THE EXPERIENCE IN THE RECONSTRUCTION OF INFERIOR VENA CAVA IN CASES OF RENAL CANCER METASTATIC CAVAL WALL INVASION

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Introduction: In patients with malign renal tumors, inferior vena cava is involved in 4-10%, thus representing a serious barrier for radical intervention.

Aim of study: The aim of this study is to analyze the results of surgical treatment of 18 patients (in 15 cases the right kidney was involved, in two cases the left and one case the only right kidney), with metastatic caval wall invasion, metastatic thrombus in the inferior vena cava, and metastasis of paracaval and paraaortal lymph nodes.

Material and methods: The preoperative diagnosis was made using ultrasonnography, duplex scanning, CT angiography and angiography. Preoperative renal artery embolization was preferable. All patients underwent nefrectomy with retroperitoneal lymph nodes dissection. The reconstruction of the inferior vena cava was made by several methods: removement of the metastatic thrombus with caval suturing, resection of vena cava with grafting or patching. In 15 cases the tumoral caval wall invasion was demonstrated by postoperative histology analysis.

Results: There has been one intraoperative lethal case in a patient that had a cardiopulmonary bypass system applied for removement of a metastatic thrombus that has reached the right atrium. The cause of death was disseminated intravascular coagulation. In 15 cases the postoperative outcome was satisfactory, without major complications. In one case the patient is dependent of hemodialysis.

Conclusion: The achieved results indicate that resection of the affected cava with its grafting is the elective method for a more effective treatment of these tumors.

Keywords: inferior vena cava, renal cancer, grafting of vena cava.

COMPARISON BETWEEN TRADITIONAL EDUCATION METHODS AND SIMULATORS BASED EDUCATION AT THE ACUTE CARE ENVIRONMENT: AN OVERVIEW

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Introduction: The usage of medical simulation had been already used as an educational tool at the time of ancient cultures, in the form of animals or human cadavers. As the technology had been developing through the years, a more accurate methods of education were developed at the form of computerized manikins that are able to imitate acute care emergency scenarios as close to the reality as it can be considering nowadays technology limitations. Never the less now a days the usage of simulation based education is implemented worldwide at every medical domain, starting with simple procedures like insertion of central line to performing endoscopies.

At the acute care setup there is a demand for fast and accurate decision making and to perform life saving procedures as fast as possible like endotracheal tube insertion, Cardio Pulmonary Resuscitation and tracheostomy, etc.