

OBSTRUCTIVE JAUNDICE SYNDROME CAUSED BY HEPATO-BILIO-PANCREATIC CANCERS – DIAGNOSTIC AND TREATMENT OPTIONS

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Introduction: Hepato-bilio-pancreatic cancers are a widely spread pathology. The obstructive jaundice syndrome is one of the most common clinical manifestation of these malignancies, representing, in some cases, the first and the principal complaint of the patient. This fact determines the high importance given to the correct diagnosis procedure, which can be followed by the optimal treatment strategy.

Objective: The goal of this study was to evaluate the particularities in diagnostic and surgical treatment options in patients with obstructive jaundice syndrome caused by hepato-bilio-pancreatic cancers.

Methods: The study group consisted of 56 patients (mean age 63.85 ± 3.8 years), who presented obstructive jaundice syndrome due to hepato-bilio-pancreatic cancers, hospitalized in different sections of “St. Arhanghel Mihail” Hospital and Republican Clinical Hospital, Moldova, during the period of 2010-2011. All the diagnostic procedures, including laboratory tests and imaging techniques were analyzed in order to determine their informativity. Also, the imaging techniques of diagnostic were compared in order to establish their reliability for determining the resectability degree. Regarding surgical procedures, our study analysed the types of operations that have been used, determining their frequency and indications.

Results: A useful diagnostic procedure during our study was found to be the biological tests, which showed an hyperbilirubinaemia (mean value 200 ± 28.6 mkMol/L) and an significant elevation of the alkaline phosphatase (3 times higher then the normal value) in all the patients. Also, a useful procedure was the ultrasonography, showing a dilatation of the biliary tract in 94.6% of the cases, being the imaging technique that directed the diagnostic process towards the idea of obstructive jaundice. Finally, the most informative imaging diagnostic technique was the computer tomography (CT), that confirmed the presence of a hepato-bilio-pancreatic cancer in 95.2% of the cases, and the magnetic resonance imaging (MRI), that established the correct diagnosis in 100% of the cases. Regarding the surgical treatment options, it was found that in 92.8% of the cases palliative interventions were accomplished because of late presentation of the patients and aggressive evolution of the disease.

Conclusions: Clinical complaints, biological tests and ultrasonography were determined as the more useful diagnostic techniques in the initial differentiation process between the benign and the malign obstructive jaundice syndrome. CT and MRI were found to be the most informative techniques that established the correct diagnosis and determined the direction of the surgical treatment strategy.

Key-words: obstructive jaundice syndrome, hepato-bilio-pancreatic cancers.

FUNCTIONAL NEUROSURGERY IN MOLDOVA. PERCUTANEUS TRIGEMINAL GANGLION COMPRESSION

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Introduction: Trigeminal neuralgia (TN) is a clinical diagnosis characterized by facial pain within the distribution of the trigeminal nerve, predominantly unilateral, triggerable, paroxysmal, severe, electric shock, and is either predominantly episodic or constant. Clinical examination shows no trigeminal

sensory disturbance and a normal neurological examination. Surgical treatment is recommended for patients with TN that is medically refractory, who are intolerant of medication or who prefer surgery as their primary treatment of this condition. Idiopathic trigeminal neuralgia has an incidence of 3-5/100000 cases. Since the description by Hartel in 1912 of transovale trigeminal rhizotomy a number of treatment options have been described. In patients unsuitable for microvascular decompression, selective interruption of the nociceptive fibers in most cases can provide pain relief. We present our experience on a case of TN treated in our clinic using C-arm guided rhizotomy.

Methods: Subject – 56 year old woman diagnosed with idiopathic trigeminal neuralgia, drug resistant. Pharmacotherapy for 2 years, during pain episodes with Carbamazepine 400-800 mg/day. The patient was under neroleptanalgesia in the supine position. Placement of the stylet needle according to the Hartel's landmarks. Under Rx control the needle entered at a point 2.5–3 cm lateral to the mouth's commissure targeting the foramen ovale (FO) situated at the 90° intersection of the ipsilateral pupillary line with a point 3 cm in front of the tragus. A No. 4 Fogarty balloon catheter with cannula were introduced. After the insertion of the catheter under Rx control the balloon was expanded to a pear-shaped form with injection of a radio-opaque contrast and compression for 60-90s. No complications occurred.

Results: Pain relief was acquired in matter of hours and recurrence produced at 3 years post interventional.

Conclusion: We conclude that the balloon compression seems to be an effective method in the treatment of idiopathic trigeminal neuralgia. Careful advancement of the needle and catheter with the help of anatomic landmarks and radiological guidance may minimize the risk of technical problems and post-surgical morbidity. We also emphasize that the surgeon should make every possible effort to obtain the pear-shaped balloon with compression time (60-90s) for favorable results.

Keywords: Image guided surgery, Trigeminal neuralgia, Functional neurosurgery, Rhizotomy, Balloon compression, Minimally invasive surgery, Frameless stereotaxy.

SPLEEN INJURE TREATMENT RESULTS ANALYSIS

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Introduction: In the case of abdominal injuries the statistics of the spleen damage is 57% while the mortality – up to 36,6%. Most cases of spleen injuries require splenectomy which may result in multiple early and late postoperative complications and even death (21,4%). The post-splenectomy syndrome that appears to be a common complication has a negative impact upon the patient's quality-of-life index and social adaptation.

Goals: The analysis of the treatment results and the assessment of the quality-of-life index in the case of patients who undergone splenectomy compared to the patients who undergone organ-preserving operations and non-operative treatment methods.

Objectives: 1. Research of the frequency and type of early post-splenectomy complications in case of patients who undergone splenectomy compared to patients who undergone organ-preserving operations and non-operative treatment methods.

2. Research of the frequency and type of late post-splenectomy complications in case of both group's patients.