

**The aim** of the study is to investigate clinical, imagistic and endoscopic data of patients diagnosed with GBV.

**Material and Methods:** Patients diagnosed with GBV over a period of 10 years were identified from the comprehensive database of our institution.

**Results:** There were seven patients (F-4, M-3) with the mean age of  $27.9 \pm 5.2$  (10 to 51) years. PH was caused by portal vein thrombosis (portal cavernoma): after splenectomy for trauma and hematologic disease (n=4), antithrombin III deficiency (n=2) and protein S deficiency (n=1). At time of presentation GBV (n=6) were associated with bleeding esophageal varices (F3, RCS+++; Li+m) managed by endoscopic band ligation MBL-6,10 (Wilson-Cook®, Winston-Salem, NC, SUA) and bleeding duodenal varices managed surgically (n=1). Doppler imaging showed the existence of portal cavernoma and GBV. After complete eradication of esophageal varices no GBV enlargement neither other related complications were noticed.

**Conclusion:** Color Doppler sonography is a valuable noninvasive imaging technique for assessment of portal hemodynamic profile in patients with portal cavernoma as well as a useful technique to detect GBV. Preoperative correct diagnosis of GBV should increase the surgeon's vigilance during biliary tract surgery in patients with PH in order to avoid hazardous complications.

**Keywords:** gallbladder, varices.

## PROFUSE HAEMORRHAGE FROM INGUINAL SINUS TRACK – LIFE-THREATENING COMPLICATION IN “GROIN INJECTING” DRUG USERS

Binzari Ana, Culiuc V.

*Academic adviser:* Guțu E., M.D., Ph.D., Professor, State Medical and Pharmaceutical University “Nicolae Testemitanu”, Chisinau, Republic of Moldova

**Introduction:** Inguinal way usually serves as final gate selected for intravenous access by injecting drug abusers, when other routes have failed or are not available. Repeated injections in groin area for femoral vein approach increase the risk of surgical complications, often life-threatening, among the most common being listed: abscess, superficial thrombophlebitis, deep vein thrombosis with subsequent embolic events, chronic venous insufficiency, arteriovenous fistula, arterial pseudoaneurysm with eventual thrombosis and arterial insufficiency.

**The aim:** presentation of two clinical cases of relatively rare complication occurred in “groin injecting” drug users – profuse external haemorrhage following inguinal sinus formation, stopped definitively by surgical intervention.

**Material and methods:** Two young male patients aged 29 years and 34 years respectively, with the stage of intravenous drug abuse of at least 5 years, were emergently admitted to the department of General Surgery with recent haemorrhage from a pre-existing skin lesion in the left inguinal area. General signs of bleeding were well manifested in both subjects, being observed also traces of blood on their clothes and left groin area. During the inspection there was noted a skin dimpling (with a diameter of 9 mm and 11 mm, respectively) localized right below the inguinal crease corresponding to projection of femoral vessels with a cyanotic prominence in the center of lesions. Subsequent revision revealed the presence of formed tunnel lined with epithelial cells, leading directly to the wall of femoral vein – diagnosed as sinus track. Imaging study (duplex scanning) confirmed the presence of abnormal channel (sinus) just above the common femoral vein and concomitant hypo-hyperechoic thrombotic masses in deep veins of

ipsilateral lower extremity extended till the common femoral and external iliac vein, respectively. Both patients developed preoperative recurrence of haemorrhage: one after the primary physical examination (required temporary hemostasis by compression bandage and short-term resuscitation in conditions of ICU) and other – on the operating table, immediately before surgical exposure. In both cases operation was carried out under local anesthesia, limited excision of skin mark being performed. After clear localization of the external orifice of sinus tract it was closed by applying continuous suture using synthetic non-absorbable thread (polypropylene 5/0).

**Results:** No major complications were registered in early postoperative period. Primary healing of postoperative wound was observed in one patient, but small wound dehiscence occurred in other, followed by subsequent healing by secondary intention. Recurrent episodes of haemorrhage from inguinal scars at 6 months and 8 months after surgery, respectively, were not declared.

**Conclusions:** Sinus track formation in inguinal area of “groin injecting” drug users carries a risk of threatening external haemorrhage with recurring character. Continuous suturing of external orifice of groin sinus with synthetic non-absorbable thread can serve as surgical option to achieve sustainable hemostasis in cases of external bleeding. Drug use and addiction possess **negative** consequences for **individuals** and public health, and surgical complications among intravenous injecting are throughout emerging. In this context the urging of medical students must be more active promotion of healthy.

**Key words:** groin injecting, hemostasis, inguinal sinus formation.

## THORACO-LUMBAR SPINAL CORD INJURY, CLINICAL AND IMAGING ASPECTS, SURGICAL TREATMENT

Rudei Mihail, Andoniev Iulia

*Academic adviser:* Caproș Nicolae, M.D., Ph.D., Professor, State Medical and Pharmaceutical University “Nicolae Testemițanu”, Chisinau, Republic of Moldova

**Introduction:** Spinal cord injuries present a major problem worldwide by their increasing incidence, vital outcomes, by the disability and mortality that they produce, by the diagnostic difficulties and complexity of surgical procedures.

In our country the incidence of spinal cord injury is 2 to 17.7% according to some local authors, the average age of damage being 39.4 years, mainly affecting males in the ratio of 4:1. In the framework of polytraumas, in the Republic of Moldova spinal cord injury occurs in 13-30% cases. Medullar impairment is 30%, with a disability of 95-98%. Lethality after spinal cord injuries is 34.4%.

**Methods:** It is presented the analysis of clinical and anamnesis data, laboratory investigations and surgical treatment of 40 patients with lumbar spinal cord injury and thoraco-lumbar injury from the Republican Traumatology and Orthopedics Center.

**Purpose:** To analyze the cases of thoraco-lumbar spinal cord injury studying the circumstances in which the trauma occurred, the lesion's location, the persistent clinical signs, diagnostic and surgical method used, in base of observational records of the Department of vertebrology of the Republican Traumatology and Orthopedics Center.

**Objectives:** To elucidate the injury mechanisms of thoraco-lumbar spinal cord injury in examined patients; To assess the level of spinal lesion most often involved in toraco-lumbar spinal cord injury; To assess the degree of spinal cord damage and persistent neurological disorders following thoraco-lumbar spinal cord injury; Clinical results evaluation of surgical treatment used in thoraco-lumbar spinal cord injury.