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Aim of study. In contemporary surgery, there is a tendency to treat abdominal aortic aneurysms through endovascular methods (approximately 65% of all aneurysms). However, open interventions remain routine due to the available resources at the moment. Additionally, globally, 25-45% of patients exhibit unsuitable morphology for endovascular treatment of abdominal aortic aneurysms. The aim of the study is to retrospectively examine the experience of the Vascular Surgery Department at SCR "T. Mosneaga" in open interventions for abdominal aortic aneurysms over the past 35 years.

Materials and methods. From 1988 to 2022, open interventions were performed on 325 patients with abdominal aortic aneurysms, of which 76 patients (23.4%) had complicated aneurysms due to rupture. The majority of patients underwent aneurysm resection with aorto-aortic, aorto-iliac, or femoral prosthetic graft placement, with reimplantation of aortic branches and/or distal revascularization as needed. Only in a patient with resection of a ruptured aortic aneurysm associated with primary aortocolic fistula, lower limb revascularization was achieved through an axillo-bifemoral bypass.

Results. Due to the refinement of surgical techniques, anesthesia, and intensive care measures, postoperative mortality decreased from 11.5% in uncomplicated aneurysms and 65% in ruptured aneurysms from 1988 to 2003 to 5.3% and 20%, respectively, in subsequent years.

Conclusions. Early diagnosis of abdominal aortic aneurysms is insufficient, leading to a high percentage of ruptured aneurysms. The widespread use of endovascular treatment methods is necessary to reduce perioperative complications. However, the inclusion of classical/open techniques for resolving abdominal aortic aneurysms should not be excluded from the vascular surgeon's arsenal. **Keywords.** AAA, EVAR

ELONGAREA PATOLOGICĂ A ARTEREI CAROTIDE INTERNE: TRATAMENT CHIRURGICAL ȘI REZULTATELE POSTOPERATORII IMEDIATE

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Scopul lucrării. În structura cauzelor dezvoltării insuficienței cerebrovasculare, elongarea patologică a arterei carotide interne ocupă locul 2, după afectarea aterosclerotică. Prevalența dolicoarteriopatiei la populația generală se estimează a fi de la 10 la 40 %, iar de la 16% până la 56 % din pacienți au în anamnestic deficit neurologic tranzitor sau permanent. Scopul lucrării este optimizarea tehnicilor chirurgicale și aprecierea eficienței postoperatorii imediate la pacienții cu elongare patologică a arterei carotide interne.

Materiale și metode. Studiul efectuat reprezintă o analiză retrospectivă a 243 pacienți, tratați în cadrul IMSP SCR "Timofei Moșneaga", secția de Chirurgie Vasculară în perioada 2002-2022.

Rezultate. La pacienții supuși studiului s-a efectuat 258 intervenții chirurgicale. Rezultatele imediate au fost: la 230 pacienți (89.14 %) a dispărut simptomatologia preoperatorie, AVC ischemic s-a înregistrat la 1 pacient, sindrom coronarian acut sau deces nu s-a înregistrat la nici un pacient din lotul studiat.

Concluzii. Luând în considerare rata mică de complicații periprocedurale precum și eficacitatea postoperatorie imediată evidentă, putem spune că intervenția chirurgicală în tratamentul elongărilor patologice ale arterelor carotide interne reprezintă o metoda sigură și eficientă pentru prevenirea accidentelor vasculare cerebrale acute și îmbunătățirea calității vieții pacienților.

Cuvinte cheie. Elongare patologică, arteră carotidă internă, kinking, tortuozitate, coilling

PATHOLOGICAL ELONGATION OF THE INTERNAL CAROTID ARTERY: SURGICAL TREATMENT AND IMMEDIATE POSTOPERATIVE RESULTS

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Aim of study. Among the causes contributing to the development of cerebrovascular insufficiency, pathological elongation of the internal carotid artery ranks second after atherosclerotic involvement. The prevalence of dolichoarteriopathy in the general population is estimated to range from 10% to 40%, and between 16% and 56% of patients have a history of transient or permanent neurological deficits. The aim of this study was to optimize surgical techniques and assess immediate postoperative efficacy in patients with pathological elongation of the internal carotid artery.

Materials and methods. This study represents a retrospective analysis of 243 patients treated at the State Medical and Pharmaceutical University "Timofei Moșneaga", Department of Vascular Surgery, between 2002 and 2022.

Results. A total of 258 surgical interventions were performed in the study group. The immediate results were as follows: symptomatology disappeared in 230 patients (89.14%), one patient experienced an ischemic stroke, and no cases of acute coronary syndrome or death were recorded among the studied patients.

Conclusions. Considering the low rate of periprocedural complications and the evident immediate postoperative effectiveness, it can be concluded that surgical intervention for the treatment of pathological elongation of the internal carotid artery is a safe and efficient method for preventing acute cerebrovascular accidents and improving the quality of life for patients.

Keywords. Pathological elongation, internal carotid artery, kinking, tortuosity, coiling