

Materials and Methods: 98 diabetic patients were studied for the main complaint of diabetic foot, being admitted to the septic surgery of the municipal hospital No. 1 in 2011. Patients ranged from age 42 to 78. Ration men-women, was practically equal 1:1. Type 1 diabetes was recorded in 91% patients. Record character of plantar conditions were as follows: the plantar gangrene or two and more fingers - in 44 cases (44.8%), dry gangrene of one or more fingers-20 (20.1%), phlegmon - in 25 cases (25.5%), and trophic ulcers of the plant and calacaneus-9 (7.5%).

Results: Patients in the study group were treated by means of different methods: in 16 cases we used the open method of treatment of the infected wound, dressings daily, necrectomies and medication in order to improve the blood circulation.

82(83.7%) patients were operated in the study group. The following surgery was performed: (I) Processing of surgical phlegmon with repeated necrectomies -25 (30.4%) of 82 operations; (II) Wide amputation at the thigh and ankle - 14 (17.0%); (III) Lower amputations (exarticulations of fingers, partial amputation of the foot sole - 30 (36.8%); (IV) Reconstructive operations on vessels (deep plastic surgery, by pass ileo-femoral) - 7 (0.8%); (V) Transplantation of skin was performed in order to cover defects-6 (0.7%).

4(0.4%) died patients in the study group, two of them with poliorganic background failure were not operated. 72 (73.6%) patients were discharged in a satisfactory condition and 22 (26.0%) continued their treatment in out- patient department

Unoperated patients were discharged after 12-18 days in a satisfactory condition, when wounds were healed or were in the process of grain, to extend the outpatient treatment.

Conclusions: Patients with serious complications of diabetes, diabetic plantar is hospitalized in specialized sections later, when they have gangrene or necrosis and flegmons. For reasons of, reconstructive operations are quite low (0.8%). In the study group prevailed mostly, wide and low amputations (53.8%). Diabetic phlegmon, requiring debridement and daily necrectomies with a recovery rate of 15 - to 32 days.

Key words: diabetic foot, surgery.

PROGNOSTIC CRITERIA OF PARACENTETIC - DRAINAGE METHOD EFFECTIVENESS FOR TREATMENT OF EXTRA-ORGAN INFECTED FLUID COLLECTION IN ABDOMINAL CAVITY

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Introduction: One of the most important current surgical tasks is the treatment of the intra-abdominal abscess patients, because there is neither positive tendency to reduce the amount of acute inflammatory diseases of abdominal cavity organs nor the tendency to reduce the postoperative suppurative complications. There is no doubt today about efficiency of transcutaneous abscess drainage under ultrasound guidance, but there are some contradictory opinions about efficiency of paracentetic treatment as compared to conventional surgical procedure.

Research goal is to study the effectiveness criteria of paracentetic-drainage method in extra-organ infected fluid intraabdominal collections treatment and their dependence on collection echostructure and etiology.

Material and methods: The retrospective analysis was carried out on 53 medical case-histories of extraorgan intra-abdominal abscess patients treated in surgical department of Regional clinical hospital No 1 in Kemerovo. The ultrasonic data, such as size, wall structure and characteristics of content were analyzed. The patients were divided into two groups: the 1st group (37 patients, n=37) consisted of patients who underwent only abscess paracentesis or drainage under ultrasound guidance; the 2nd group consisted of patients (n=16) who underwent open abscess drainage after inefficient paracentetic-drainage.

Results: the etiology analyses of intraabdominal collections showed the paracentetic-drainage approach to be more often efficient for surgery on hepatobiliary system of patients with fluid collections in subhepatic area (42%). The most frequent cause for fluid formations in the 2nd group patients was acute pancreatitis, pancreatonecrosis – 45.3%. The volume of fluid collection in the 1st group patients was significantly less (74.4 ± 0.3 ml) than in the 2nd patients group (117.8 ± 2.3 ml). The formation echostructure analyze of both groups showed the 1st group to have formations with well-defined shapes ($\chi^2 = 2.55$; $p=0.01$) and smaller size ($\chi^2 = 5.71$; $p=0.017$). Heterogeneous echostructure and infiltrated fluid collections around were characteristicly to the 2nd group patients. The analysis also showed that infected fluid collections containing pus in the 1st patients group were smaller in volume than in the 2nd group (73.84 ± 0.3 ml to 111.75 ± 0.5 ml respectively).

According to the leukocyte index of intoxication (LII) analysis there is no reliable difference between LII in the 1st and the 2nd groups ($p=29$). But it is certain that LII reduces on the 3rd day after the drainage (the 1st group patients from 1.9 to 1.3; the 2nd group patients from 4.6 to 1.45).

Conclusion: The efficiency of transcutaneous paracentesis under ultrasound guidance depends on etiology and echostructure of intraabdominal abscess. In case of pancreatic necrosis the minimal invasive method has an insignificant effect as the final treatment stage because of sequestrers.

Key words: minimally invasive surgery, intraabdominal extraorgan infected fluid collection.

GASTROINTESTINAL AUTONOMIC NERVE TUMOR: REPORT OF A CASE

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Introduction: Gastrointestinal autonomic nerve tumors (GANT) are a rare subgroup of gastrointestinal stromal tumors (GIST). Their histological appearance is similar to that of other GISTs. Up to date only about 200 cases were published in English literature.

Aim: We report an additionally case of gastric GANT.

Methods: A 72 years old female patient was admitted with abdominal tumor mass which occurred in the stomach according CT scan. She underwent a surgery and subtotal gastrectomy was performed.

Results: Postoperative recovery was uneventful. Histological examination and immunohistochemical analysis revealed the diagnosis of a gastrointestinal autonomic nerve tumor. The immunohistochemical profile of the tumor revealed positive staining to *c-kit* (CD117), CD34, vimentin and S-100, positive staining to neuron-specific enolase (NSE) and negative staining to desmin. Three months after initial diagnosis and surgery the patient is asymptomatic and was scheduled for very close follow up.

Conclusion: Radical surgical resection of gastrointestinal autonomic nerve tumors seems to be the only available curative approach to date in patients with no metastasis.

Key words: gastrointestinal autonomic nerve tumor, gastrectomy, immunohistochemical stain.