Surgery Section

Juxtapapillary Diverticulas

S.Suman, Ala Suman

State Medical and Pharmaceutical University «Nicolae Testemitanu», Chisinau, Republic of Moldova

Duodenal diverticulas incidence is 10% of the total number of gastrointestinal tract diverticulas, 70% being localized in D2 peri- or parapillary. These can affect all layers of the duodenal wall or just the mucosa, which herniates through the weak points – vessel and common bile duct penetration points in D2. One hundred and thirty four bilio-duodeno-pancreatic specimens collected within 12 hours, from fresh human cadavers, with age range 18-85 years, without upper gastrointestinal pathology, fixed in 10% formaline for 15 days were examined. Methods – anatomical micro- and macropreparation, morphometry, common bile duct/duodenal angle measurement, histotoporaphy and frequency appreciation of the pancreatic channel of the common bile duct were performed. In 11.16% juxtapapillary diverticulas were observed Peripapillary diverticulas incidence – 67%, while parapapillary diverticulas incidence was 33%. Pancreatic channel was observed in 30% and its length varied from 4 to 7 mm. In 75% the common bile duct/duodenal angle was 20°-45° and in 25% - 20°-90°. The diameter of the common bile duct in the supraduodenal, pancreatic and intramural portions was in the range 1-3 mm. The determining factors for distal common bile duct stricture were: 1-diverticulary length; 2-diverticulary axe; 3-diverticulary diameter; 4-diverticulary opening diameter. The anatomical particularities of the juxtapapillary diverticulas impair the biliary tree drainage by compression of the distal part of the common bile duct. Under these circumstances strictures, bile and wirsung stasis occurs with subhepatic jaundice, colangitis and chronic pancreatitis.

Aneurysmal Dilatations of the Vascular Access for Hemodyalisis: Surgical Treatment

Cernat Mircea, Andrei Vasiliev

Academic adviser: Igor Misin M.D., Ph.D.
Department of Hemodialysis, National Center of Emergency Medicine, Chisinau, Republic of Moldova
State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova
Laboratory of Hepato-Bilio-Pancreatic Surgery, Chisinau, Republic of Moldova

The aim of the research is to choose the optimal methods of diagnosis and rational surgical treatment in patients with aneurysmal type dilatations (ATD) who are on dialysis. Dilatation type aneurysms (DTA) are part of the late complications of arterio-venous fistula (AVF) and can be seen in all types of fistulas, as a result of both repeated puncture and decreased vein elasticity. Surgical management is controversial for DTA. In the study were included 15 patients with CRF, stage V (KDOQI) who are on dialysis in the department of Hemodialysis (HD) in the CNŞPMU with AVF dysfunction caused by DTA between 2006-2009. The mean age was 51,07±3,05 years (34 – 75 years). The male/female ratio was 6/8. The mean treatment period of iterative HD was 6,54±0,76 years (2-12 years). The mean period of time of aneurysm occurrence from the formation of AVF was 45,38±9,47 months (6-84 months). Using Dupplex ultrasound preoperative is compulsory both for the assessment of peripheral vascular system condition, and for setting the diagnosis. In 9 patients indications for surgical treatment were: a) decrease of blood flow in AVF (n=2); b) spontaneous

rupture of the aneurysm of the AVF with external bleeding (n=2); c) pseudoaneurysm with PTFE graft infection (n=1); d) presence of calcinates in the aneurysm wall and of pain syndrome (n=1); e) aneurysm of the AVF in association with stenosis and partial thrombosis (n=3). According to location, the DTA are situated: on anastomosis line (n=2), at the puncture site (n=4), partial venous aneurysm (n=2), pseudoaneurysm of the polytetrafluoroethylene (PTFE) graft (n=1). Surgical treatment was performed in 9 (60%) from 15 patients. Following types of surgical correction were used: aneurysmectomy + AVF formation using PTFE graft (n=2), resection of the aneurysm with the reestablishment of native AVF with a segment of PTFE (n=1), resection of the aneurysm + reconstruction of the native AVF (n=4), aneurysmectomy + central venous catheter (n=1), reconstruction of synthetic AVF (PTFE) (n=1). The surgical option is made according to the size of the aneurysm, blood flow in the AVF and the patient's vascular supply. The goal of the surgical treatment is to preserve the native AVF, but in case of absence of necessary peripheral vascular reserves – synthetic PTFE graft is recommended to form a new vascular access.

Optimal Type and Timing for Cholecystectomy in Patients with Acute Biliary Pancreatitis

Ala Suman, S. Suman

State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Pharmacological management in patients with acute biliary pancreatitis could result in elevated number of its complications. The type of surgery, endoscopical management and timing for these procedures is controversial. For the present study 62 patients with acute biliary pancreatitis were selected. The diagnosis was confirmed by laboratory (blood and urine amylase level) and paraclinic (USG, ERCP with papillosphyncterotomy) tests. In all cases elevated level of urine amylase was detected and in 32.3% - elevated blood bilirubin level. In all patients with signs of elevated pressure in the biliary tree - ERCP with papillosphyncterotomy was performed. In 26(42%) choledocholithiasis was diagnosed while in 36(58%) – other reasons of biliary tract obstruction. In case of choledocholithiasis and patients' positive evolution, confirmed by instrumental and laboratory tests, ERCP and papillosphyncterotomy was performed within 24-48 h. form admission. These patients underwent surgery within 6-7 days, after general condition improvement – confirmed by laboratory tests. Laparoscopic cholecystectomy was performed in 60, while traditional surgery – in 2 cases. Laparoscopic cholecystectomy in patients with acute biliary pancreatitis can be performed after biliary tree decompression by means of ERCP with papillosphyncterotomy and improvement in patients' general condition. Laparoscopic cholecystectomy is considered "golden standard" for the treatment of acute biliary pancreatitis.

Surgical Management of Mesenteric Ischemia

Cernat Mircea, Ion Craciun, Gheorghe Zastavnitchi

Academic adviser: Igor Misin, M.D., Ph.D.
State Medical and Pharmaceutical University "Nicolae Testemițanu", Chisinau, Republic of Moldova
Laboratory of Hepato-Bilio-Pancreatic Surgery, Chisinau, Republic of Moldova
National Center of Emergency Medicine, Chisinau, Republic of Moldova

The aim of the research was to assess the initial results of the application of "Damage Control Surgery" (DCS) principle in the treatment of acute mesenteric ischemia (AMI). Despite the successes achieved in the surgical treatment of the AMI the lethality rate in this group of patients is still 70-