis was proposed: Chronic fetid rhinitis. Ozaena is widespread pathology and family cases are characteristic for such disease. Patients with this pathology do not apply for medical help long time and remain unnoticed. There are some difficulties of diagnostic of disease, as cultivation of Klebsiella ozaenae requires special conditions and instruction of medical personnel.