

DIAGNOSIS AND SURGICAL MANAGEMENT OF ACUTE BILIARY PANCREATITIS

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Introduction: Acute pancreatitis is one of the most common diseases of the abdominal cavity. Improving the treatment policy has reduced mortality, but not enough to consider the problem solved.

Aim: Optimization of diagnostic and surgical treatment of acute biliary pancreatitis (ABP).

Materials and methods: The results of diagnosis and treatment of 226 patients with acute pancreatitis (AP), of whom 118 (52.5%) had ABP. Women were 86 (72.5%), men - 32 (27.5%). History of gallstone disease (GSD) - from 2 to 9 years. Patients are often treated in hospitals with temporary success. Patients applied the methods of investigation: clinical, laboratory, ultrasound (ultrasonography), endoscopic retrograde cholangiopancreatography (ERCP), fibrogastroduodenoscopy (FGDS), laparoscopy.

The I group (main) consist of 82 (60.6%) patients with ABP who underwent endoscopic papillosphincterotomy (EPST), the II group (control) - 36 (30.4%) - after the traditional methods of treatment. The 20 patients out of the 36 patients in group II had interstitial pancreatitis, 16 - destructive.

Results: The following operations were performed for the first group of patients: resection of the tail of the pancreas - 14, cholecystectomy (CE), holedohostomiya from Wisniewski - 16, holedohoduodenostomiya - 6. The various postoperative complications had 11 (32.3%) patients, mortality was 11.7%. Long-term results in terms of 2 to 8 years were studied in 30 men. Good noted in 62.7%, satisfactory - in 26.5% and unsatisfactory - in 10.8%.

Postoperative complications in patients of group II was in 4 (5.4%) patients had no deaths. Long-term results were studied in 63 (76.8%) patients: the good - in 73.5% and satisfactory - in 26.5%.

Conclusions: Thus, in the treatment of ABP is expedient to eliminate bile and pancreatic hypertension. The intervention should be individualized, depending of the pathological changes in the pancreas.

Key words: acute biliary pancreatitis (ABP), gallstone disease (GSD), papillosphincterotomy (EPST).

ABILITY TO DIAGNOSE CHRONIC EXTERNAL BILIARY FISTULA CALCULOUS ORIGIN

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Introduction: Chronic external biliary fistulas occur in 0.4-2.4% of patients with diseases of the biliary tract and are likely to be one of the complications of surgical treatment of diseases of the biliary tract.

Aim: Choose the most appropriate methods of diagnosis of chronic external biliary fistula calculous etiology by improving the diagnostic algorithm.

Materials and methods: Analyzed the results of diagnosis 86 patients with chronic external biliary fistula. 79 were operated previously in other hospitals. Fistula after they have formed the following operations: cholecystostomy - 23, cholecystectomy, holedohostomii on Wisniewski - 37, cholecystectomy, choledochostomy through the cystic duct stump - 24, holedohostomii - 2. Of the 86 patients 72 were operated in urgent procedure. To clarify the diagnosis chronic external biliary fistula used the following

methods: fistulocholangiography - 76, ultrasound - 71 CT - 32, fistulocholangioscopy - 9, endoscopic retrograde cholangiopancreatography - 9, the definition of sterkobilina in feces and urine urobilin - 30, determination of bilirubin in the fistulous the discharge - 17, test with methylene blue - 16.

Results: One of the most informative methods for studying bile fistula is fistulocholangiography. With it identified: bile duct stones - for 74 people, cystic duct stone - 12, stenosis of the sphincter of Oddi - 48 people. Endoscopic retrograde pancreatography performed in 9 patients with follow-up and removal of stone papillosfinkterotomiey of choledochal - in 5. The accuracy of ultrasound in detecting choledocholithiasis was 86%, computed tomography - 92.3%. Fistulocholangioscopy with lithotomy was effective in 9 patients.

Conclusions: None of the methods of preoperative diagnosis of chronic external biliary fistula is universal. The most valuable diagnostic information about the state of the bile ducts give fistulocholangiography, endoscopic retrograde pancreatography in some cases supplemented by ultrasound or computed tomography.

Key words: external biliary fistula calculous etiology, fistulocholangiography, endoscopic retrograde pancreatography.

THE ROLE OF CT AND BIOPSY IN THE ASSESSMENT OF NASOPHARYNGEAL CARCINOMA

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Introduction: Nasopharyngeal carcinoma is the most common cancer originating in the nasopharynx. However, the lack of symptoms makes it difficult to diagnose. It is most frequent in males and when it occurs in women, viral and genetic factors are involved.

Methods: We present the case of a female patient who was admitted to the hospital with severe headache and tinnitus. Symptoms started 3 months prior to hospitalization, but without response to analgesics. She was diagnosed in March 2011 with mild hypertension, but she did not follow any treatment.

We performed a complete examination of the patient. Except for high blood pressure (180 mmHg/70mmHg) and increased VSH the analyses were normal. In June 2011 the patient came to our clinic complaining of the same symptoms. During physical examination we discovered a latero-cervical nodular formation, not as a result of a number of diagnostic modalities were used in order to evaluate and determine the diagnosis: thyroid echography, barium examination of esophagus, stomach and duodenum, abdominal echography, CT.

Results: CT and the biopsy of the formation confirmed the diagnosis: nasopharyngeal carcinoma.

Conclusion: The paraclinical examination is fundamental and most valuable step in order to put the right diagnosis in this particular case.

Key words: carcinoma, CT, headache, hypertension.