

sau de Purastat, tehnici la care se poate face apel in cazul in care tehnicile clasice au esuat.

TREATMENT OF UPPER DIGESTIVE BLEEDING IN SURGICAL PATIENTS

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Upper digestive bleeding is a severe complication in surgical patients, that rises their morbidity and mortality rates.

This complication can be classified as early or late, depending on the postoperative moment it occurs.

The treatment of upper digestive bleeding in these patients can be conservative, endoscopic or surgical.

Taking into account the fact that the surgical patient is a fragile patient, with high operative risk, it is preferable in these cases to avoid the reintervention. The choice of endoscopic timing is also very important: the patient has to be in a stable state, because endoscopy is also an invasive procedure.

The endoscopic treatment of the surgical patient has some characteristics, because it is vital to protect the integrity of the anastomosis (if the surgery involved the superior digestive tract), and the endoscopic technique must be adapted consistently. Therefore, it is important to use a flexible endoscope, to insufflate minimally and to utilize hemostatic techniques that do not compromise the anastomotic integrity.

The hemostatic techniques are the same used in general in case of upper digestive bleeding, and we want to remind that injecting adrenaline alone is not a sufficient hemostatic technique. There are also new methods that we want to discuss, like OVESCO, Hemospray or Purastat, methods that can be used when the classic techniques did not work.

CONSIDERAȚII ALE BRONHOSCOPIEI CU ANESTEZIE GENERALĂ ÎN DIAGNOSTICUL NEOPLASMELOR PULMONARE



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Progresele tehnologice ale bronhoscopiei continuă sa se îmbunătățească cu pași rapizi. Aceste progrese ne îmbunătățesc capacitatea de a efectua evaluări miniinvasive ale arborelui traheobronșic. Examenul bronhoscopic a devenit extrem de important în patologia oncologică a plămânilor. Deasemenea în cazul Bronhoscopiei, odată cu progresul tehnico științific ne permite deja de a efectua o gamă tot mai mare de intervenții endoscopice, terapeutice și paliative. Rolul de diagnostic al Bronhoscopiei va continua să evolueze pe măsură ce se fac îmbunătățiri la bronhoscoape, echipamente accesorii și în noile tehnologii imagistice. Provocarea majoră rămâne implementarea de noi tehnologii și de tehnică bronhoscopică în practica clinică curentă. Totodată apariția Bronhoscopiei diagnostice avansate a arătat o cerere crescută pentru anesteziști care să administreze anestezie în sala de intervenții endoscopice. În această prezentare descriem procedeul bronhoscopic cu managementul anestezic la instituția noastră Institutul Oncologic Chișinău.

Cuvinte cheie: Bronhoscopie, neoplasme pulmonare, managementul căilor respiratorii, anestezie.

CONSIDERATIONS OF BRONCHOSCOPY WITH GENERAL ANESTHESIA IN THE DIAGNOSIS OF PULMONARY NEOPLASMS

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Technological advances in bronchoscopy continue to improve rapidly. These advances improve our ability to perform minimally invasive assessments of the tracheobronchial tree. Bronchoscopic examination has become extremely important in oncological pathology of the lungs. Also in the case of Bronchoscopy, together with technical and scientific progress, it already allows us to perform a growing range of endoscopic, therapeutic and palliative interventions. Bronchoscopy's diagnostic role will continue to evolve as improvements are made in bronchoscopes, accessory equipment, and new imaging technologies. The major challenge remains the implementation of new technologies and bronchoscopic technique in current clinical practice. At the same time, the advent of advanced diagnostic Bronchoscopy has shown an increased demand for anesthetists to administer anesthesia in the endoscopic surgery room. In this presentation we describe the bronchoscopic procedure with anesthetic management at our institution, the Chisinau Oncological Institute.

Keywords: Bronchoscopy, lung neoplasms, airway management, anesthesia.

TRATAMENTUL ENDOSCOPIC AL HEMORAGIEI DIGESTIVE SUPERIOARE VARICEALE



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Hemoragia digestiva superioara variceala este o complicatie severa in cazul pacientilor cu hipertensiune portala, avand o rata ridicata de mortalitate.

De cele mai multe ori este vorba despre hemoragii de la nivelul varicelor esofagiene. In cazuri mai rare hemoragia are originea la nivelul varicelor gastrice, situatie in care mortalitatea este mult mai ridicata.

Tratamentul hemoragiilor variceale prezinta un moment pre-endoscopic (reechilibrarea pacientului, administrarea de Terlipresina sau