ISSN:1810-1852
Nr. 3 (72) 2019
(ediție specială)

Arta Medica

REZUMATE

18-20 septembrie 2019

Capitoles Park
*cu participare internațională

Al XIII-lea
CONGRES AL ASOCIAȚIEI CHIRURGILOR „NICOLAE ANESTIADI” DIN REPUBLICA MOLDOVA

și al III-lea
CONGRES AL SOCIETĂȚII DE ENDOSCOPIE, CHIRURGIE MINIMINVAZIVĂ ȘI ULTRASONOGRAFIE „V. M. GUȚU” DIN REPUBLICA MOLDOVA

www.congreschirurgie2019.md

ISSN 1810-1852
9 771810 185003 >

of anatomical and physiological functions in cases of patients with tissue failure and serious scarring. Postoperative complications have manifested in 9 cases (6.7%). Accumulation of subaponeural exudate - 5 patients. Postoperative lymph node - 1. Hematoma - 2. Postoperative wound suppression with synthetic mesh regression - 1. In late postoperative postoperative migration of synthetic mesh with the development of hernia recurrence occurred in 2 cases (1.5%).

Conclusion:

- the use of alloplasty produces minimal trauma during the quiet postoperative period with a less pronounced algal syndrome.- postoperative period in the hospital is reduced, the recovery period is shorter
- alloplasty is a method of choice in patients with complicated and relapsing hernias. The widespread use of alloplasty in everyday surgery is recommended.

Keywords: Recurrent hernia; Allotransplant; Surgical treatment

BIOLOGICAL STIMULATION OF DIABETIC ULCERS HEALING

PETRUSHENKO VV[1], GREBENIUK DI[1], APASOVA NV[1]

[1]Department of Endoscopic and Cardiovascular Surgery, National Pirogov Memorial Medical University, Vinnytsya, Ukraine

Introduction: Despite many studies, diabetes does not respond to radical treatment, and footulcers do not heal for a long time.
Aim: The aim of our study was toevaluatethe reparatory effect of platelet-rich plasma (PRP) in the treatment of patients with diabetic foot in stage 2.
Materials and methods: The study included 32 patients with diagnosis of diabetic foot in stage 2. At the time of inclusion in the study, all patients had a defect of the skin and subcutaneous fat on the foot, measuring 3-6 cm^2, which was not corrected by traditional methods for 3-4 months. All patients were divided in 2 groups: comparison group (n=18 (56.25%) – standard therapy; study group (n=14;43.75%) – standard therapy and local serial administration of PRP. The area of the ulcers was measured before manipulation, as well as at 1 week intervals until the ulcer was completely healed.
Results: Our experience with PRP in the treatment of patients with diabetic foot in stage 2 demonstrated the effectiveness of this technique. A progressive, significant ($p<0.01$) decrease in the area of the ulcerative defect starting from the 14th day was noted. When using PRP, we managed to achieve complete healing of diabetic ulcers in 64.2% of patients on day 35 and in 100% of patients on day 42.
Conclusion: Local administration of an PRP allows the complete healing of diabetic ulcers in stage 2 with an area of 3-6 cm^2 for 6 weeks.
Keywords: diabetic ulcer, platelet-rich plasma, reparation.

SEMNUL ULTRASONOGRAFIC DETERMINAT ÎN CAZ DE SARCINĂ EXTRAUTERINĂ PROGRESIVĂ

PITEL EV[1], DEMENIUC IA[2]

[1]Clinica Privată "Sanatate EVP", Chisinau, Republica Moldova; [2]Centrul Servicii Medicale, Policlinic de Ambulator, Tighina, Republica Moldova

Introducere: Ultrasonografia în sarcină ectopică progresivă este singura metodă neinvazivă în medicina mondială și modernă. Cercetarea dată a constat în determinarea semnelor ultrasonografice certe a sarcinei extrauterine.
Material şi metodă: Au fost examinate 45 paciente cu suspecţie la sarcină extrauterină. In 36 cazuri s-a depistat sarcina extrauterină, din care 33 (91,7%), forma progresivă. Examinarea s-a efectuat cu dispozitivul SSD-500, ALOKA (Japonia), endocavitar cu senzor 5 MHz.
Rezultate: Analiza retrospectivă a cazurilor clinice de sarcină extrauterină progresivă cu localizarea în trompele uterine (98%), a evidențiat unul și același semn ecografic, și anume: vizualizarea în afara uterului, a unei formațiuni echopozitive de formă rotundă sau ovală, de o densitate acustică medie, cu un centru anecogen sau hipoecogen, care reprezintă un ovul fecundat sau un făt, diametrul căruia corelează cu perioada de gestație prin amenoree. În regimul de cartografiere colorată, fluxul sanguin din această formațiune reprezintă fluxul excentric neînchis, ceea ce îl diferențiază de fluxul sanguin închis din regiunea corpului galben.
Concluzii: Aceste semne au fost sistematizate într-un semn comun, denumit de autori, ca simptomul "Demeniuc-Pitel". Certificat de înregistrare a obiectelor dreptului de autor si drepturilor conexe (Seria 0 Nr.6291 din 04.03.2019).
Cuvinte cheie: ultrasonografia, sarcină extrauterină, semne

ULTRASOUND SIGN FOUND IN PROGRESSIVE EXTRAUTERINE PREGNANCY

Introduction: The ultrasound in the progressive ectopic pregnancy is the only non-invasive method in modern global medicine. The following research publication consists in effective determination using extrauterine pregnancy ultrasound.
Method and materials: 45 patients were examined with suspicion of extrauterine pregnancy. In 36 cases was determined the extrauterine pregnancy, from which 33 (91.7%) cases was a progressive pregnancy. The exams were performed using SSD-500, ALOKA (Japan), endocavitary, using 5 MHz sensor.
Results: As a result of the analysis, within the progressive extra uterine pregnancy, predominantly found in fallopian tubes (98%), we succeeded in to unify the same echographic sign: the visualization outside the uterus of a echo positive formation of a round or oval form, that has a medium acoustic density, with a anecogen or hypoecogen center, that represents a fecundated ovule or fetus. Its diameter correlates with the gestation period through amenorrhea. In the color cartographic mode, the blood flow within this formation represents eccentric, unclosed flow, which differentiates it from the closed blood flow, from the yellow body zone.