Aim of study. Peutz–Jeghers syndrome (PJS) is a very rare autosomal dominant genetic disorder characterized by hamartomatous polyps in the gastrointestinal tract and mucocutaneous pigmentation. Prevalence of PJS is estimated from 1/8300 to 1/280,000 individuals. PJS predisposes sufferers to various malignancies. The polyps are located predominantly in the small intestine and usually cause intussusceptions.
Materials and methods. A 19-year-old male presented to the emergency department with signs and symptoms of an acute bowel obstruction. He had 2 days of abdominal pain and distension. Multiple hyperpigmented round lesions were found around the mouth and in the buccal mucosa. Abdominal X-ray examination demonstrated small bowel obstruction. Laparotomy revealed long segment (≈1m) jejuno-jejunal intussusception. Reduction of this intussusception was successfully done and segmental resection of the affected segment showed presence of 16 pedunculated polyps. Additionally enterotomy with polypectomy were performed. Histopathological evaluation confirmed the diagnosis of hamartomatous PJ polyps with no malignancy.
Results. The postoperative period was uneventful and the patient discharged 11 days after surgery. Some months later, diagnostic endoscopy showed multiple polyps (between 5 and 20 mm) in the large bowel and stomach. The polyps were removed during numerous endoscopic procedures with polypectomy and examined histopathologically, showing characteristics of PJS.
Conclusions. Recurrent intussusception and repeated laparotomy with resections and eventual short bowel syndrome is a major problem in these patients. In order to prevent cancer and short bowel syndrome, aggressive screening is recommended.
Keywords. Hamartomatous polyp, intussusception, Peutz-Jeghers syndrome

MUCOCEL APENDICULAR. CAZURI CLINICE

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Scopul lucrării. Mucocelul apendicular este o entitate patologică caracterizată prin dilatarea chistică a apendicelui, datorită secreției anormale de mucinos apendicular. Prezintă incidența scăzută, secundar afecțiunilor benigne (hiperplazie mucinoasă și chistadenom) sau maligne (chistadenocarcinom).
Materiale și metode. Am analizat cinci pacienți tratați pentru mucocel apendicular în perioada 2012-2023 în Clinica Chirurgie nr.2, USMF ,,N.Testemițanu,, cu vârsta cuprinsă între 24-92 de ani și evaluată modalitatea de diagnostic și tratament chirurgical.
Rezultate. Manifestările clinice au fost variate, nespecifice, frecvent au simulat alte afecțiuni chirurgicale abdominale. Examenul preoperator imagistic, ecografic de rutină şi tomografia computerizată în 3 cazuri au confirmat mucocelul apendicular. Diagnosticul a fost confirmat intraoperator, volumul intervenției chirurgicale fiind rezolvat individual. Studiul anatomopatologic a pieselor operatorii a stabilit diagnosticul etiologic și histopatologic. Explorarea intraoperatorie a organelor cavității peritoneale și a bazinului mic a fost obligatorie în diagnosticul diferențial cu formațiunile chistice ale anexelor uterine și ale organelor cavității abdominale.
Concluzii. Mucocelul apendicular se referă la bolile chirurgicale rare, manifestând un tablou clinic nespecific. Explorarea clinic-imagistică, histopatologică minuțioasă a fiecărui pacient, determină corect strategiile chirurgicale.
Cuvinte cheie. Mucocel apendicular, apendice vermiform, chistadenom, apendicită acută.

APPENDICULAR MUCOCELE. CLINICAL CASE

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Aim of study. Appendicular mucocele is a pathology characterized by cystic dilatation of the appendix, due to abnormal secretion of appendicular mucinous. It has low incidence, secondary to benign (mucinous hyperplasia and cystadenoma) or malignant (cystadenocarcinoma) conditions.
Materials and methods. We analyzed five patients treated for appendicular mucocele in the period 2011-2023 in Surgery Clinic no.2, USMF,, N. Testemitanu,, aged between 24-92 years and evaluated the method of diagnosis and surgical treatment.
Results. Clinical manifestations were varied, nonspecific, and frequently simulated other abdominal surgical conditions. Preoperative imaging, routine ultrasound examination and computed tomography in 3 cases confirmed the appendicular mucocele. The diagnosis was confirmed intraoperatively, the volume of surgical intervention being solved individually. Anatomopathological examination of the operative parts established the etiological and histopathological diagnosis. Intraoperative exploration of the organs of the peritoneal cavity and small pelvis was mandatory in differential diagnosis with cystic formations of the uterine appendages and organs of the abdominal cavity.
Conclusions. Appendicular mucocele refers to rare surgical diseases, manifested by a nonspecific clinical picture. The thorough clinical – imaging, histopathological exploration of each patient correctly determines surgical strategies.
Keywords. Appendicular mucocele, vermiform appendix, cystadenoma, acute appendicitis.

TAMIS- CHIRURGIA TRANSANALĂ MINIM INVAZIVĂ: EXPERIENȚA NOASTRĂ INIȚIALĂ

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Scopul lucrării. Autorii prezintă experiența chirurgiei TAMIS cu platforma GELPOINT PATH, Applied Medical.
Materiale și metode. Între 02.2021 și 02.2023 au fost operați 7 pacienți: 4 de sex feminin și 3 de sex masculin. Vârsta medie de 62 (44-81) ani. Riscul anestezic ASA I-III. Diametrul cranio-caudal al tumorii 3.2 (2-4.5) cm. Distanța medie de la joncțiunea anorectală