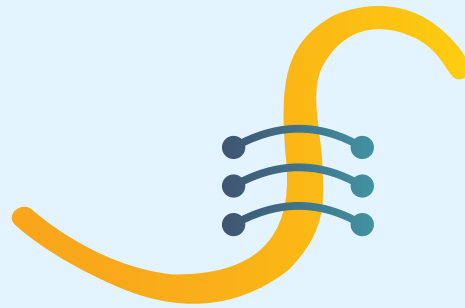


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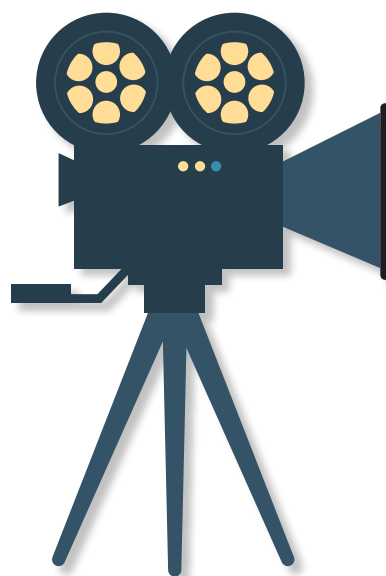
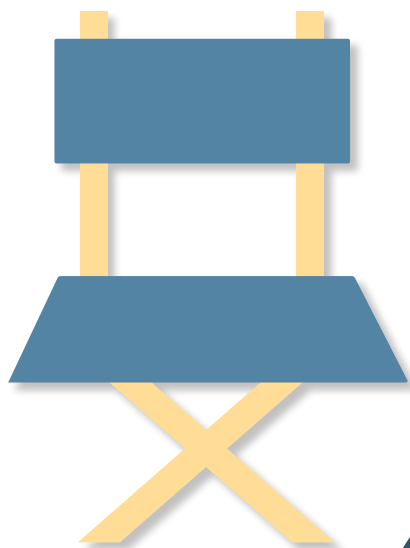


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DEBATE SECTION



ONSITE DEBATE SECTION:

Autologous versus Implant-based Breast Reconstruction

Team A Autologous

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Introduction

Reconstructive breast surgery has been a key element of surgical therapy for breast carcinoma for decades, to restore physical integrity and improve the quality of life in affected patients. Reconstructive breast surgery following total or partial mastectomy can be performed via Autologous or Implant-based Breast Reconstruction. Autologous Breast Reconstruction involves rebuilding the breast only with the patient's body parts, using pedicled flaps or free perforator flaps. The presented paper recounts the advantages of Autologous Breast Reconstruction, represented by increased patient satisfaction and quality of life, a limited spectrum of complications, long-lasting results, and body contouring at the donor site.

Argument 1

Patient-reported outcomes following breast reconstruction are one of the most important success parameters. Even if autologous reconstruction (AR) is less common and represents approximately 19% of breast reconstruction procedures, AR has traditionally been associated with better patient satisfaction and quality of life outcomes than IBR (implant-based reconstruction). After a systematic search in the PubMed database, we analyze the five most commonly reported Breast- Q modules, including studies that presented data regarding satisfaction with breast, satisfaction with the outcome, psychosocial well-being, sexual well-being, and physical well-being. The BREAST-Q is a rigorously developed patient-reported outcome measure for use in cosmetic and reconstructive breast surgery and clinical practice. Overall satisfaction with the outcome, as well as satisfaction with the breast, was significantly higher among patients with AR (Breast-Q difference between the two groups was 9.82, $p=0.004$, and 10.33, $p<0.00001$, respectively). Sexual and psychosocial well-being was higher among AR (the difference between the two groups was 4.72, $p=0.004$, and 5.59, $p=0.002$, respectively). AR is more time-stable compared to IBR where it has been shown that satisfaction deteriorates in the long term.

Argument 2

Secondly, each of the two methods used in Reconstructive Breast Surgery comes with different complications. The main complications of Autologous Tissue Reconstruction are flap and fat tissue necrosis, hernia, and lower abdominal flaccidity. The complication rate fluctuates with the anatomical peculiarities of the patient and with the surgeon's experience. To augment this idea, in a sample of 3296 patients who underwent Autologous Breast Reconstruction within the National Surgical Quality Improvement Program, flap failure and reoperation rates were less than 2% and 5% respectively, when reconstructions were performed by experienced operators. Other complications such as seroma and hematoma can emerge, but they are not specific to this procedure - early occurrence of seroma is more common after implant reconstruction than after flap-based breast reconstruction, while hematomas are a rare complication of breast reconstruction overall (<2%). Another major advantage of Autologous Breast Reconstruction

is the lack of autoimmune adverse reactions. In contrast, Implant-Based Reconstruction is associated with various immunological effects, including inflammatory arthritis, Sjögren's syndrome, systemic sclerosis, and lupus-like syndromes. In a sample of 1576 patients who underwent breast augmentation, the silicones were thought to cause cognitive impairment and myalgia, as 80% of women's removal of the SBI resulted in amelioration of symptoms. Moreover, studies confirm a link between silicone material and chronic immune stimulation that leads to autoimmune dysautonomia, reflected in the appearance of autoantibodies against G protein-coupled receptors of the autonomic nervous system, responsible for autonomic-related manifestations in women with breast implant illness. Hence, these types of autoimmune reactions are not related to the spectrum of Autologous Breast Reconstruction complications, decreasing the overall risk rate of this procedure.

Conclusions

The goal of postmastectomy breast reconstruction is to restore the appearance of the breast and to improve psychological outcomes after cancer ablation. Autologous Breast Reconstruction provides gains in satisfaction, psychosocial and sexual well-being, and a low variety of complications compared to other surgical methods used in breast reconstruction. Due to the complexity of this procedure, its success is largely dependent on the experience of the surgeon.

Keywords: Autologous Breast Reconstruction (AR), Mastectomy, Breast Implant Illness (BII);

ONSITE DEBATE SECTION:

Autologous versus Implant-based Breast Reconstruction

Team B Implant-based

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Introduction

Breast cancer is one of the most common cancer diagnoses being accountable for around one out of 10 million cancerous diseases diagnosed yearly worldwide in both sexes and one of the most common causes of cancer death among women (43,250 deaths in the year 2022). Nowadays, more women elect to undergo breast reconstruction after mastectomy, leaving the patient with a better quality of psychosocial life and satisfaction postoperatively. Implant based reconstruction is a minimally invasive procedure compared with autologous breast reconstruction, that uses prosthetic devices in replacement of the removed breast tissue. The purpose of this paper is to highlight the advantages of implant-based reconstruction over autologous reconstruction based on significant data published in important journals indexed in PubMed.

Argument 1

The goal of breast reconstruction after mastectomy is to restore the breast mounds and achieve symmetry. Therefore, one of the most significant aspects to take into account when considering using prosthesis is the flexibility of shapes, sizes and texture that the implant offers due to advances in implant materials and technology. The most appropriate implant can be chosen for the restoration of volumetric symmetry following either unilateral or bilateral mastectomy. Moreover, most reconstruction procedures (81%) are implant-based as they offer potential advantages over other reconstructive techniques: the relative simplicity of the procedure, reduced length of the surgery, shorter recovery time, significant lower donor site morbidity with less scarring on the breast and no scars elsewhere on the body, making it more widely accessible.

Argument 2

When all aspects are taken into account, implant-based reconstruction is a more reliable option than autologous reconstructive surgery, whose wide variety of complications includes thromboembolic risk due to the long duration of the operation (5-8 hours), haemorrhages, reconstructive failure, fat liquefaction, late wound healing, plaque dehiscence, high risk of hernia formation subsequently to the weaker abdominal musculature postoperatively, partial necrosis, flap compartment syndrome, cyto steatonecrosis, and lymphocele at the donor area. Since breast restoration sets to improve the lifestyle quality of patients, it should not be a cause of further distress to mastectomy and adjuvant treatments, nor a source of incapacitating sequelae on other body parts. Moreover, reports point out the level of technical difficulty of autologous reconstruction that requires special skills that are not available at all medical centres in all geographic areas, as opposed to implant which is more frequently used. Therefore, autologous restoration should require a rigorous selection of patients in comparison to implant-based surgery in order to avoid such inconveniences.

Conclusions

Overall, considering these arguments, implant-based reconstruction surgery remains the most go-to option for breast restoration as it involves less difficulty, low complication rates, offers good aesthetic outcomes and consistent results. As an outcome, it was and still is the most frequently used method in today's breast cancer reconstruction management.

Keywords: implant-based reconstruction, autologous reconstruction, mastectomy, symmetry, simplicity complications

ONLINE DEBATE SECTION: Video-Assisted Thoracoscopic Surgery in Trauma: PROs and CONs

Team A PROs

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Introduction

Thoracic trauma is the reason behind 60% of all fatal injuries, making it the leading cause of death within the first three decades of life.

Blunt thoracic trauma accounts for 96.3%, of which less than 10% requires surgical intervention of any kind. Within this group, the on-going acceptance and use of video-assisted thoracoscopic surgery (VATS) for major thoracic resections has led to advanced and revolutionary techniques for the management of many pulmonary and cardiac injuries over the past decade. This activity highlights the advantages of VATS, including the small surgical impact on the skin and the increased accessibility of the interprofessional team in managing patients undergoing this procedure.

Argument 1

During thoracoscopic surgery, three small (approximately 3 cm) incisions are used, as compared with one long (20 cm) chest incision that's used during traditional open thoracic surgery. Surgical instruments and, therefore, the thoracoscope are inserted through these small incisions. Because of the narrow size of the incisions, the recovery period is shorter and the cicatrices of the skin are almost unnoticeable. That makes VATS more preferable and has progressively replaced open thoracotomies in most hospitals around the world thanks to its safety profile in elderly patients, better pain control, faster recovery times, and easier control of bleeding. The length of hospital stay has also been shown to decrease compared to open thoracotomy. Most of this might be attributed to the shorter chest tube duration as reported by some studies, and there's no sign of an operation within the future.

Argument 2

Video-assisted thoracoscopic surgery with multiple ports (incisions), which is typically performed, enables both the operator and assistant to confirm a large field with multiple surgical devices. This gives the operation team a better visualisation which is essential to determine the proper location of the trauma. Additionally, the surgery is safer and faster, either equaling or surpassing the safety and speed of a thoracotomy by the ability of the assistant and operator to share deep and narrow surgical views.

Conclusions

Thoracic trauma is complex and frequent. The use of video-assisted thoracoscopic surgery combined with an experienced thoracic surgeon is a great advantage for severely injured

patients. Decreased pulmonary complications, better pain control, faster recovery times, and post-operative quality of life are all improved by VATS.

Keywords: surgery, trauma, VATS, thoracoscopic surgery

ONLINE DEBATE SECTION: Video-Assisted Thoracoscopic Surgery in Trauma: PROs and CONs

Team B CONs

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Introduction

Since thoracic injuries make up more than half of all trauma presentations, continuous innovations have been made in order to make the surgery and everything regarding it (the rehabilitation process, the complexity of the surgery) easier for every person involved (the medical team and the patient). Therefore, the concept of video-assisted thoracoscopic surgery was brought forward. Relative contra-indications for the use of VATS in the trauma setting include previous thoracic surgery, previous pleurodesis or radiological signs of dense adhesions. In addition to this a low threshold to convert to thoracotomy should be kept if access is challenging. Lung contusions are likely to be present in the setting of thoracic trauma.

Depending on the extent of difficulty ventilating, VATS should be considered a relative contraindication. Furthermore, the presence of tracheobronchial injury is a challenging emergency. It possesses challenges not only to the surgeon but also to the anaesthetic team and thus should not be considered for VATS. Furthermore, hemodynamically unstable patients should be resuscitated aggressively, and an open approach will allow rapid control of haemorrhage. We will discuss the disadvantages of VATS, thus analysing the main complications: prolonged air leak, infections, bleeding, post-op pain, recurrence at the port site. The methods that were used were based on a literature review of various thoracic diseases journals and articles, with the help of multiple medical search engines, such as PubMed, Cochrane, Wiley, Elsevier.

Argument 1

Complications after VATS can occur intra-operatively and are usually connected with the primary disease, while complications in the postoperative period are most often associated with the method itself. Among the observed complications, we saw that prolonged air leak was the most common. The most important complications of the VATS technique include prolonged air leak, bleeding,

post-operative wound infections, post-operative pain, and recurrence at the port site. Regarding air leak, emphysema, experienced pneumothorax, age over 70 years, male sex and forced expiratory volume in 1 s (FEV1) < 70% should be considered the most important risk factors. As for bleeding, it occurs with the incidence of 0.5–1.9%.

This complication is most often the result of sub-bleeding from adhesions which were not sufficiently coagulated or from the site of a previously placed trocar.

Argument 2

Other complications include infections and recurrence at the port site. Firstly, infections after VATS procedures appear with an incidence of approx. 6.3%, and the most frequently mentioned ones include pneumonia , empyema and infection of the surgical wound . Studies showed an increased risk of infections after VATS procedures in patients with chronic obstructive pulmonary disease. They also reported a similar percentage of complications (6%). Risk factors included the

presence of a tumour, immunosuppression, the presence of infection before VATS treatment, prolonged hospital stay before the surgery and the presence of a central catheter. The prophylactic use of antibiotics is controversial. Secondly, recurrence at the port site is a complication strictly connected with the surgical technique. Its incidence is estimated at 0.26–0.5%. The risk of that complication may increase in the treatment of mesothelioma, metastases of sarcoma or melanoma and malignant pleural effusion in VATS. Recurrences do not only concern malignant tumours.

Conclusions

To conclude, as thoracic trauma carries a high mortality, the surgeon needs to do everything in their power to give to the patient the best care possible, and all the evidence points to the fact that, when it comes to VATS, the most important event is the good selection of the patients.

Keywords: complications, contraindications, injuries, surgery, VATS

ORAL SECTION



A 13-KG GIANT OVARIAN MUCINOUS CYSTADENOMA IN THE PANDEMIC PERIOD

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Type:

Case Report

Introduction

Mucin-producing epithelial cells line the cystic tumours known as ovarian mucinous cystadenomas. They are typically asymptomatic in the early stages and 80% benign. They make up 10 to 15 percent of ovarian tumours. Ten percent of mucinous cystadenomas are of the borderline variety. They can grow to enormous sizes.

Case Presentation

We present the case of a patient, aged 65, hospitalised at the end of pandemics with a giant abdominal cystic tumour (diameter 40 cm) with compression syndromes. Our patient was late in arriving at the hospital due to the constraints of the pandemic. She had a history of a subtotal hysterectomy for leiomyomas at the age of 25. Further laboratory tests reveal the increased levels of the CA19-9 = 398 IU /ml. Abdominal-pelvic ultrasound shows a mid-abdominal inhomogeneous liquid mass with internal septa that exceeds 30 cm. Computed tomography with contrast shows the left ovary having a multilocular formation, with iodophilic septa, affecting anatomical elements, with the volume of approx. 230/300/350 mm. With the impression of a giant left ovarian cyst risking of being malignant, a median xipho-umbilical laparotomy was performed and a giant cystic tumour of the left ovary weighing 13 kg, reaching the supramesocolic space without adhesions, with an ovarian pedicle of one cm was removed. A further right adnexectomy was performed with no complications. Histopathological examination advocates the diagnosis of borderline mucinous cystadenoma. The postoperative evolution of the patient was favourable.

Conclusion

The epidemiology, clinical signs, imaging diagnosis and surgical treatment of these rare tumours all working together prove the fact that the medical management of such an extremely large-sized benign mass should be done through a multidisciplinary approach that demands an orchestrated collaboration between different specialists to yield an optimised perioperative care.

Keywords: Ovarian mucinous cystadenomas, giant cystic tumour, borderline benign tumour

ANDROGEN INSENSITIVITY SYNDROME: A SURGICAL-GENETIC LIAISON

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Case Report

Introduction

Androgenic insensitivity syndrome (AIS) is the most common cause of disorders of sexual differentiation in 46,XY individuals. It results from alterations in the androgen receptor gene, leading to a form of hormonal resistance. Depending on how much androgen receptor function is still present, this virilization failure can either be total or partial. The prevalence of AIS has been estimated to be one case in every 20,000 to 64,000 newborn males for the complete syndrome (CAIS).

Case Presentation

We describe a rare case of complete androgen insensitivity syndrome that had presented at the age of 24 years with complaints of abdominal pain, inguinal hernia and primary amenorrhea to "Sf. Spiridon" Iași Hospital. The clinical examination revealed a well-developed breast with absence of axillary and pubic hair. There was an abdominal mass arising from the pelvis occupying the right iliac region. Additionally, there was a reducible mass 2.5 by 1.5 cm at the left inguinal region. Subsequent investigations were done exposing a normal female external genitalia with a blindly ending vagina of about 5 cm long. Chromosomal analysis was a karyotype of 46, XY. The patient was diagnosed with complete androgen insensitivity syndrome and a bilateral laparoscopic gonadectomy was performed. The woman is undergoing oestrogen replacement medication, and the surgical treatment was successful.

Conclusion

A multidisciplinary team is required from disclosure of the diagnosis, gender assignment, surgical management, hormonal replacement therapy, to counselling and support. Inguinal hernia in females should raise the surgeons suspicion about the child's nuclear sex, particularly if the condition is bilateral. Every time uterine agenesis is thought to be present, the karyotype should be subjected to genetic testing.

Keywords: Androgenic insensitivity syndrome, androgen receptor gene, primary amenorrhea

CASE REPORT OF AN ADVANCED PERIHILAR CHOLANGIOCARCINOMA WITH MULTIPLE ANATOMICAL VARIATIONS : WHEN IS IT CHECK-MATE?

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Case Report

Introduction

Bismuth IV perihilar cholangiocarcinomas (pCCA) are located at the bifurcation of the bile duct and have a poor survival rate of 4-6 months. Tumours diagnosed at an advanced stage make surgical resection challenging, even for experienced centres. Patients ineligible for surgery receive palliative systemic treatment or best supportive care (BSC). A surgical approach towards this advanced tumour is questioned worldwide, especially when various anatomical variations are present, and lately has been a hot topic of surgical discussion.

Case Presentation

A patient with multiple comorbidities and jaundice due to type IV pCCA was hospitalised. Interestingly, the radiology examination showed rare anatomical variations, namely a double inferior vena cava (IVC) with retroaortic right renal vein, hemiazygos continuation of the IVC, and a left superior vena cava. The patient was ineligible for surgery and oncological treatment due to his age, multiple comorbidities, as well as the presented anatomical abnormalities. He was denied systemic therapy, which led to hyperbilirubinemia. For BSC, the patient had three endoscopic retrograde cholangiopancreatography's (ERCP's) and percutaneous transhepatic biliary drainage (PTBD), as well as antibiotics and analgesic treatment. This treatment was adequate for his relapsing jaundice with general well-being deterioration due to tumour progression. He succumbed in 17 months following primary admission.

Conclusion

Patients with advanced pCCA with rare vascular abnormalities may possibly stand a chance for surgical treatment performed at top academic centres with a wide array of experience. Elderly patients with comorbidities and a high risk of perioperative mortality should instead receive BSC. The underlining therapy for extending survival rate should be successful biliary drainage, prevention of cholangitis, and nutrition through sustained gastrointestinal passage.

Keywords: Bismuth IV cholangiocarcinoma, perihilar cholangiocarcinoma, best supportive

care, percutaneous transhepatic biliary drainage, endoscopic retrograde cholangiopancreatography, left persistent superior vena cava, unfused inferior vena cava, enlarged hemiazygos vein, multiple comorbidities

COMBINING AUTOLOGOUS BREAST RECONSTRUCTION AND VASCULARIZED LYMPH NODE TRANSFER IN REDUCING CANCER TREATMENT-RELATED LYMPHOEDEMA

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Case Report

Introduction

Mammary neoplasm is the most common type of cancer in women. The usual therapeutic approach for treatment is mastectomy. This involves, in addition to the excision of the mammary gland, the excision of the axillary lymph nodes, the main lymphatic drainage station of the upper limb. One of the most common complications of the intervention is upper limb lymphoedema. This case report documents a way of reducing lymphoedema by inserting an autologous flap of subcutaneous tissue with lymph nodes and vessels taken from the inguinal region into the axillary region.

Case Presentation

A 43-year-old woman with breast cancer required a total mastectomy of the left breast. Upper limb lymphoedema appeared post-operatively. Simultaneously with the breast reconstruction using the DIEAP flap technique, the transfer of a fragment of subcutaneous tissue from the left inguinal region, tributary to the superficial circumflex iliac bundle, containing superficial inguinal lymph nodes, was performed. In order to remove the flap and avoid lymphoedema of the left lower limb, preoperative mapping of the regional nodes was accomplished. The deep inguinal nodes, which drain most of the lower limb, were marked by the Sentinel lymph node technique using methylene blue. Those in the lymphatic drainage region of the subcutaneous tissue vascularized by the superficial circumflex iliac artery were identified with indocyanine green to delimit the region to be sampled. The flap sample was transferred to the left axillary region, performing microsurgical anastomosis between the superficial circumflex iliac artery and the anterior serratus muscle branch from the thoracodorsal artery.

Conclusion

After six months, it was observed that the upper limb lymphoedema exhibits a dimension reduction. Taking into account the presented case, this surgical procedure can be a new therapeutic approach to reduce cancer-related lymphoedema, as an alternative to classic treatments.

Keywords: Mammary neoplasm, Mastectomy, Lymphoedema, Microsurgical anastomosis

EVALUATION OF MUSCLE IN VEIN NERVE GRAFT ON FOREARM INJURIES

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Type:

Original research/Cohort study/Clinical study

Introduction

Severe nerve injury of the forearm accompanied by inability of coaptation will lead to impairment of motor and sensory functions, along with forearm muscle atrophy. Muscle in Vein Nerve Graft (MVNG) remains a widely utilised option benefiting from no shrinkage of the graft, good nerve function and low cost. This research aims to evaluate the efficiency of such reconstruction technique on a long-term follow-up.

Materials & Methods

It is a prospective case series study involving 10 patients. Inclusion criteria were: Forearm nerve injury treated with MVNG. Motor and sensory functions were accessed pre-operative and postoperative at 3 weeks, 7 weeks and 3 years, by using the motor function score (MRC, M0-M5) and Visual Analogue Scale (VAS, S0-S5) respectively.

Results

The average age of patients was 35,4 years old. The most frequently affected nerve was Median nerve (50% of cases) followed by Ulnar nerve (30%) and Radial nerve (20%). The median length of graft was 35 mm. Electromyography diagnosed 60% of patients with Neurotmesis and 40% with Axonotmesis. There was no statistical significance between the above-mentioned data and outcomes ($p > 0,05$). All patients preoperatively reported significant loss of motor function (M0-M1 on MRC) and sensory function (S0-S1 on VAS). Upon week 3 post-operative, 3 patients showed motor improvement with M4. On week 7, 80% of patients presented better motor function compared to sensory function ($p = 0,00026$), while sensory function was evaluated to S3. At 3 years follow-up, all patients had an excellent motor function (M4-M5) statistically significant compared to the sensory one ($p = 0,00982$). Sensory function was restored in 50% of patients (S4-S5) and the rest remained with S3. A bigger sample of cases would provide more details.

Conclusion

MVNG is a reconstructive procedure that provides excellent motor and satisfactory sensory recovery. The graft length, involved nerve and type of nerve injury do not affect the overall postoperative outcome.

Keywords: Muscle in Vein Nerve Graft (MVNG), Plastic and reconstructive surgery, nerve forearm injury

FOREIGN BODY, IMPROMPTU SOLUTIONS: EXTEMPORANEOUS X-RAY IN A CASE OF OMENTAL ABSCESS

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Type:

Case Report

Introduction

Surgical treatment of a foreign body-induced omental abscess does not pose many challenges, but establishing the diagnosis and indicating the exact position through imaging can be difficult. The aim of this case report is to highlight what solutions can be used when facing uncertainty about the cause of an intraabdominal abscess.

Case Presentation

53 year old female, A.M., is admitted to the emergency department, displaying intense pain in the center of the abdomen and left inguinal fossa, nausea, and fever. An emergency CT scan indicated a 30/2 mm opaque object, located 5 cm inferior to the navel. The patient received insulin treatment, and it was suspected to be an insulin pen needle. An echography has shown a hypoechoic area with a 68/30 mm diameter bordered by fatty tissue in the umbilical region. Established diagnosis was omental abscess. During the surgery, a locally inflamed omentum was partially resected.

Dissection of the excised portion could not evidentiate the foreign body, thus the specimen was sent to the radiology department. An x-ray confirmed its presence inside the piece of omentum. The object, a halved toothpick, was later found through dissection.

Afterwards, the patient received post-operative care and made a full recovery.

Conclusion

The main challenges of this case were determining the diagnosis, precisely defining the location of the inflammation, and finding a quick intra-operative solution to ensure a successful surgery. The patient's history did not provide relevant details and the imaging techniques, although well-executed, were not precise enough to give an exact answer. Thus, even if an extemporaneous X-ray is an unusual practice, it proved to be an efficient way to ensure a good outcome.

Keywords: Omental abscess, foreign body, partial resection, extemporaneous, X-ray

PRESSURIZED INTRAPERITONEAL AEROSOL CHEMOTHERAPY (PIPAC) - A REVIEW OF AN INNOVATIVE TECHNOLOGY

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Type:

Review

Introduction

Several cancers lead to peritoneal metastases (PM), having poor outcomes. Modern treatment of PM includes cytoreductive surgery, but patients with advanced cancer are prescribed chemotherapy instead. One of the latest approaches to treating PM is Pressurised Intraperitoneal Aerosol Chemotherapy (PIPAC), representing the local delivery of cytostatic drugs inside the peritoneal cavity as an under-pressure airflow. It is able to enhance drug distribution and penetration, having promising results. The aim of this review is to evaluate the applicability of PIPAC in modern surgery.

Materials & Methods

Articles between 2012-2022 from PubMed database are selected based on their title, using the keyword "PIPAC". 12 articles, including reviews and original research, are used to assess several features regarding this method, including peritoneal regression after PIPAC, drug penetration and distribution. The target population consists of end-stage patients with PM in multiple types of cancer. Eligible patients receive PIPAC in series, up to three sessions. An explorative laparoscopy is performed for the evaluation of peritoneal carcinomatosis and biopsies are done for histological examination. A nebulizer is then inserted into the abdomen, ensuring the pressurised aerosol of the cytostatic agent.

Results

From the total of 264 identified articles, 12 were analysed and 11 of them found PIPAC safe, likely to develop tissue response, while the other one concluded that further studies are required in order to clarify its oncological benefits. After a maximum of three series, major or complete histological response is expected in 50% of colorectal cancer patients and 30% in patients with PC of other cancer.

Selection bias may have played a role, as only fit patients were found eligible.

Conclusion

In patients with advanced peritoneal metastases, PIPAC is considered both feasible and safe,

taking into account its ability to induce objective tumour regression and also to increase survival rate, while maintaining quality of life.

Keywords: peritoneal metastases, chemotherapy, cancer

ROLE OF ANTI-MÜLLERIAN HORMONE IN PREDICTION OF OOCYTE DEVELOPMENT AND PREGNANCY OUTCOME

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Original research/Cohort study/Clinical study

Introduction

Anti-Müllerian Hormone (AMH) is produced by granulosa cells of small growing follicles in the ovary. Serum AMH levels strongly correlate with the number of growing follicles, therefore it has received increasing attention as a marker for ovarian reserve. The aim of this study is to assess whether the AMH concentration is a predictor of oocyte development and pregnancy outcome in women undergoing in vitro fertilisation (IVF).

Materials & Methods

The target group consists of 189 patients initiating IVF at Yeditepe University Kozyatagi Hospital, IVF Center, between January 1st 2017-December 31st 2021. The patients undergoing conventional IVF, as well as intracytoplasmic sperm injection, were included. The main outcome measures are AMH concentration, oocyte number, oocyte development and IVF success rate.

Results

Since the variables did not normally distribute, they were evaluated with Spearman correlation coefficient. Accordingly, there is a statistically significant positive correlation between AMH and the number of oocytes retrieved ($r=0.282$ $p<0.05$). We found that there is a statistically significant positive correlation between serum AMH and Metaphase-II (M2) oocyte number compared to total number of oocytes retrieved ($r=0.337$ $p<0.05$). On the contrary, there is no statistically significant relationship between AMH and the number of early stage oocytes [Germinal vesicles (GV) and Metaphase-I (M1)] compared to total number of oocytes retrieved. Finally, there was no correlation between the AMH concentrations and pregnancy rate ($p>0.05$). Being a retrospective study, this research is prone to recall bias and misclassification bias. Moreover, not every IVF patient got their plasma AMH level measured, thus generating a missing-data group that was not included in the study. However, prospective well powered studies comparing AMH concentrations using appropriate end-points, such as live birth rate, are awaited.

Conclusion

This data suggests that plasma AMH concentrations may be used to predict the oocyte number and development in patients who undergo IVF, thus facilitating patient-specific counselling in the infertility setting. Our findings support that AMH remains a relatively poor indicator of pregnancy, with no cut-off levels able to guarantee the possibility of pregnancy.

Keywords: Anti-Müllerian Hormone, AMH, In Vitro Fertilisation, Oocyte number, Oocyte development, Pregnancy outcome

SAVING A HAND WHILE FIGHTING THE TICKING CLOCK – A SUCCESSFUL REPLANTATION STORY

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Case Report

Introduction

Limb salvage surgery is a complex procedure following a traumatic major limb amputation, especially when the patient's dominant hand is involved. Replantation is a complicated process that must consider the condition of the amputated limb along with the nature of the trauma.

Case Presentation

A 55 year-old male was admitted to the clinic with traumatic forearm amputation by a chainsaw, 4-hours after the incident. The amputated hand was improperly packed and transported, with improvised tourniquet to stop the bleeding. On admission the patient was already unstable, in hemorrhagic shock, with risk of irreversible muscle ischemia. Considering that the dominant hand is involved, after obtaining clinical and radiological imaging, replantation surgery was indicated. The replantation started with bone osteosynthesis, using K-wire for the ulna and locking plate for the radius. The tendons and muscles were approximated.

Anastomosis of the ulnar and radial artery was done, followed by anastomosis of two veins. Both the median and ulnar nerve were reconstructed. Subsequently two fasciotomies were performed to prevent compartment syndrome. The following day, he exhibited postoperative thrombosis of the ulnar artery and cephalic vein.

Thrombectomy was performed and the ulnar anastomosis was reconstructed using a vein graft (VSM). Conclusively the patient had his final surgery to cover the soft tissue defect using a cross abdominal flap, with satisfying results. The patient is undergoing intensive physical treatment with substantial progress in restoring both sensory and motor hand function. He is already performing simple tasks with his right hand as part of his daily routine.

Conclusion

The combination of choosing an effective surgical technique, patient compliance and comprehensive physical therapy, has been proven to significantly impact the final outcome for restoring the function of the limb. Development of microsurgical techniques has enabled surgeons to perform limb salvation surgeries, leading to an increasing number of successful replantation cases.

Keywords: hand amputation, replantation, microsurgery

TAILGUT CYSTS IN A FEMALE PATIENT AS A DIAGNOSTIC CHALLENGE

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Case Report

Introduction

Retrorectal cystic hamartoma (tailgut cysts) is a congenital, rare lesion, considered embryonic and a reminiscence of the posterior primitive intestine. It presents as a cystic-multilocular tumour, located retrorectal, above the levator ani muscle, containing gelatinous material, embryonic remains, blood or pus.

Case Presentation

We present the case of a 38-year-old female patient, who was admitted to our clinic with a right-sided perineal fistula, recurrent, ongoing for 18 months, in which the pelvic MRI evaluation revealed a cystic tumour developed retrorectal/left perirectal, with multiple fistulous trajectories located peritumoral. An anterior abdominal approach was decided, after injecting the perineal fistulous tract with methylene blue and excluding a low rectal communication.

Circumferential dissection of the rectum and penetration into the left retro-rectal and lateral-rectal space were performed, highlighting the cystic tumour and identifying the peritumoral tracer. The tumour is excised and the procedure is completed with curettage of the path of the perianal fistula. Histopathological examination revealed numerous cystic formations lined by keratinizing or mucinous squamous or pseudostratified, ciliated or transitional epithelium, some cysts containing keratin lamellae and showing wall breakdown with subsequent chronic granulomatous inflammation. Long bundles of smooth muscle fibres were identified between the cystic formations, and striated muscle areas were observed at the periphery of the piece. The final diagnosis was retrorectal hamartoma ("tailgut cyst").

Conclusion

The retrorectal cystic hamartoma is an imaging and histological surprise, which must be evoked in the presence of a persistent perineal suppurative pathology, which can raise problems with a surgical approach.

Keywords: tailgut cysts, congenital, tumour

TETRALOGY OF FALLOT: CURRENT SURGICAL APPROACHES

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Type:

Review

Introduction

Tetralogy of Fallot is a congenital cyanotic cardiac abnormality requiring early and sometimes late intervention. There are numerous surgical approaches in current use and other ones to be developed in order to decrease the risks and to increase the life quality and expectancy.

Materials & Methods

Fourteen PubMed studies from 2016 to 2021 were considered for this review. The eligibility of selected articles was analysed based on criteria such as surgical techniques, ulterior complications, reoperation rate and the postoperative observations of patients in time. The rejected studies lacked the inclusion criteria or did not concentrate specifically on the surgical aspects or other interventions to be compared. Bias risk was not evaluated and PRISMA guidelines were used for data synthesis.

Results

The surgical techniques used to cure ToF include nowadays right ventricle outflow tract (RVOT) stenting or enlargement, Blalock-Taussig shunt, ventricular septal path closure, right ventricle to pulmonary artery conduit, transannular patches and newly introduced approaches such as the pulmonary valve bi-orifice method and a bicuspid valve made intraoperatively using the autologous right atrial appendage. Mortality was between 0 to 8%, depending on the technique, age and comorbidities. Mortality at 12 years old was higher when repair or palliation was performed before the age 60 days rather than after. RVOT palliation was associated with more reinterventions and fewer pulmonary valve replacements at 12 years. Neonatal repair (<1 month) had an increased risk of reoperation.

Conclusion

The surgical techniques are in a continuous change in order to reach a golden standard. It remains the question regarding what decision is more efficient: palliation (for instance, catheterisation as a minimally invasive intervention) or the complete surgical repair. Moreover, it is still discussed the importance of the patients' age at the moment of performing the surgery, satisfactory results being obtained in early and late intervention (around 5-9 years) as well.

Keywords: Tetralogy of Fallot, surgical techniques, palliation, repair

TRANSORAL ENDOSCOPIC THYROIDECTOMY VESTIBULAR APPROACH: A BOTH SAFE AND SCAR-LESS FUTURE FOR PAPILLARY THYROID CARCINOMA TREATMENT?

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Type:

Review

Introduction

Thyroid cancer is the most common type of endocrine cancer, papillary carcinoma being its most prevalent form. Open thyroidectomy is the normative surgical approach for papillary thyroid cancer with high successful rates. However, the pursuit of more satisfactory cosmetic outcomes has led to the development of alternative treatments. The aim of this review is to establish the safety of one of this alternative: transoral endoscopic thyroidectomy vestibular approach (TOETVA).

Materials & Methods

A systematic review of articles published on PubMed, Springer, Elsevier and Google Scholar was conducted. A total number of 10 studies were selected using keywords such as „transoral endoscopic thyroidectomy”, “thyroidectomy vestibular approach” and „papillary carcinoma”. Studies published earlier than 2018, using transoral robotic approach and conducted on a paediatric population were excluded.

Results

A total number of 903 patients underwent total bilateral (190), unilateral (696) or isthmus (17) thyroidectomy. 8 patients converted to open thyroidectomy. The most common reported complications included transient mental nerve injury (264), transient hypoparathyroidism (50) and transient vocal cords palsy (38). More severe complications such as permanent mental nerve injury (18), permanent vocal cords palsy (5), infection (8) or permanent hypoparathyroidism (4) were isolated. There were 2 reported cases of unintended parathyroidectomy and 1 reported case of pneumothorax. All patients were highly satisfied with the scar-less outcome of the surgery.

Conclusion

Transoral endoscopic thyroidectomy vestibular approach can be considered a safe and more cosmetically advantageous option for papillary thyroid carcinoma treatment compared to the classic approach, open thyroidectomy. However, its novel status requires further research.

Keywords: Papillary Thyroid Carcinoma, Transoral Endoscopic Vestibular Approach, Transoral Surgery

VACUUM-ASSISTED CLOSURE – A SUCCESSFUL THERAPY OPTION FOR NEONATES WITH LARGE GASTROSCHISIS

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Case Report

Introduction

Dealing with gastroschisis can still be challenging for paediatric surgeons. The complexity of the abdominal defect in some cases has often proved primary methods insufficient and ineffective. Since 1990, negative pressure wound therapy, especially vacuum-assisted closure (VAC) has been used in treating complicated wounds in children, but recently this therapy option has been increasingly applied in solving complicated gastroschisis cases.

Case Presentation

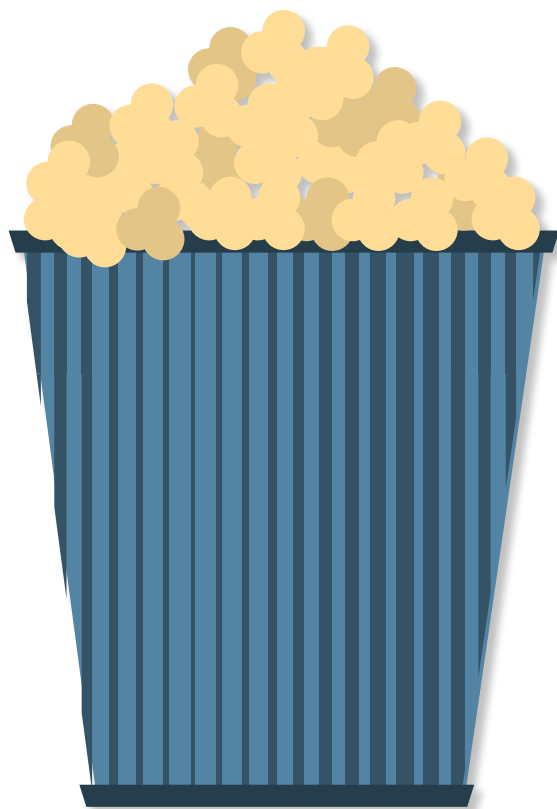
A male infant, born at 38 WGA by vaginal delivery, weighing 2,36 kg, is admitted 6 hours from birth, for an abdominal wall defect with excessive herniated viscera. Inflamed bowels and the persistence of the omphalomesenteric canal were surgically identified. Onward, resection of the communication loop with the umbilicus, an end-to-end ileo-ileal anastomosis, and partial reintegration of the intestinal mass in the abdominal cavity was performed. At this point, a negative pressure device was placed. In evolution, a favourable aspect of the bowels is observed, with the improvement of the inflammatory phenomena regarding the intestinal loops. Five days later, surgery is performed again, the negative pressure dressing is suppressed, and partial disunion of the ileal anastomosis is identified. The procedure is completed by the resection and restoration of the ileal anastomosis with a T-tube ileostomy and abdominal wall suture. The patient was discharged in good general condition, feverless, and weighing 3 kg.

Conclusion

In cases of gastroschisis with a large parietal defect, primary single-staged closure can be life-threatening through the risk of developing respiratory dysfunction or abdominal compartment syndrome. Considering the size of the defect and the condition of the bowel, VAC has been chosen as the best curative treatment for this surgical case, which has proven, once again, to be a valid therapy option.

Keywords: gastroschisis, vacuum-assisted closure, negative-pressure wound therapy

POSTERS



A RARE CASE OF CALCIFYING APONEUROTIC FIBROMA

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Case Report

Introduction

Calcifying Aponeurotic fibroma is rare, benign fibroblastic tumour. The lesion is locally aggressive and usually occurs in the palm of the hand or plantar feet at young ages, having a tendency to extend in the adjacent tissue area. However, calcifying aponeurotic fibroma has been rarely described in medical literature, therefore we report a very interesting case of a patient with this benign fibroblastic tumour and how the right management led to a successful outcome.

Case Presentation

A 36 years old male patient, born during the Chernobyl disaster, presented a deformity on the second finger of the right foot, causing him a locomotor disability. The mass appeared 2 years ago but started progressing rapidly in the last 2 months. Although the laboratory tests on admission were within normal limits, the physical examination on the same right foot showed numerous painless, mobile masses placed mainly in the anterior part of the calf.

Furthermore, on the same foot were revealed varicose veins and the dark coloration of the skin indicated peripheral manifestations other present symptoms were dry, hairless tegument. The patient was admitted to General C.F. Pașcani hospital and the tumour was resected en bloc, followed by suturing. After 14 days the threads were suppressed and the patient was able to start walking properly.

Postoperative, the masses of the calf seen on Echo Doppler were a clear indicator for chronic venous insufficiency diagnosis according to the cardiovascular department. The histopathological examination confirmed a rare calcifying aponeurotic fibroma and it was noted a favourable evolution after 3 months post-surgery.

Conclusion

Calcifying aponeurotic fibroma has a high recurrent rate, therefore a complete resection is an essential procedure for a fortunate outcome. However, as shown in this case, the final diagnosis relies on the histopathological examination.

Keywords: Calcifying aponeurotic fibroma, Foot tumour, Surgery

A RARE CASE OF IN-TRANSIT METASTASES OF CUTANEOUS MELANOMA

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Case Report

Introduction

Locally advanced melanoma is characterised clinically by the appearance of in-transit metastases (ITMS), which are subcutaneous or cutaneous lymphatic deposits of tumoral cells, distant from the primary site, but not reaching the draining nodal basin. Superficial ITMs develop in 5-10% of melanoma patients, with poor 5-year survival rate.

Case Presentation

We report the case of a 53-year-old female, that came in February 2022 at the Dermatology Department of the Regional Emergency Hospital of Cluj-Napoca, for the recurrent routine investigations following a type IIB melanoma excision back in May 2015. During the physical exam there were identified two nodular lesions of firm consistency of 0.5/0.8 cm and 1/1.5 cm on the tibiotarsal anterior joint. The incisional biopsy performed for the biggest one highlighted the aspect of in-transit metastases. In March 2022, our patient was hospitalised, and an ultrasound exam revealed the growing status of the lesions, which were well vascularized, without invading the neighbouring structures. Therefore, the surgical removal of these nodules was chosen as the best therapeutic option. The excision was performed within 3 mm safety margin and the closure of the cutaneous wound was made by combining a small, advanced flap and a skin graft from the left abdominal flank. Following surgery, the resected pieces were sent for a pathological exam, which reconfirmed their in-transit metastatic nature. Currently, our patient is under immunotherapy with Pembrolizumab, the MRI and CT scans show no evidence of tumoral presence and the S100 marker is within limits.

Conclusion

In-transit metastases are usually with a poor prognosis and the chosen treatment depends on their size, number, and location, but complete surgical excision is still considered to be the optimal approach. Other options would be isolated limb perfusion and systemic chemotherapy, but novel treatment strategies with antibodies and gene therapy are nowadays investigated.

Keywords: In-transit metastases, melanoma, dermatology, surgery, new treatment

ACL TEAR – THE MOST COMMON INJURY OF A FOOTBALL PLAYER

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Type:

Case Report

Introduction

The ACL (Anterior Cruciate Ligament) injury is a common sports related affection, especially in football players. Patients with this kind of injury present knee instability and pain due to a disruption between the knee joint capsule and the synovial lining. This affection mostly occurs when physical trauma is involved. The ACL can be also injured through non contact modes in isolation in twisting with hyperflexion or hyperextension of the knee. In those cases which involve acute injury the ACL tear has a 50% concomitant meniscus tear. Younger patients whose activities cause symptoms of instability are good candidates for surgery. The usual treatment for the ACL injuries is the reconstruction of the ligament with soft tissue autografts from the patellar tendon, hamstrings tendon or the fascia lata. In particular cases, the allograft tissue reconstruction is preferred.

Case Presentation

A 23 year old football player who was severely injured during a football game was hospitalised for pain, swelling and instability of the knee. The physical exam combined with the imagistic results led to a diagnosis of a complete ACL tear. The particularity of this case was the fact that being an active football player, the surgery had to be the right one for the patient, in order for him to regain his full force and stability of the knee, with no limitations, as much as possible. In this case the best choice as a treatment was the complete reconstruction of the ACL using an allograft tissue.

Conclusion

In spite of the concomitant small tear of the meniscus, the surgery had a favourable outcome, the surgeon being able to reconstruct the ligament entirely with an allograft tissue with no complications. After four weeks, the patient was able to step on his injured foot again and has begun the postoperative recovery, which is essential for his full recovery.

Keywords: Football injury, anterior cruciate ligament tear, meniscus tear, allograft tissue, full recovery.

ACUTE MESENTERIC INFARCTION DUE TO THE INFECTION WITH SARS COV-2: A CASE REPORT

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Type:

Case Report

Introduction

In the end of December 2019 a threat of a zoonosis caused by the Severe Acute Respiratory Syndrome- Coronavirus 2, also known as SARS CoV-2, started a worldwide pandemic with clinical manifestations similar to those of the influenzae. The virus of SARS CoV-2 causes various pathological complications which are still not entirely known.

Case Presentation

A 23 year old football player who was severely injured during a football game was hospitalised. We present as follows the treatment of a severe complication after the infection with the new SARS CoV-2 virus, the infarction of the mesenterium. A 45 year old male with a recent history of infection with the Coronavirus is referred to the surgical ward of the St.

Constantin Hospital Brasov by the Transplant Center of Geneva with signs of highly painful and distended abdomen along with an open enteric fistula and generalised peritonitis, subsequent after two unsuccessful surgeries performed for an acute mesenteric infarction during his initial hospitalisation whilst being tested positive for the infection with the Coronavirus. Despite the poor survival prognosis, with a mortality at about 98% of all cases associated with an almost complete mesenteric infarction, we highlight the surviving of the patient along with the fact that he is currently in no need of parenteral nutrition and fully independent.

Conclusion

A rare abdominal emergency is the acute mesenteric ischemia which is frequently associated with high rates of morbidity and mortality. It still remains not entirely known which exact pathological mechanism is leading to the complication of AMI in COVID-19 patients. The possibilities can include an invasion of bowel tissue, the virus or the hypercoagulability given by the presence of high numbers of prothrombotic factors.

Keywords: Acute Mesenteric Infarction, SARS CoV-2, COVID 19, Generalised Peritonitis

BOCHDALEK DIAPHRAGMATIC HERNIA IN ADULT PATIENT- RARE FINDINGS OF CONGENITAL CONDITION

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Case Report

Introduction

Bochdalek diaphragmatic hernias are congenital defects due to incomplete fusion of the posterolateral diaphragmatic foramina. This condition mostly becomes symptomatic in paediatric patients. It is usually found incidentally, as symptomatic hernias in adults are very rare and can lead to severe gastrointestinal dysfunction and pulmonary illness. For the purpose of illustrating these rare outcomes, the following case is presented.

Case Presentation

A 46-year-old man was admitted to the emergency service of the 2nd Surgical Clinic complaining of intense epigastric pain radiating to the left flank, loss of bowel transit, nausea, vomiting and fatigability. At the physical examination the following were revealed: pale skin and tenderness in the epigastric region. To diagnose this patient, an abdominal CT scan was performed showing the herniation of the left colic flexure through the diaphragm. This segment of the colon developed acute ischemia due to intestinal obstruction. The laboratory results of the patient showed a moderate anaemia and increased levels of LDH, Creatine Kinase, C-reactive protein pertaining to the ischemic phenomena. The surgical team performed thoracolaparotomy, segmental colectomy with latero-lateral anastomosis, repair of the diaphragmatic defect and adhesiolysis. Following the surgical procedure, antibiotic, analgesic and anticoagulant treatment was established. Postoperative evolution was favourable with the bowel transit restored. The patient was discharged 6 days later.

Conclusion

Even though Bochdalek Hernia is symptomatic in children and very rare in adults, it can still be the cause of life threatening gastrointestinal dysfunctions such as intestinal obstruction, intestinal infarction and septic shock. Despite the rarity of this challenging diagnosis, surgical treatment should not be postponed both in symptomatic and incidentally-found cases.

Keywords: BOCHDALEK DIAPHRAGMATIC HERNIA, INTESTINAL OBSTRUCTION, LEFT COLIC FLEXURE, ACUTE ISCHEMIA

CEREBELLAR GIANT ASTROCYTOMA WITH CYSTIC EXTENSION IN LATERAL VENTRICLE IN A 3 YEAR OLD CHILD

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Type:

Case Report

Introduction

An astrocytoma is a type of glioma, a brain tumour, that develops from star-shaped cells (astrocytes) that support nerve cells. In our case, we are talking about a juvenile pilocytic astrocytoma, a rare childhood brain tumour, which usually develops in the posterior fossa. It is a slow growing mass, low graded (Grade 1) meaning it is the least aggressive and usually considered benign. In most of the cases, a complete resection of the tumour is the cure. However, brainstem compression and hydrocephalus are usually present in these patients and are both life-threatening.

Case Presentation

A case of a giant pilocytic astrocytoma with supratentorial development is being reviewed. A 3-year-old child presented with insidious onset of ataxia and gait disorder in the last month. Clinical exam showed balance disorder and gradual increase in the cranial perimeter. The child showed an enlarged skull at birth, but no other symptoms were present at that time. Magnetic resonance imaging and CT unveiled an expansive mass (5/6/10 cm) with mixed structure (both cystic and solid) compressing structures such as the cerebellum, brainstem and Sylvian aqueduct, causing active triventricular hydrocephalus. Immediate surgery was performed using a posterior fossa approach. Postoperative, patient presented no sequelae, with significant improvement in his general condition.

Conclusion

Although this type of tumour is considered not to be that aggressive, complications such as brainstem compression, cerebellum compression and hydrocephalus are a major cause of concern.

Therefore, an early diagnosis and treatment is essential for the well-being and safety of the patient. With a complete resection of the mass, the symptoms should disappear and the patient is usually considered cured. A three-year surveillance imaging is recommended due to the minimal risk of recurrence.

Keywords: astrocytoma, hydrocephalus, ataxia, childhood tumour

COMPLEX CASE OF FULL THICKNESS ABDOMINAL WALL DEFECT RECONSTRUCTION USING AN ANTEROLATERAL THIGH FLAP

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Type:

Case Report

Introduction

Surgically treated hernia, as a postoperative complication after abdominal surgery, can develop dehiscent wounds, mesh exposure or even a necrotic flap. In these situations an adequate anatomical abdominal wall reconstruction is mandatory for protecting the inner abdominal organs and preventing future complications. The anterolateral thigh (ALT) flap is an appropriate choice in resolving this issue. It includes a long vascular pedicle, a long arc of rotation and rich blood supply for the abdominal cover.

Case Presentation

We present an interesting case of 16 cm large left flank abdominal wall hernia in a 49 year old female, caused by a left total nephrectomy. The patient was sent to plastic surgery after two flap surgery complications: dehiscence and necrosis with mesh exposure. The patient presented also an adherent to the mesh, small bowel loop, that needed resection and anastomosis. The decision for an ALT flap was made due to the need for a full thickness abdominal wall reconstruction. The pedicled fascio-cutaneous ALT was taken from the left thigh using a single musculocutaneous perforator which was dissected up to the main circumflex trunk to obtain enough length. Then the flap was rotated over the inguinal ligament and sutured in position followed by closure of the donor site. Postoperatively no complications appeared and at 6 months, the CT showed flap integrity and continuity of the abdominal wall.

Conclusion

In this complex case the ALT flap was the most advantageous choice of treatment. Removing the infected mesh and using autologous tissue, good reconstruction and abdominal wall function was achieved, providing a long lasting and stable result.

Keywords: abdominal wall reconstruction, ALT flap, complication

COMPLICATED CASE OF BOCHDALEK HERNIA IN A YOUNG ADULT

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Type:

Case Report

Introduction

Congenital diaphragmatic hernias (CDH) are rare defects of the diaphragmatic wall mainly affecting the paediatric population. The pleuroperitoneal canals fail to close during gestation, therefore leaving an abnormal communication between the pleural and peritoneal cavity. This allows the herniation of the abdominal contents in the thoracic cavity, leading to complications and an increased mortality rate among infants. The most common type of CDH is the Bochdalek hernia which is a posterolateral diaphragmatic wall defect, frequently left-sided. Diagnosing these defects in adulthood is usually incidental or in an emergency setting, representing a rarity with an estimated prevalence of 0.17%.

Case Presentation

We present the case of a complicated Bochdalek hernia in a 26-year-old patient who was admitted in the emergency department accusing nausea, vomiting and alimentary intolerance with an acute onset two days prior to presentation. He had no remarkable medical history, and was clinically stable at admission, with no significant pathological findings biologically. Upper digestive endoscopy revealed a volvulated stomach, without ischemic alterations, but impossible to reduce endoscopically. The computer tomography showed an important left diaphragmatic hernia containing the volvulated stomach, the left colic flexure, the spleen and the tail of the pancreas. He was immediately prepared for emergency surgical intervention. The patient underwent a minimally invasive intervention, with reduction of the herniated organs in the abdominal cavity and repair of the diaphragmatic defect. The postoperative evolution was favourable

Conclusion

Due to the rarity of CDH in the adult population there is a lack of quality evidence-based data regarding the management and follow-up of these patients. A quick and accurate diagnosis followed by definitive surgical treatment is essential; every documentation of such cases is essential for developing future management protocols.

Keywords: Congenital diaphragmatic hernia; Bochdalek hernia; visceral hernia; minimally invasive surgery

CONSERVATIVE SURGICAL TREATMENT OF A SPLENIC ARTERY ANEURYSM- CASE REPORT

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Case Report

Introduction

A splenic artery aneurysm (SAA) is a saccular or fusiform dilation of the splenic artery with a diameter 50% greater than the physiological lumen and it involves all layers of the arterial wall. SAA is the 2nd most common type of abdominal aneurysms and the most common type of visceral artery aneurysms. They occur more often in women and most of them are asymptomatic and small, less than 2 cm. The risk of SAA rupture is increased when the diameter exceeds 3 cm, in which case the endovascular or open surgical intervention should be chosen instead of conservative treatment.

Case Presentation

We present the case of a 47 years old female with a history of hypothyroidism and mild mitral insufficiency. She presented to the Internal Medicine Department with the symptom of medium-intensity abdominal pain. A contrast enhanced abdominal computed tomography (CT) was performed and identified a saccular splenic aneurysm of 360 mm at a distance of 5 cm from its emergence from the celiac trunk. According to the size and site of the aneurysm, being located in the middle part of the splenic artery, the open surgical intervention was the chosen treatment. This procedure helped alleviate the patient's symptoms. The aneurysm was resected preserving an area of the posterior wall of the splenic artery for its reconstruction. This allowed the preservation of the patient's spleen. Postoperative evolution was favourable and the follow-up at 6 months and 1 year did not show any change on CT scans in the artery and she did not present with any abdominal pain afterwards.

Conclusion

The best treatment for SAA is the open surgical repair having the possibility of spleen preservation. After the conservative surgical treatment, the patient's life quality was very good with a rapid resumption of normal activities and professional reinstatement.

Keywords: splenic artery aneurysm, aneurysm, open surgery

CORONA MORTIS – A SYSTEMATIC REVIEW OF THE LITERATURE

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Review

Introduction

Corona mortis (CM) is a variant vascular anastomosis in between the external iliac artery or inferior epigastric artery and obturator artery, located posterior to the superior pubic ramus (space of Retzius). CM can be arterial and/or venous and can also be classified as bilateral or unilateral. Also known as 'crown of death', the term underlines the importance of this variant, as potentially life threatening haemorrhage may occur if injured during pelvic trauma and surgeries in this region.

Materials & Methods

We conducted a literature review based on an online article search. The following platform was used as a database: PubMed. The standard descriptor was "Corona Mortis" and the analysed time range was 2009 - 2022. The analysis of each article included in this review consisted of four steps: identifying the year of publication (checking if it was within the given 13 - year range); identifying the type of article (randomised controlled trial, meta-analysis and review articles were included); identifying the CM definition in the article; identifying what was studied in correlation with CM.

Results

Following the selection process, 10 full-text articles were assessed for eligibility. A total of 3650 hemipelvis were evaluated in our study of which 2161 presented a CM variant. The calculated mean incidence of arterial CM was 22% and of venous CM was 47%.

Conclusion

The frequency of CM was 48%±10%. Considering the results, every surgeon who schedules an operation on the retro-pubic area, should be aware of the presence of CM. Anatomical knowledge of the region is vital for attempting to eliminate the risk of injuring the CM during surgery.

Keywords: anatomical variations, corona mortis, venous, arterial, anastomosis

CRYOABLATION AND RADIOFREQUENCY ABLATION FOR ATRIAL PAROXYSMAL FIBRILLATION. WHAT SHOULD WE USE?

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Review

Introduction

Paroxysmal atrial fibrillation (PAF) is the first type of sustained arrhythmia that involves the presence of triggers in the left atrial muscular sleeve, extending into the pulmonary vein. Ectopic foci disorganised the atrial activation, leading to an irregular ventricular response that terminates spontaneously or by cardioversion within 7 days of onset. This review aims to compare and evaluate radiofrequency ablation and cryoablation in terms of effectiveness and consequences.

Materials & Methods

This review is based on 12 articles (systematic reviews and meta-analysis) published on PubMed (2016-2018), reporting 46,3 million cases with PAF. Treatment includes pulmonary vein isolation, using two possible methods: radiofrequency ablation (RF; medium frequency alternating current, the most common, associated with cardiovascular complications) and cryoablation (CB; freezing energy, that precisely disables heart tissue). They are compared regarding the length, safety, and efficacy of the procedure. For the inclusion criteria, adult patients above 60 were studied, while those who received previous catheter ablation for PAF were excluded.

Results

The 12-month recurrence in the CB group was 71%, compared to 61% in RF ablation. In addition, CB takes a shorter time to be performed (112 vs. 180 min). If in 2008, 67% of the PAF ablation therapies were using an electrical current, by 2018 there was an increasing preference for cryoablation - 56,3% vs. 43,7% for RF. Because CB was associated with a lower incidence of pericardial effusions and myocardial infarction, it remains an initial therapy. In the case of PAF repairing, either cryoablation or radiofrequency ablation reports a mortality rate of >7%.

Conclusion

According to this review, both ablation methods reported favourable results and low rates of complications. Even though RF ablation is still the most widespread method, the use of CB steadily increases.

Keywords: cryoablation, radiofrequency ablation, PAF, arrhythmia therapy

ILEOCOLIC INTUSSUSCEPTION CAUSED BY DIFFUSE LARGE B-CELL LYMPHOMA

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Type:

Case Report

Introduction

The gastrointestinal tract is the most common site of primary extranodal non-Hodgkin's lymphoma (NHL), and the histological subtype with the highest prevalence is diffuse large B-cell lymphoma (DLBCL). Intussusception represents the invagination of a part of the intestine into itself, often occurring in childhood, but in adults is rare and is usually associated with an underlying pathology, benign, or malignant. DLBCL is one of the primary small bowel lymphomas that cause intussusception, especially in the ileocolic region.

Case Presentation

A 23-year-old male patient was admitted for intermittent crampy abdominal pain and bloody stools. His medical history includes, four years prior to presentation, an ileal resection for the Meckel diverticulum complicated with bowel obstruction. Colonoscopy identified a telescoping polypoid friable mass protruding from the ileocecal valve, but the biopsies were negative. Contrast-enhanced CT scan of the abdomen revealed an ileocecal intussusception with bowel wall thickening at the valvular level, with homogeneous enhancement after intravenous administration of contrast agent, raising the suspicion of a tumour as a lead point. Laparoscopic right hemicolectomy was performed. The specimen examination revealed at the terminal ileum, within 2 cm of the ileocecal valve a 3.5-4 cm exophytic tumour, responsible for the ileocolic intussusception. Our diagnosis was a diffuse large B-cell lymphoma, non-germinal type, with primary enteral origin. Adjuvant R-CHOP chemotherapy was initiated and the patient's evolution was favourable.

Conclusion

No guidelines exist for the treatment of DLBCL of the small bowel, but R-CHOP chemotherapy is preferred as the first-line therapy, and surgery is recommended for complicated cases (obstruction, perforation, etc.). This was a complex case, so we decided to perform surgery as first-line and initiated chemotherapy as an adjuvant.

Extranodal DLBCL represents a rarity in early adulthood that warrants more documentation and follow-up.

Keywords: intussusception, diffuse large B-cell lymphoma, ileum

INTEGRATIVE DIAGNOSTIC AND TREATMENT OF A RARE CASE OF PANCREATIC GANGLIOCYTIC PARAGANGLIOMA

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Case Report

Introduction

Gangliocytic paraganglioma is a rare neuroendocrine tumour (NET), located in the second portion of the duodenum, in the periampullary region. The tumour is characterised by its unique triphasic cells (epithelial cells, fusiform cells and ganglion cells). Is one of the four main types of duodenal NETs, along with the gastrinoma, somatostatinoma and enterochromaffin tumour. Gangliocytic paraganglioma arising from the pancreas is extremely rare. Only four cases have been reported until 2017 and its clinical characteristics are largely unknown.

Case Presentation

A 53-year-old female patient was admitted for dyspeptic symptoms. Abdominal ultrasound revealed an encapsulated hypoechoic, inhomogeneous tumour in the pancreatic isthmus. The mass did not invade the adjacent structures and did not invade the main biliary or pancreatic ducts. At contrast enhanced ultrasound (CEUS), this mass intensely captured the contrast agent in the arterial phase, indicating a rich arterial vascularization. The capture was slightly inconsistent due to some necrotic or cystic areas. All of these elements suggested a NET. The differential diagnosis for hypervascularized pancreatic lesions included hypervascularized metastases, an intrapancreatic accessory spleen or a predominantly serous cystadenoma.

A central pancreatectomy was performed. The histopathological examination revealed a 35/25/25 pancreatic mass, characterised by its unique triphasic cells, established the diagnosis of pancreatic gangliocytic paraganglioma. The mitotic index was 1-2 mitoses/10 HPF, without atypical mitosis.

Conclusion

Gangliocytic paraganglioma is considered a benign tumour, although a low malignant potential has been found. It is well known that the NET tumours are highly vascularized. Gangliocytic paraganglioma appears CEUS features as other NET and should be considered in the differential diagnosis of hypervascularized lesions with pancreatic location, other than the periampullary region, as revealed by our case.

Keywords: gangliocytic paraganglioma, case report, neuroendocrine tumor grade, pancreas

LAPAROSCOPIC APPROACH OF PRIMARY HYDATID CYST OF THE PANCREAS

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Case Report

Introduction

The pancreatic localization of the hydatid cyst is exceptional, even in countries where hydatid disease is considered endemic.

Case Presentation

We describe a female patient, 63 years old, with hydatid cyst of the pancreas. The diagnosis was difficult because the presentation was that of an epigastric cyst of unknown origin, with no suggestive radiological and ultrasonographic features. We performed a laparoscopic exploration of abdominal cavity which revealed a retrogastric cystic mass developed from the pancreatic body. The surgical treatment consisted in puncture, evacuation of proligera, lavage with hypertonic serum, partial excision of the pericyst and drainage of the cavity. The patient was discharged on the fifth postoperative day. The follow-up at 6, 12 and 24 months did not show relapse. Through this observation and a review of the literature, we discuss the diagnostic and therapeutic difficulties of this rare localization of the hydatid cyst.

Conclusion

Hydatid cyst is a rare cause of a cystic mass of the pancreas, but should be included in the differential diagnosis, especially in endemic areas. Surgery still remains the most effective treatment option. Laparoscopic approach is feasible and secure but requires a trained team with experience in minimally invasive surgery.

Keywords: pancreas, hydatid cyst, pancreatic cystic lesions, laparoscopy

LYMPH NODE WITH QUASI-TOTAL METASTASIS OF A THYROID PAPILLARY CARCINOMA OF UNKNOWN ORIGIN

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Case Report

Introduction

Papillary carcinoma is the most common type of thyroid cancer, accounting for 80% of all thyroid cancers. Surgical intervention is the main method of treatment. Metastases in regional lymph nodes are common in patients with papillary thyroid cancer.

Case Presentation

The patient is a 30-year-old woman, operated on 3 years ago of a benign ovarian cyst is admitted to the general surgery department revealing a left latero-cervical tumour formation.

The clinical, imaging and biological investigations were carried out prior to admission. The thyroid ultrasound and the Angio-CT reveal a thyroid without nodular formations and a left latero-cervical expansive process, located in the carotid triangle. High values of ATP (>1000 UI/mL) suggest an autoimmune thyroid disorder. Upon the CT exam of the cervical and thoracic region a mixed, nodular formation is noticed, located at the left middle jugular level, adjacent to the internal jugular vein, well-delimited with sizes of 20/17/27 mm without cervical peripheral adenopathies. This aspect being suggestive of a vascular malformation, a consultation with vascular surgery is recommended, where the diagnosis of glomus tumour is established.

It is surgically intervened and the excision of the sub-angular-maxillary formations is executed, sending it for extemporaneous examination, following which the lymph nodule with the quasi-total metastasis of thyroid papillary carcinoma is detected. Total thyroidectomy with the selective dissection of the neck is decided. Post-operatory, the patient's evolution is favourable, due to which the discharge is decided. Morphological and immunohistochemical aspects reveal areas of thyroiditis with reactive or hyperfunctional follicles on a background of Hashimoto thyroiditis with modularization and exclude a thyroid tumour infiltration associated with the psammomatous calcifications.

Conclusion

The case presented is a quasi-total lymph node metastasis of a thyroid papillary carcinoma with the trait being the fact the primary tumour was not identified at the level of the excised thyroid tissue.

Keywords: Hashimoto, lymph nodule, metastasis, papillary carcinoma

MULTIDISCIPLINARY MANAGEMENT OF ORTHOPAEDIC TRAUMA - ARE WE ADHERING TO THE GUIDELINES?

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Review

Introduction

Orthopaedic traumatic injuries make up a significant proportion of trauma presenting to ED. A multidisciplinary team approach to patients with polytrauma helps to minimise morbidity and mortality. The objective of this project was to assess the level of multi-speciality input for trauma and orthopaedic inpatients and determine to what extent the current British orthopaedic association standards for trauma (BOAST) guidelines for the management of a frail orthopaedic patient are currently being met.

Materials & Methods

All collaborators were instructed to save a list of all orthopaedic trauma inpatients on 1st March at 8:00 am. The patients were then followed up 2 weeks later. Data collected included: age, sex, diagnosis and dates of speciality input. We conducted analysis to determine adherence to the BOAST guideline: "All patients should be managed in a frailty pathway which includes Comprehensive Geriatric Assessment (CGA)² commencing within 72 hours of injury. The pathway should demonstrate collaboration between pre-hospital services".

Results

A total of 1057 patients were included, across 27 hospital sites. The median age was 80, with 560 (53%) of all fractures being neck of femur fractures (NOF). 874 (83%) were managed operatively. The median number of different speciality involvements was 3.

Orthogeriatric input was 151 (30%) for non-hip fracture patients compared to 498 (89%) for hip fracture patients. The specialty with the greatest input was Radiology, followed by Emergency department (ED), Anaesthetics and Orthogeriatrics respectively.

Conclusion

There was significant variation in speciality input across different trusts. Patients sustaining hip fractures on average had more speciality input than non-hip fractures. This study has shown

that there is a need for standardised MDT to optimise care and recovery. The disparity between the guidelines published is significant and needs to be addressed to improve patient outcomes. tissue.

ORIF FOR HUMERAL SHAFT FRACTURE ASSOCIATED WITH AN UNSTABLE SHOULDER AND NEER TYPE 2 FRACTURE AFTER A CRUSH INJURY – CASE REPORT

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Type:

Case Report

Introduction

Humeral shaft fractures are common injuries. Epidemiological studies show a bimodal distribution, with younger patients, due to high energy trauma, and elderly patients, due to osteoporosis and low impact injuries. Whilst quite common, humeral shaft fractures can be challenging, and treatment must be tailored to the individual patient and the specific fracture pattern. Most common high-energy fractures of the humeral diaphysis are transverse or comminuted.

Case Presentation

The aim of this paper is to present the case of a 19 years-old male patient, who presented to our orthopaedics department after a press machine accident at work, presenting multiple injuries. After clinical evaluation and radiologic investigations, following diagnostics were established: Antero-internal scapula-humeral dislocation, greater tuberosity fracture (Type II by Neer Classification), transverse fracture of the middle third humeral shaft, crush wound in the axilla and proximal third of the arm, crush wound with 3rd degree burn in the middle third of the arm and a partial necrosis of the biceps brachii of the left arm.

The initial focus was correction of the transverse humeral shaft fracture. Closed reduction and internal fixation with an intramedullary nail was not possible due to scapulo-humeral joint instability that required open surgery and osteosynthesis of the tuberosity with a compression screw. Following a posterior approach the fracture was reduced and fixed with a DCP plate and 6 bicortical screws, after which soft-tissue injuries were controlled. Three days later the plastic-reconstructive team treated the crush wound with a free skin graft harvested from the left thigh. Post-operative evolution was good and the patient was discharged with a cast.

Conclusion

While closed reduction is the gold standard in these types of humerus fractures, special cases, as here, make this approach unusable. The ORIF is next in line and worked out well for this trauma patient.

Keywords: ORIF, crush injury, humeral fracture

PENETRATING KERATOPLASTY VERSUS ANTERIOR LAMELLAR PROCEDURES FOR KERATOCONUS

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Review

Introduction

Keratoconus is a non-inflammatory progressive eye disorder characterised by the thinning and protrusion of the cornea. It starts manifesting by visual problems in adolescents...and if left untreated, it can lead to corneal scarring...10 to 15% of patients needing corneal transplant (keratoplasty). In the last ten years, lamellar keratoplasty tends to replace the classic penetrating approach, because of its lower risk for graft rejection and better outcomes.

Materials & Methods

This review is based on 13 PubMed articles from the last 10 years (2012-2022), included because they compare lamellar and penetrating keratoplasty outcomes in patients (both children and adults) with keratoconus, excluding studies on patients with associated diseases such as vernal keratoconjunctivitis.

Results

While penetrating keratoplasty (PK) is still indicated in advanced keratoconus when hydrops or scarring occurs – affecting all the corneal layers, the lamellar approach, and more exactly the deep anterior lamellar keratoplasty (DALK) gains popularity – 7 out of 13 articles showing lower graft rejection rates and fewer complications. While results concerning best corneal visual acuity (BCVA) are similar, there are some studies which proved that DALK is not only safer but more effective in terms of corneal curvature, endothelial cell count and spheric equivalent results.

Conclusion

Considering the patient's safety and the graft longevity for the same results, DALK should be considered as the first option when keratoplasty is indicated in keratoconus. Regarding corneal scarring, there are treatment options that prevent reaching this advanced stage, thus excluding the need for PK.

Keywords: keratoconus, deep anterior lamellar keratoplasty, penetrating keratoplasty

PROPHYLACTIC MASTECTOMY & RECONSTRUCTION SURGERY – FROM ONE INTERVENTION TO A SAFER FUTURE?

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Case Report

Introduction

Breast cancer has a high incidence in the last decades as 1 in 8 women develop this tumour during their lifetime. In about 10% of cases a genetic defect most commonly in BRCA genes is responsible for the disease, therefore preventive measures for women at risk, including chemoprevention, and surgery are major indications in these cases. At present carriers for pathogenic mutations in BRCA1, BRCA2, PALB2, TP53, CDH11 and PTEN should be offered mastectomy as a prophylactic measure.

Case Presentation

We present the case of a 27-year-old patient with a 7 mm nodule in her right breast, confirmed by ultrasound as a BIRAD-S 2 type lesion. The patient first detected the presence of the nodules at the age of 17 and had annual check-ups, mostly because her 54-year-old paternal grandmother was diagnosed with breast cancer. The geneticist recommended molecular testing (NGS panel for 23 genes) and a nonsense, pathogenic mutation in the BRCA1 gene was reported. Further genetic counselling resulted in 60-80% risk for breast cancer and 40-60% for ovarian cancer. After psychological assessment, the patient underwent a prophylactic mastectomy. The surgical approach implied one step submuscular, nipple-sparing mastectomy with immediate breast reconstruction. The post-mastectomy histopathological examination revealed an atypical hyperplasia, a lesion with an increased risk of malignancy.

Conclusion

The patient had a quick recovery after the procedures and after only 6 months she got pregnant with her first baby. This case shows the major impact an invasive prophylactic measure can have on a patient's future, following a possible cancer diagnosis.

Keywords: breast cancer, BRCA1 mutation, prophylactic mastectomy, breast reconstruction

SACRAL INSUFFICIENCY FRACTURE FOLLOWING LUMBAR INTERBODY FUSION L4-S1. BAIL OUT STRATEGY USING TRIANGULAR LUMBOPELVIC STABILISATION.

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Type:

Case Report

Introduction

Unstable sacral fractures are one of the main causes that lead to multidirectional instability of the posterior pelvic ring and the lumbopelvic junction. Operative fixation is considered the treatment of choice for this pathology, through the innovative procedure named lumbopelvic triangular stabilisation.

Case Presentation

A 62-year-old Swiss man with multiple comorbidities presents himself to the emergency care unit with increasing immobilising lumbociatalgia and the inability to stand on one leg, two weeks after a posterior lumbar interbody fusion operation between the vertebrae L5/S1. Subsequently, he is submitted to imaging tests, revealing an insufficiency fracture in the S1 vertebra, between the pedicle screws, extending on the lateral part of the sacrum bone. The fracture represents a lumbopelvic dissociation.

The procedure performed was triangular lumbopelvic stabilisation, aimed at restoring lumbopelvic stability by load-sharing lumbar forces directly to the pelvis, relieving the weight stress from the abnormal (osteocondriated) sacrum bone. The above-mentioned procedure combines vertical fixation between the vertebral pedicle and the ilium with horizontal fixation, by use of sacroiliac screws and, respectively, trans iliosacral screws. The patient made a successful recovery just days after the operation, being sent to a rehabilitation clinic, in order to restore normal movement capabilities.

Conclusion

By transferring the axial load directly onto the ilium, triangular lumbopelvic stabilisation is the most effective procedure to restore the stability of the lumbopelvic junction, reducing prolonged immobilisation and, moreover, preventing further fractures in the interested area.

Keywords: spinal surgery, triangular lumbopelvic stabilisation, insufficiency fracture, lumbopelvic dissociation, sacrum bone

SEAT-BELT SYNDROME: DIAGNOSIS AND MANAGEMENT OF INTRA-ABDOMINAL INJURY

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Review

Introduction

Seat-belt syndrome (SBSd) represents the association of seat-belt sign (SBS) - linear area of abrasion/ecchymosis - with vertebral and/or intra-abdominal injuries (IAI) caused by motor vehicle crashes (MVC). The physical examination of patients involved in MVC is crucial for diagnosis. Although early diagnosis leads to better prognosis, it is challenging.

Materials & Methods

After a systematic search of Pubmed, using search formulas such as “seat-belt syndrome”, “seat-belt sign”, “intestinal injury”, 19 studies were selected. Only full-text articles published in English in the last 10 years were chosen. Articles on skeletal and vascular injury caused by MVC were excluded, focusing exclusively on studies examining the diagnosis and management of intestinal injury found in SBSd.

Results

IAI found in SBSd mostly involve jejunum and ileum, being followed by duodenum and colon. Mesenteric disruption usually occurs, being caused by inertia of the bowel that continues moving with the speed of the vehicle.

The IAI management is usually delayed because patients can be initially hemodynamically stable, later developing peritonitis.

Additionally, computerised tomography (CT) scans can look normal at admission, showing air or fluid in the abdominopelvic cavity later on. The location of SBS could have prognostic value as patients with SBS above anterior-superior iliac spine present important abdominal injuries. Repeated abdominal examinations and CT scans are needed in order to promptly diagnose IAI and immediately intervene.

Hemodynamically unstable patients with clear peritonitis signs should be admitted into exploratory laparotomy.

The surgical management of hollow viscus injury consists of resection of the affected segment and end-to-end anastomosis. During surgery, a systematic examination of all abdominal organs should be performed.

Conclusion

The diagnosis of IAI lies on good clinical judgement and proper interpretation of clinical and paraclinical signs, leading to a quick identification of visceral damage and surgical management.

Keywords: seat-belt syndrome, seat-belt sign, intestinal rupture, hollow viscus injury

SEVERE ACUTE PANCREATITIS: COMPLICATIONS AND CONSEQUENCES THAT REMAIN UNBEATABLE FOR SURGEONS

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Case Report

Introduction

Severe acute pancreatitis (SAP) still registers an increased mortality rate due to its local and systemic complications, regardless of aetiology and progress made in diagnosing and treating it. SAP represents a dynamic illness, having a quick and unpredictable evolution because of the possible complications. The aim of this case report is to emphasise the uncertain evolution of patients diagnosed with SAP.

Case Presentation

Z.E., a 53 years old female patient, was admitted to the general surgery department presenting epigastric abdominal pain, abdominal distention and nausea. Complete blood count showed leukocytosis, elevated haemoglobin, creatinine, urea, amylase, lipase, pre pepsin, CRP levels and hyperglycemia. CT-scanning proved the diagnosis: lithiasic SAP with a Balthazar score of 10. Because of the risk of multiple organ failure (SaO₂=75,5%; BP<90mmHg; acidosis; oliguria), she was transferred to the ICU for fluid and analgesics administration, antibiotherapy, intraabdominal pressure (IAP) supervising and catheter insertion. IAP was 36 cmH₂O, leading to abdominal compartment syndrome. Exploratory laparotomy, adhesiolysis, cholecystectomy, lavage, peritoneal drainage (fluids used for antibiogram; negative results) and vacuum-assisted laparostomy were performed. Postoperative evolution was slow: IAP lowered after 2 days (25 cmH₂O); diuresis raised (5300 mL/24h). Every 48h the vacuum-assisted laparostomy was changed and antibiograms were performed (positive for multiresistant but sensitive to colistin K. pneumoniae, Acinetobacter baumannii and multiresistant E. coli). 16 days postoperative, the vacuum-assisted laparostomy was changed with a 3D-mesh laparostomy. The patient was sent home because of her favourable evolution but returned for weekly check-ups. 2 months postoperative she presented digestive haemorrhage, followed by hypovolemic shock. Emergency surgery was performed, but the hemorrhagic necrosis extended too much and too quickly.

Conclusion

SAP is associated with a high mortality rate, secondary to complications that develop as a consequence of the inflammatory and necrotic process, haemorrhage being the most life-threatening. Favourable evolution could never be a certainty.

Keywords: pancreatitis, complications, abdominal compartment syndrome, laparostomy

SUBUNGUAL SQUAMOUS CELL CARCINOMA LEADS TO ARM AMPUTATION

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Case Report

Introduction

Subungual squamous cell carcinoma is the most common malignancy of the nail bed. Delay and misdiagnosis of this condition represent great challenges in curing it, drawbacks that contribute to further complications. While metastases are unusual, we present the case of a 58 year old man, whose initial subungual tumour metastasized at the level of the right arm.

Case Presentation

The patient presented with an ulcerous-necrotic wound at the level of the right ring finger's nail bed. Initially treated as paronychia, he returns to the hospital one month later showing no improvements. A biopsy of the nail bed is then performed and the histopathological report indicates squamous cell carcinoma with bone involvement (pT4N0M0), thus amputation of the middle phalanges was performed.

2 years after surgery, the patient returns with massive epitrochlear and axillary lymphadenopathies and a growing tumoral mass on the right arm (20x15cm). Initial amputation of the arm was rejected by the patient. 6 cycles of Taxol Carboplatin and Cisplatin were prescribed by the oncologist, showing minor remissions.

Lymphadenectomy at the level of the epitrochlear nodes was performed, signalling ganglions invading the triceps brachialis muscle. The patient was discharged, but a year later new small latero-cervical lymphadenopathies were observed. Fine needle aspiration indicated no presence of tumoral cells.

Given the evolution of the case, the surgical team offered the patient a total right arm amputation as treatment, which the patient is considering.

Conclusion

Subungual squamous cell carcinoma remains a tricky malignancy to identify and late diagnosis can lead to poor outcomes. Although SLN biopsy is not part of the surgical algorithm for subungual disease, our intention was to highlight the importance of early biopsy, to present a unique location of the metastasis and to stress the importance of reconsidering the diagnosis and the biopsy, if the initial condition does not improve with the prescribed treatment.

Keywords: subungual squamous cell carcinoma, amputation, lymphadenectomy, biopsy

SURGICAL CHALLENGE OF COLORECTAL CANCER - RARE COMPLICATIONS AND UNIQUE SOLUTIONS

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Type:

Case Report

Introduction

Colorectal cancer is the most commonly diagnosed cancer in Europe and the second most common cause of cancer death. If diagnosed at an early stage, however, it is one of the most curable malignancies.

Case Presentation

A 58-year-old female patient is admitted at Surgery 1 Service, Cluj-Napoca with the diagnosis of ulcerated mucous colon adenocarcinoma at the rectosigmoid junction- cT4N1M0, radio and chemo treated.

In addition, the MRI showed perilesional adenopathy and a solid adnexal formation. As to surgical treatment on October 2021, the following operations were performed: rectosigmoidectomy with manual colo-rectal L-T anastomosis and central lymphadenectomy, total hysterectomy with bilateral adnexectomy, direct appendectomy and ileal segmental resection with manual T-T anastomosis because of tumour extension identified intraoperative.

Postoperative, on day 7, C-reactive protein was rising. The patient was shivering and had a temperature of 37.4C. In the following days, an ultrasound, urinalysis, uroculture and CT were performed which showed changes in the bladder suggestive of emphysematous cystitis - a rare complication which was treated successfully with antibiotics.

The next year, the patient was admitted in the Urology II Clinic where both ultrasound and CT showed ureterohydronephrosis on both kidneys due significant stenosis following radiotherapy. As a result, a percutaneous right nephrostomy was installed.

Two days later, the patient is admitted to the Surgical Department with the diagnosis of Hepatic Tumoural Formations in IV and VI segments, possibly secondary to the rectal adenocarcinoma. During surgery, intraoperative ultrasound was performed, followed by atypical liver resection of VI, II/IVa segments.

Consecutive to all the procedures, the patient is in good health and can live a normal life

Conclusion

Even though surgery is curative in most cases of colorectal cancer, some rare, life-threatening complications are unanticipated. Thus, it is of utmost importance to diagnose complications as soon as possible whose resolutions will make it possible to prolong survival of many post cancer patients.

Keywords: colorectal cancer, complications, emphysematous cystitis, ureterohydronephrosis, nephrostomy

SURGICAL REPAIR OF TETRALOGY OF FALLOT ON A 9 MONTH YEARS OLD PATIENT

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Type:

Case Report

Introduction

Tetralogy of Fallot (TOF) is the most common cyanotic congenital heart lesion, affecting 3% to 10% of all babies born with congenital heart disease. TOF is a rare condition caused by a combination of four heart defects that are present at birth: pulmonary valve stenosis, ventricular septal defect, overriding aorta and right ventricular hypertrophy. All babies who have TOF need surgery. Corrective surgery has dramatically improved long-term prognosis, with nearly 90% of patients now surviving well into adulthood. Assessment of life expectancy after TOF repair in large series has been reported at 30- to 40-year survival rate, although there are some cases which are currently in their sixth and seventh decade of life.

Case Presentation

We report a case of a 9 month-year-old boy who was hospitalised for a planned complete surgical repair of tetralogy of Fallot. The patient had SpO₂% ranging between 80%-85% at home, without any signs of respiratory distress nor signs of cyanosis. He is eating normally, and he is gaining weight according to his condition. The parents never noticed tiredness.

The preoperative transthoracic echocardiography assessed the right ventricle outflow tract obstruction (RVOTO), showing a severe pulmonary stenosis, with a transpulmonary gradient of 42mmHg.

The abnormal cardiac anatomy included a ventricular septal defect and overriding aorta. No coronary artery anomalies were acknowledged.

The patient underwent a complete repair of TOF with transannular patch from bovine pericardium and closure of VSD with autologous pericardial patch.

Conclusion

The patient had a favourable evolution despite the issues caused by the necessity of clamping the aorta and doing the transannular patch method after the first attempt of valvotomy and resection of the RVOT muscle with not good enough intraoperative echocardiography results. The particularity of this case is that after the first resection of the RVOT muscle the patient still had a 50mmHg transpulmonary gradient

Keywords: congenital heart disease, tetralogy of Fallot, overriding aorta, RVOT, ventricular sept defect

THE COMPLICATED MANAGEMENT OF AN ESOPHAGO-PERICARDIAL FISTULA AFTER RADIOFREQUENCY-ABLATION

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Case Report

Introduction

Esophago-pericardial fistulas (EPF) are a rare form of complication after radiofrequency-ablation (RFA) of atrial fibrillation. The heat created during RFA affects the posterior wall of the left atrium and pulmonary veins. Because of the close anatomical report of the pericardium with the anterior wall of the oesophagus, there's an increased chance of fistula development (EPF). This study case aims to present the management of such a life-threatening complication, highlighting its rarity and the importance of early recognition, diagnosis and surgical intervention.

Case Presentation

A 63-year-old male with a history of RFA, was admitted to the cardiovascular surgical ward with the following presumptive diagnosis: hidro pneumopericardium and infectious pericarditis. After thoracic CT with oral contrast substance, pericardiocentesis and placement of an intrapericardial catheter, endoscopy with no signs of EPF, the contrast swallow procedure confirmed the EPF. After clips were placed to close the fistula through endoscopy, the cardiovascular surgeon performed a cardiac decortication, pericardiodesis and placement of a washing draining system (cleaning the pericardial cavity with antibiotic solutions constantly). The infection spread into the mediastinum (more cardiovascular surgeries were needed), highlighting the clips' inefficiency, leading to their replacement with an esophageal vacuum, along with placing a jejunostomy. The surgical treatment of the EPF was considered, but the size of the fistula excluded this possibility. The patient's evolution was favourable, but it was a long, arduous one because a rare complication like this requires a quick diagnosis and treatment, assured by a multidisciplinary team, gathered in the same hospital (which was lacking in our case).

Conclusion

In conclusion, prospective studies should attest the effectiveness of surgical treatment, the importance of good communication between the surgical team and the clinicians for better chances of survival in this type of life-threatening complication, diminishing the number of unnecessary surgeries needed to save a patient's life.

Keywords: esophago-pericardial fistula, infectious pericarditis, cardiac decortication, esophageal vacuum

TISSUE EXPANDER DISPLACEMENT AFTER SKIN-SPARING MASTECTOMY IN A FORMER BREAST CANCER PATIENT – CASE REPORT

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Case Report

Introduction

Often in breast cancer, a mastectomy becomes a necessity and thinking about whether or not they prefer to pursue breast reconstruction, a must. To restore the appearance, breast implants or flaps are used, which can pose different kinds of risks.

Case Presentation

The patient, a 74 years old female, was diagnosed with right breast cancer, for which she was treated using unilateral skin-sparing mastectomy, with axillary lymph nodes removed and received immediate breast reconstruction surgery, using a tissue expander, procedures performed în Timișoara, in March 2021. Afterwards, she underwent radiotherapy. In July, 2022, the patient observed that the expander moved from its initial place, accusing anterolateral thoracic pain and a visible right breast lateral displacement. She was admitted at the Emergency Clinical Hospital în Sibiu, in the Department of Plastic surgery, where the following surgical treatment was performed: incision at the level of the postmastectomy scar, dissection of the expander, with intact shell, dissection of its remote injection port, insertion of a surgical drain and closing. The removal of the expander at the present time without replacement (which can lead to losing some of the stretching of the soft tissue and skin rippling) was done respecting the patient's wish, and she expressed the desire for a less invasive method in the future. As per her request, no reconstruction ('going flat' on one side) could be an option by removing the excess skin left, but may be less accepted psycho-emotionally and aesthetically by her, or a new type of autologous breast reconstruction could be applied, such as fat grafting, based on the good results reported in the last few years.

Conclusion

Fat grafting may become the first choice in the future of breast reconstruction than tissue expander/implant-based reconstruction and is minimally invasive than other autologous breast reconstructions, for the comfort and well-being of patients.

Keywords: tissue expander, breast implant, breast reconstruction, fat grafting

YAMANE TECHNIQUE – INNOVATIVE METHOD FOR INTRAOCULAR LENS FIXATION WITHOUT CAPSULAR SUPPORT

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Review

Introduction

Cataract surgery is the most common intraocular procedure, with constantly improving outcomes. Surgical complications, congenital zonular weakness and ocular trauma can preclude capsular bag intraocular lens (IOL) placement. In these situations, surgeons can use anterior chamber, iris-fixated or trans-scleral sutured posterior chamber IOL, with risk of corneal endothelial cell loss or suture breakage. This review evaluates viability of a new implant technique: flanged intra-scleral IOL fixation.

Materials & Methods

14 clinical studies and reviews over the past 5 years documenting procedure's effectiveness were selected from PubMed database using phrases: “scleral fixated IOL”, “Yamane technique” and “aphakia”. PRISMA guidelines were used for data synthesis. Patients over 20 years old with aphakia, dislocated IOL or subluxated crystalline lenses were selected for Yamane technique. Procedure begins with pars plana vitrectomy, followed by phacoemulsification or IOL extraction. A 3-piece IOL is then inserted into the anterior chamber. Two 30-gauge thin-wall needle sclerotomies are performed 180° apart. IOL haptics are threaded into lumen of needles using a forceps and externalised onto the conjunctiva. Ends of haptics are cauterised, creating flanges, fixed in scleral tunnels.

Conclusion

Flanged intrascleral IOL fixation triggers minimal inflammatory response, through both minimal tissue trauma and absence of suture material. It is a safe approach for surgical management of aphakia, dislocated IOL and subluxated crystalline lenses, showing great long-term results and minimal complication rates.

Keywords: cataract, scleral fixated IOL, absent capsular support, flanged intrascleral fixation, Yamane technique

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