debatable discordance.
Materials and methods. 8 patients are presented: 5 men and 3 women, of average age, hospitalized in SCM “Sf. Arh.Mihail” between 2008-2018.
Results. During hospitalization in 6 cases, a large post-surgery eventration complicated with phlegmon and acute intestinal occlusion was determined during the radiological examination. In 2 cases of post-surgery eventration after gastric bypass for morbid obesity, in cutaneous hyperemia, irreducibility, lack of hydro-aerial levels, peritoneal signs are attested. Indications are given for emergency surgical treatment. Surgery – en bloc excision of the phlegmon of the eventration sac with resection of the small intestine and L-L anastomosis. Plastic surgery with synthetic mesh in 6 cases. In 2 intraoperative cases, perforated duodenal ulcer, stomach excluded, diffuse peritonitis is determined. Ulcer suturing, gastrostomy application, abdominal defect plasty with synthetic mesh substitution procedure, abdominal and subcutaneous drainage. Simple evolution.
Conclusions. Substitution mesh can be applied in large abdominal parietal defects in septic conditions. Adequate drainage, antibiotic therapy, ensures favorable evolution.

STUDIEREA EFICIENȚEI PRESIUNII NEGATIVE ASISTATE UTILIZATE ÎN TRATAMENTUL EVENTRAȚIEI SUPURATE POSTLAPAROTOMICE

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Scopul lucrării. În ciuda numărului mare de metode chirurgicale folosite pentru lichidarea eventrației supurate, rezultatele operațiilor rămân și până în prezent nesatisfăcătoare. Scopul este studierea eficienței presiunii negative asistate (VAC) în tratamentul eventrații supurate post laparotomie.
Materiale şi metode. Prezentăm 21 pacienţi trataţi de eventrații supurate postlaparotomice în perioada anilor 2013-2022. Raportul dintre B:F =2,5:1. Vârsta pacienţilor a variat de la 18 până la 85 ani. Pacienții cu eventrație de gradul I au fost 3, gradul II – 7, gradul III – 9, gradul IV - 2. Eficienţa utilizării VAC a fost demonstrată: clinic, microbiologic și citologic.
Rezultate. Utilizarea VAC a micșorat cantitatea de microbi în plagă de la 5,4 •10^6 ± 1.03•10^6 până la 5,5•10^3 ± 1,2•10^3, a mărit cantitatea de leucocite vii de la 11,4 ± 4,3 până la 87,5 ± 6,4 %, a micșorat numărul de microorganisme la 100 leucocite de la 52 ± 9 până la 3 ± 1.La 17 (81%) pacienți sub protecția VAC a fost posibilă lichidarea completă a retracției fasciale și închiderea definitivă a plăgii laparotomice. Plăgile în 3 cazuri au fost închise cu grefă de piele despicată, iar într-un caz cu țesuturi locale.
Concluzii. VAC creează condiții optime pentru închiderea definitivă a cavităţii abdominale și poate fi pe larg utilizată în tratamentul eventrațiilor supurate postlaparotomice.
Cuvinte cheie. Eventrație în plagă purulentă,VAC, retracție fascială, plagă laparotomică.

STUDYING THE EFFECTIVENESS OF ASSISTED NEGATIVE PRESSURE USED IN THE TREATMENT OF POST-LAPAROTOMY PURULENT EVENTRATION

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Aim of study. Despite the large number of surgical methods used for the treatment of suppurating eventration, the results of the operations remain unsatisfactory until now. The aim is studying the effectiveness of assisted negative pressure (VAC) in the treatment of post-laparotomy suppurative eventration.
Materials and methods. We present 21 patients treated for post-laparotomy purulent eventrations between 2013 and 2022. The ratio M:F =2.5:1. The age varied from 18 to 85 years. Grade I eventration - 3 patients, grade II – 7, grade III – 9, grade IV - 2. The efficiency of using VAC was demonstrated: clinically, microbiologically, and cytologically.
Results. The use of VAC decreased the amount of microorganisms in the wound from 5.4•10^6 ± 1.3•10^6 to 5.5•10^3 ± 1.2•10^3, increased the amount of live leukocytes from 11.4 ± 4.3 to 87.5 ± 6.4 %, reduced the number of microorganisms per 100 leukocytes from 52 ± 7 to 3 ± 1. In 17 (81%) patients under VAC protection it was possible to completely eliminate the fascial retraction and definitively close the laparotomy wound. The wounds in 3 cases were closed with a split skin graft, and in one case with local tissues.
Conclusions. VAC creates optimal conditions for definitive closure of the abdominal cavity and can be widely used in the treatment of purulent post-laparotomy eventration.
Keywords. Eventration in purulent wound, VAC, fascial retraction, laparotomy wound.

INSIGHTS INTO MESH PLACEMENT IN CONTAMINATED SURGICAL FIELDS FOR ABDOMINAL WALL REPAIR - FROM PROHIBITION TO POSSIBILITY

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Surgical field contamination is a critical concern during abdominal wall prosthetic repair, as it significantly affects the risk of postoperative infections. This review paper combines an extensive analysis of relevant literature with personal experience to explore the challenges and advancements in the placement of mesh in contaminated surgical fields for the management of abdominal wall defects. Historically, the presence of any surgical field contamination was considered a contraindication for prosthetic placement due to the high risk of infection. However, with evolving understanding of the physiology and pathophysiology of biologic reaction around

the mesh, as well as the development of various mesh types, the landscape has changed. The emerging understanding of host-mesh interaction, biofilm formation, and local tissue response has contributed to the development of innovative mesh designs that improve outcomes in challenging surgical scenarios. With meticulous surgical technique, adherence to infection prevention protocols, and the appropriate choice of mesh, successful abdominal wall prosthetic repair in contaminated fields is now feasible, opening new possibilities for patients with ventral and incisional hernias.
Keywords: contaminated field, abdominal wall defects, mesh