

## OP session SG1

### Management of complications in laparoscopic pyeloplasty for ureteropelvic junction obstruction

**A. Aungurenci, A. Rădulescu, D. Spînu, C. Iatagan, O. Pacu, C. Stănescu, S. Ioniță, A. Iliescu, F. Rusu, V. Botea, M. Dinu, V. Mădan, D. Mischianu**

**Introduction:** In the last two decades the laparoscopic approach for ureteropelvic junction obstruction replaced the classical open surgery. But there are still specific complications that can jeopardize the final result of the operation. The aim of our study is to assess our main complications of laparoscopic pyeloplasty and their management.

**Materials and method:** We analyzed a series of 45 patients admitted in our clinic between January 2010 and December 2015 that underwent laparoscopic pyeloplasty. In all cases we used the transperitoneal approach. Heynes-Anderson pyeloplasty was performed in 43 cases while in the other 2 cases we performed Foley (Y-V) pyeloplasty. Postoperative complications were assessed according to Clavien-classification.

**Results:** The main postoperative complications encountered in our clinic were: urine leakage (6%) and recurrence of the pelviureteral obstruction (4.4%). Except for the patients with restenosis that was managed by open surgery, in all other cases were performed minimally invasive and endoscopic procedures. Conversion rate was approximately 9%, due to intraoperative complications that made impossible the laparoscopic approach, but this was recorded only in the first three years.

**Conclusions:** In our experience, the complications of laparoscopic pyeloplasty can be managed with minimal invasive techniques that ensured the same functional results as in uncomplicated cases. The restenosis of the ureteropelvic junction should be managed by open surgery.

### Refractory priapism – case presentation

**D. Marcu, D. Spînu, O. Bratu, A. Aungurenci, V. Mădan, I. Armand, A. Rădulescu, R. Popescu, D. Mischianu**

**Introduction:** A rare health problem which untreated on time can have a devastating impact on the health status of an individual and, last but not least on the status of his private life.

**Material and method:** We present the therapeutic approach

in the case of a patient who was admitted to the emergency clinic of urology of the Carol Davila SUUMC accusing penile pain and the presence of erection for more than 30 hours. Local examination, clinical and paraclinical confirmed the presence of venous priapism. Emergency surgical procedures consisting in Winter shunts and epinephrine injections were undergone for 3 times with a momentary therapeutic success. Open glandular shunts were the saving procedure in this particular case.

**Results:** Post-operative evolution was favorable, the patient presented at 2 and 4 four weeks without any local problems but also without any erectile function.

**Conclusions:** At 58 years old a man is still sexual active. Given the fact that no serious comorbidities affected this patient the cause remains unknown. What goes more than 6 hours of erectile function is in most cases irretrievable. Not only the sexual function could have been lost but his life could have been in danger.

### Upper lumbar ureteral lithiasis – therapeutic approach

**A. Păun, L. Chirilă, O. Pacu, F. Rusu, A. Iliescu, V. Botea, C. Stănescu, A. Aungurenci, V. Mădan, M. Dinu, D. Mischianu**

**Introduction:** Urinary stones is a disease known since ancient times. This is an important health problem worldwide with a prevalence in the general population estimated at 2-3% and a recurrence rate during lifetime of 50 %. The apparent increase in incidence may be real, but also secondary to high rate detection through high performance investigations. The incidence of urinary stones is about 3 times higher in men.

**Material and methods:** The study included a total of 149 patients admitted in our clinic between January 2013 and December 2015 with a diagnosis of upper ureter lumbar lithiasis > 1cm. Surgical approach was open, laparoscopic, ureteroscopic or ESWL.

**Results:** Were made 82 ureteroscopy with lithotripsy laser "in situ" ( $\pm$  stent JJ), 11 laparoscopic ureterolithotomy, 19 open ureterolithotomy and in 20 cases ESWL was performed per primam (18 cases a stent JJ was placed first, then after normalize biological constants, ESWL was performed).

In patients with open or laparoscopic ureterolithotomy percentage of "stone free" was 100 %.

Of the 82 ureteroscopy, in 43 cases other secondary procedures were needed (URSR, double J stent placement,

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ESWL).

In patients in whom ESWL was first procedure, stone-free rate was 55 % after a single session.

Conclusion: Lumbar ureteric stones needs a multimodal treatment. In our study, the most effective methods for achieving the goal of "stone-free" were ureterolithotomy both the classical and laparoscopic approach.

It is important to notice that we have only analyzed the stone-free rate after the first procedure; hospitalization time and cost, postprocedural pain have not been analyzed.

### **Surgical challenges in kidney infections**

**D. Marcu, O. Bratu, D. Spănu, I. Oprea, M. Dinu, R. Popescu, A. Rădulescu, D. Mischianu**

Introduction: Kidney infections should not be neglected, this pathology often leading to significant morpho-functional alterations and even to the loss of kidney function.

Material and method: We present the therapeutic approach that we have adopted in three patients with renal infectious pathology. The first patient presented for a renal cystic tumor, case in which the laboratory investigations lead to the diagnosis of renal hydatid cyst (increased titer of antiechinococcus granulosus antibody). In the second case we have practiced a lumbar nephrectomy for a lithiasic destroyed kidney, but the histopathological examination revealed that it was renal tuberculosis. The third patient was admitted for a gigantic renal cystic tumor for which we have practiced nephrectomy and the histopathological result was papillary carcinoma.

Results: Postoperative evolution was favorable in the first two patients, but in the case of the third patient secondary lung determinations were encountered at six months after the nephrectomy (CT scans).

Conclusions: In the absence of a correct diagnosis and a proper treatment, kidney infections may have a fatal trend, leading to the appearance of urosepsis, impaired renal function and even to the loss of the kidney.

### **The difficult vaginal hysterectomy**

**B. Panaite, N. Niculescu, I. Constantinescu, Ioana Niculescu, C. Părvulescu, N. Alexe, Anca Popescu, Alexandra Năftănăilă, M. Nicodiu, O. Nicodiu**

Our present work represents an overview of difficult surgical cases of vaginal hysterectomy that have been performed in

our clinic.

The main criteria we have established when considering a vaginal hysterectomy to be a difficult one were: the increased volume of the uterus, the modified anatomy of the bony pelvis, previous caesarian section as well as other pelvic surgical interventions, obese patients and cases that have associated cervical elongation.

Our debate has focused on how a proper surgical technique that has accordingly adapted to each case previously mentioned together with the skills of a well-trained surgeon in the field of vaginal surgery can shift an absolute contraindication into a relative one when considering the vaginal approach of a hysterectomy.

### **Adiponectin blood level in patients with prostate cancer**

**F. Rusu, O. Pacu, A. Iliescu, A. Păun, M. Dinu, Lavinia Chirilă, V. Botea, V. Jinga, Emilia Rusu, Gabriela Radulian, D. Mischianu**

Introduction: Recent data suggests that obesity can influence the incidence, progression and mortality of prostate cancer through hormonal changes, through insulin resistance, increasing production of inflammatory markers etc. Aside these factors, obese patients with PCa are more difficult to diagnose as they have mostly low serum PSA level and a higher prostate volume. Although, the effects of adiponectin on normal prostate cells are at the moment not understood, indirect evidence suggests an antiproliferative effect in prostate tissue. The present study assesses the level of adiponectin on the subjects with prostate cancer.

Material and method: The 414 selected patients were divided in 2 groups: group A: 381 patients with obesity, without PCa (O. PC(-)) and 33 patients with obesity and prostatic cancer (O. PC(+)). Specific anthropometric parameters were analyzed (height, weight, body mass index (BMI), waist circumference), blood tests (fasting blood glucose – (BPG), fasting insulinemia (FPI), HbA1c, total cholesterol, triglycerides, HDL cholesterol, adiponectin, leptin, TNF alpha, IL -6, prostate specific antigen (PSA), free PSA (F-PSA), testosterone).

Results: The study results shows statistically significant differences in terms of age, BMI, PSA level, Free-PSA level, FPG, FPI, adiponectin, leptin, TNF- $\alpha$ , IL-6, testosterone and prostate volume in patients from the two groups (all values  $p < 0.05$ ). In terms of the abdominal circumference and diastolic blood pressure there were no differences in the two groups. Plasma adiponectin level was lower in patients with

PCa than the control group ( $p < 0.001$ ) and also in patients with those with aggressive disease (1.23 ng/ml in patients with Gleason score  $< 7$  vs 0.64 ng/ml for Gleason score 8-10) (the difference remained statistically significant after logarithmic transformation).

Conclusions: The results of the present study indicates that patients with prostate cancer have a lower plasmatic adiponectin level and are also associated with histological grade and disease stage. Further prospective studies are recommended to asses any causal relation between prostate cancer and plasmatic concentrations of adiponectin.

## OP session SG2

### Principles and techniques in cheek reconstruction – a review of cases

**Monica Dărmănescu, V. Trifu, A.M. Țilea, Raluca I. Săftoiu**

The cheek is the broadest subunit of the face, in close proximity to aesthetically important regions such as eyelids, nose and mouth. In most cases the extensive mobility of cheek skin provides for relatively simple closures following tumor extirpation, but in case of larger defects, those located near free margins, or those within areas of decreased skin laxity may require a more complicated approach.

We review the principles of cheek reconstruction, from the simplest option (primary closure) to more complex methods (grafts, flaps), with special considerations to specific reconstructive options. An essential principle of cheek reconstruction is to provide an accurate skin color and thickness match with locally recruited tissues, avoiding distortion of the facial free margins (lower eyelid, upper lip and oral commissure).

Each case must be approached with a unique plan for the defect and the patient, with a non-geometrical and three-dimensional design for every case in order to have very good aesthetic and functional outcomes.

Reconstruction of the cheek requires a thoughtful approach to the etiology of the defect, the functional status of the patient, and the best solution with the least morbidity. The dynamic function and contour of the cheek make it a challenging structure to repair.

### Principles and techniques in forehead and scalp reconstruction – a review of cases

**Monica Dărmănescu, V. Trifu, A.M. Țilea, Raluca I. Săftoiu**

Reconstruction of scalp and forehead defects is a complex

field; we have a broad variety of reconstructive options. A thorough understanding of the anatomy of anatomic structures of the scalp and forehead is paramount to optimal surgical result.

A case series of regional reconstruction of scalp and forehead area is presented, with a variety of reconstructive techniques. The anatomy of the region is reviewed; it is important to preserve the function of motor and sensory nerves, although aesthetic concerns are of great importance in scalp and forehead reconstruction. Respecting the normal position of facial landmarks such as the eyebrows and hairline can be challenging during reconstruction.

We review the principles of forehead and scalp reconstruction, from the simplest option (primary closure) to more complex methods (flaps).

Each case must be approached with a unique plan for the defect and patient, with a non-geometrical design, in order to achieve excellent aesthetic and functional outcomes.

### Pigmented basal cell carcinoma – clinical and dermoscopic clues

**M. Țilea, Mihaela Georgescu, Monica Dărmănescu, V. Trifu**

Introduction: Pigmented basal cell carcinoma (pBCC) can pose a real dilemma even to the most skilled clinician. Clinical similarities with pigmented seborrheic keratosis (pSK) and pigmented cutaneous melanoma (PCM) can be misleading and may result in some unfortunate therapeutic approaches.

Case presentations: We present a series of cases of pigmented basal cell carcinomas that were diagnosed and treated in our clinic. While in some cases the diagnosis was established clinically, in other cases dermoscopy proved to be a valuable tool for reaching the correct diagnosis. All cases were confirmed with histopathology.

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Discussion and conclusions: The clinical aspect of a pBCC is usually straightforward. The classical clinical signs of e.g., greyish translucent aspect (pearls in the periphery of a superficial lesion), the arborizing telangiectasias and the periods of clinical improvement alternating with periods of clinical deterioration (bleeding), can in most cases lead the clinician to the correct diagnosis. In our experience there is also another important clinical clue for the diagnosis of a pBCC – punctate pigmentation in the periphery of the lesion. The colour of the pigmentation can range from dark grey to brown to blue-black. The corresponding dermoscopic structures are: blue-grey ovoid nests and globules, leaf-like structures and spoke-wheel like structures. This clinical clue does not appear in pSK or in PCM.

A solid clinical diagnosis, aided by dermoscopy, can help a surgeon to better manage these tumors and as such to deliver a disease free, functional and aesthetical result.

### **A simple cataract procedure in a complex ophthalmic patient – case report**

**G. Anghel, O. Mușat, M. Zemba, C.H. Manole, Mioara L. Macovei, Liliana Pulbere, Monica M. Armegioiu, C.G. Ștefan, Daniela Șelaru, Camelia Constantin, Corina Cernat, D.C. Luncă**

We report the case of a 65-year-old male, who is hospitalized for a slow progressive decrease in visual acuity over the past years. The clinical exam revealed: OU: primary open angle glaucoma (POAG) – (bilateral trabeculectomy in 1999) compensated under medical therapy, OD: pulsatile exophthalmia, exposure keratitis, paracentral vascularized leukoma, posterior chamber IOL, OS: complicated cataract, sectorial optic nerve atrophy, sequel of superior branch retinal vein occlusion. Past medical history: arterial hypertension, type 2 diabetes, gout, dyslipidemia. The visual acuity was OD: hand motion (HM), OS: counting fingers (CF) and the ocular pressures TOS=20 mm Hg NCT, TOD=similar digital tone as the left eye. The cranial computed tomography revealed the absence of the superior wall of the right orbit with direct communication between the cranial cavity and the right orbital content, after neurosurgery for right orbital cellulitis, in the early '90s. Given all these findings, the therapeutic intervention with the greatest benefit was considered to be the cataract procedure in the left eye.

The patient underwent uneventful phacoemulsification with posterior chamber intraocular lens implantation. The post-operative visual acuity was VOD=0.8 without correction.

The particularity of this case is represented by the

association of multiple conditions that threaten sight and the pulsatile exophthalmia caused by the CSF pulsation transmitted through the bone defect of the right superior orbital wall.

### **Complex clinical association – Rhegmatogenous retinal detachment after perforant keratoplasty and psudofak**

**O. Mușat, G. Anghel, C. Ștefan, M. Zemba, H. Manole, Liliana Pulbere, Monica Armegioiu, Laura Macovei, Daniela Șelaru, Corina Cernat, Camelia Constantin, Uliana Ochinciuc**

The paper reports the case of a 62 years old patient with a history of keratoplasty surgery after a concussion ocular trauma with central corneal leucoma, posttraumatic iris atrophy.

The patient underwent posttraumatic cataract surgery with artificial lens implant.

About 6 years later he developed rhegmatogenous retinal detachment, which was treated surgically: posterior vitrectomy, laser photocoagulation, silicon oil tamponade with no intraoperative complications and good final outcome.

This paper reports the particularities and difficulties of such a complex case.

### **Glaucoma after chemical burns**

**C. Ștefan, Cristina M. Timaru, G. Anghel, M. Burcea, Daniela Șelaru, O. Mușat, M. Zemba, H. Manole, Liliana Pulbere, Laura Macovei, Monica Armegioiu**

Introduction: Glaucoma after chemical burns and radiation is a secondary, posttraumatic, open angle glaucoma. It is a frequently seen complication of chemical burns that can occur in the acute stage or as a late complication.

Material and method: This study is a presentation concerning glaucoma after chemical burns, coupled with a case study presentation of a female patient who suffered from a right eye chemical burn. The management of this case along with diagnosis and treatment are presented in this article.

Results and conclusions: Although it is not a frequently seen pathology, it is important to know how to diagnose and treat glaucoma after chemical burns. There are various options available for treatment, but choosing one is difficult because

of the possible complications and scarring caused by the chemical substance.

### **Extensive corneoconjunctival tumor – a therapeutic challenge**

**M. Zemba, G. Anghel, O. Musat, H. Manole, Laura Macovei, Liliana Pulbere, C. Ștefan, Daniela Șelaru, Monica Armegioiu, M. Dumitrescu**

**Purpose:** to show the surgical solution for a giant corneoconjunctival tumor.

**Methods:** the surgical technique is shown in a video film; we insisted on correct oncologic excision and ocular surface restoration.

**Results:** the visual acuity increased from light perception to 1 without correction.

**Conclusions:** a correct technique and suitable solutions for ocular surface restoration allow a fast and complete recovery for eyes apparently with very bad prognosis.

### **Peripheral nerve injury and neuron regeneration**

**Andreea Benga, F. Zor, A. Korkmaz, B.M. Marinescu**

Peripheral nerve injuries can be most disabling, resulting in loss of sensitivity, motor function and autonomic control in the involved anatomical segment. Although capable of regeneration there is still no optimal solution for their reconstruction. Nerve regeneration has several vulnerable points that could be addressed to improve outcome: (1) neuron survival after trauma, (2) gap crossing and orientation of neurites, (3) neuroma formation, (4) target-organ trophicity.

Inflammation is an important sequence in nerve regeneration. Cytokines released by macrophages and fibroblasts have mitotic effect on Schwann cells. Fibroblasts are present in epineurium, perineurium and endoneurium. If they proliferate extensively, scar formation occurs that impedes nerve regeneration. Scar tissue contains repulsive proteoglycans (such as chondroitin sulfate) and semaphorins that inhibit neurites' elongation.

Nerve repair still faces two immense challenges: fascicles

orientation that could be addressed by improving the surgical technique and the time race against fibrosis and end-organ atrophy amenable to pharmacological therapy.

The aim of this study is to review the literature for the most frequent chemicals used in experimental studies to address neuron survival, reduce scar formation and improve overall nerve regeneration.

### **Hydrosurgery – an effective method of wound debridement**

**B. Marinescu, Andreea Benga**

**Subject:** The aim of the paper is to demonstrate the efficacy of using hydrosurgery in debridement of complex wounds.

**Material and method:** The method was used in 8 patients, treated in our clinic with wounds of different etiologies: burns, chronic, infected or post-surgical wounds. The hydrosurgical system permits simultaneously, an accurate ablation and aspiration of the nonviable tissue from wounds.

**Results:** In all of our cases the debridement was made rapidly and very precise. Direct closure of the wounds or skin grafting were performed in the same time.

**Conclusions:** Hydrosurgery represent an effective and selective method of debridement for difficult wounds. It minimize the tissue damage, preserve the healthy tissue and leave a clean and well vascularized wound bed.

### **Minim invasive solution for treatment of an intraocular lens subluxation**

**M. Zemba, G. Anghel, O. Mușat, H. Manole, Laura Macovei, Liliana Pulbere, C. Ștefan, Daniela Șelaru, Monica Armegioiu**

**Purpose:** to show the surgical solution for a traumatic subluxation of a posterior chamber intraocular lens.

**Methods:** the surgical technique is shown in a video film.

**Results:** the visual acuity increased from 0.03 to 0.5 without correction.

**Conclusions:** a minim invasive technique may allow to obtain very good results, with fast recovery and low costs.

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## OP session SG3

### Intralobar lung sequestration – thoracoscopic surgical procedure

**A. Ciuche, C. Nistor, D. Marin, D. Pantile, Laura M. Constantin, Roxana Brîncoveanu**

**Introduction.** The authors present the case of a 37 years old male admitted for a left lower lung lobe tumor identified on a standard chest X-Ray.

**Material and method.** First we present the radiological findings and then intraoperative images. Using minimally invasive thoracic surgery we managed to diagnose a left lower lung lobe sequestration (highlighting the vascularization of the sequestered lung territory from the descendent aorta, right above the diaphragm), and to perform a thoracoscopic wedge resection of the lesion, clipping the aberrant vessel.

**Results.** With favorable surgical outcome, several aspects are being detailed: postoperative evaluation, as well as the radiological findings one-month postoperative.

**Conclusion.** Minimally invasive thoracic surgery has permitted a better exposure of this rare lung malformation, allowing at the same time a better diagnosis and treatment procedure (thoracoscopic wedge resection), with a fast and complete postoperative recovery of the patient.

### Thoracoscopic resection of a bronchogenic esophageal cyst

**A Ciuche, C. Nistor, D. Pantile, D. Marin, Olivia Arhire, A. Tudose, Săndica Bucurică, C. Bețianu, Roxana Brîncoveanu**

**Introduction:** Esophageal bronchogenic cyst is an uncommon entity and surgical experience of their removal by thoracoscopic surgery is limited.

**Material and method:** We present our patient outcome and surgical thoracoscopic technique in the treatment of an esophageal bronchogenic cyst.

The study included 1 patient, male, 52 years with important obesity. The only clinical manifestation was intermittent dysphagia. Some imagistic findings at CT scan and transesophageal echography suggest the presence of a solid intraparietal benign esophageal tumor.

The intervention was performed using 4 thoracoscopic entry points. Thoracoscopic removal of the cyst needed careful manipulation and subsequent dissection of the cyst sac from

the structures to which it was attached (esophageal wall and mediastinal pleura). The intramural esophageal localization with local esophageal mucosa being intact and the particular aspect of the tumor (filled with mucoid material and contain cartilage fragments) were able to make the positive diagnosis (cystic intramural esophageal tumor) and eliminated the preoperative diagnosis (solid intramural esophageal tumor).

**Results:** The patient had a favorable outcome, without any complications and was discharged the 3rd day after surgery. The dysphagia was relieved immediately after the operation. The follow-up was well 6 months after the surgery.

**Discussions and conclusions:** The preoperative computed tomography and endoscopic ultrasound had some limits in this case (distinguishing between cystic and solid tumor was difficult).

Standard surgical treatment is removal of the cyst by thoracotomy. While difficulties in removal and possible complications and recurrence are similar to those of classical posterolateral thoracotomy, video-assisted thoracoscopy offers clear postoperative advantages.

### Mediastinal paraganglioma – a surgical challenge

**C. Grozavu, M. Iliș, D. Pantile**

**Introduction:** A paraganglioma is a rare neuroendocrine neoplasm that may develop at various body sites (including the head, neck, thorax and abdomen). Paragangliomas originate from paraganglia in chromaffin-negative glomus cells derived from the embryonic neural crest, functioning as part of the sympathetic nervous system.

**Material and method:** A 34-year-old woman came to our department with previous history of bilateral carotid glomic tumor. First, the right common carotid tumor has been surgically removed, followed one year later by the removal of the left common carotid tumor. Five years later the patient reported to the vascular surgery department, and after several investigations she was referred to our thoracic surgery department.

**Results:** On the basis of the symptoms and the previous surgical history we decided to operate on the patient.

We attempted and succeeded to dissect the tumor from the aorta, the left common carotid artery and the left subclavian artery and then resect the full tumor with acceptable blood loss.

Discussion: The treatment of choice for paragangliomas is, where possible, complete surgical resection.

Middle mediastinal paragangliomas are extremely rare, approximately 30 cases have been reported in the literature since 1959.

Conclusion: The surgical intervention was the appropriate approach for this case. When gently maneuvering the tumor, alterations of blood pressure can be avoided. Also, by performing a careful dissection and resection, the blood loss is acceptable and transfusion is not mandatory.

### Laparoscopic hormonal suppression in breast cancer

**N. Niculescu, O. Nicodin, B. Panaite, C. Pârvulescu, Ioana Niculescu**

Objective: To compare the surgical laparoscopic hormonal suppression to the classical treatment, in the treatment of breast cancer.

Method: A retrospective study of 124 patients operated at the Gynecology Department of SCMC for breast cancer. From the patients who have had surgical intervention for hormonal suppression, 13% have had laparoscopic procedures.

Results: The average operative time for the classical approach was 40 minutes and the hospitalization time of 3-5 days. The laparoscopic approach for hormonal suppression took an average 14 minutes, and for bilateral laparoscopic oophorectomy followed by vaginal hysterectomy 63 minutes. The hospitalization time was 2 and 3 days respectively.

Conclusions: The surgical hormonal suppression is an effective complementary therapy in the complex management of breast cancer. The laparoscopic approach resulted in a reduced hospitalization time, a better cosmetic outcome and a quicker return to work for patients, therefore a better postoperative quality of life.

### Right chylothorax – minimally invasive approach

**C. Nistor, A. Ciuche, D. Pantile**

Introduction: The authors present two cases, one of a 47 old woman, 3 years after mitral valvular replacement operation, presented with a postoperative pleural chylous effusion repetitive evacuated and recidivated, and another one of a man with an incidental radiological finding.

Materials and method: The authors presented a short review of the recent information about the pleural chylous effusions and the commonly therapeutically approach in these cases. They presented in details the thoroscopic approach of the thoracic duct which was used in these cases.

Results: Postoperative evolution was favorable, with complete pulmonary expansion and complete resolution of the pleural chylous effusion.

Conclusions: The thoroscopic approach, even if more difficult, allowed a good exposure of the thoracic duct, and also a fast and complete postoperative recovery.

### “Refined” optical methods in pharyngolaryngeal tumor diagnosis

**C. Romanițan, R. Costin, G. Ganea**

The expression "optical biopsy" has entered everyday language for the last 2 decades, being imposed by biomedical researchers in the field of optics. It is a paradox, a word that joins two terms with meanings willed otherwise, "biopsy" meaning harvesting a tissue fragment, which does not happen in optical biopsy. This actually refers to a series of physical measurements using the optical properties of light and the interaction thereof with tissues, to allow the doctor the diagnosis of certainty in real time, in vivo, in situ and noninvasive ( or minimally invasive).

It should be noted that it is widely accepted among ENT specialists that the "gold standard" in the diagnosis of malignant process is the histological examination by a pathologist made after harvesting the tumor tissue fragment. The biopsy itself may be simple, readily available to every ENT specialist in easily accessible areas (oropharynx, nasal passages) or difficult, sometimes requiring endoscopic technique under general anesthesia (cavum, hypopharynx, and larynx).

To overcome these drawbacks and anesthetic-surgical risks, to speed diagnosis of certainty and lower costs, we have developed new methods of exploration, that try to provide the clinician with new criteria to differentiate between healthy tissue/benign tumor/malignant tumor. New technical developments in the field of optical fibers, light sources, sensors, led to the unprecedented development of various optical methods which substantially improve visualization and diagnostic evaluation of the epithelium in vivo. These try to improve image resolution, contrast, and deep tissue penetration to standard endoscopic techniques, offering molecular and biochemical information about mucosal lesions.

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Under the name "optical biopsy" there's actually: fluorescent spectroscopy, optical coherence tomography, narrow-band imaging and confocal endomicroscopy.

This paper describes bio-physical principles of interaction of light with tissues. It also compares the advantages and disadvantages of each optical methods used in ENT and brings statistical data from the literature.

### **Past and perspectives of local anesthesia in dental medicine and BMF surgery**

**A. Nistor, A. Diaconeasa Maier**

Anesthetic substances plays an important role in pain management of various disease involving treatments in the oral-maxillofacial regions. Properly administered local or loco-regional anesthesia is the safest way to minimize the effects of various painful conditions or treatment regimens.

In this article there are evaluated the main types of anesthetic substances which are used most frequently in the current period. There are briefly set out the main characteristics of the major anesthetics used in dentistry and oral surgery regardless of technical management. Also, there is a highlighted focus of the advantages of using Articaine as a main anesthetic, adverse effects compared with other substances existing in current literature and personal considerations.

The main interventions of surgery and oral implantology, which were listed, are most indicated with the use of specific type of anesthesia but also come with some inconveniences and difficulties. Each anesthetic substances has an order of potential, toxicity and specific indications for use alone or in combination with Articaine.

Practical conclusions: Any dental surgery should not be accompanied by pain regardless of its intensity – the „pain management” is very important to be taken into account. Effectiveness of local anesthesia with Articaine, regardless of the concentration of vasoconstrictor is superior to all current anesthetics. The efficiency of Articaine allow it to be use in any dental intervention; Neurological disorders consecutive anesthesia with Articaine are statistically lower compared to the rest of dental anesthetics.

### **Surgical treatment of orbital blowout fractures**

**A. Gabără, Liliana Moraru, A. Căruntu**

Introduction: The isolated blowout orbital fractures occur when traumatic agents that are comparable to the size of its aperture frontally hit the orbit. The traumatic energy is transmitted to eyeball, which transmits it to orbital walls that fracture easily, thus sparing visual analyzer. The symptoms are influenced by the displacement of the fracture, ranging from periorbital bruise to diplopia. Since orbital walls cannot be directly examined, many cases go undiagnosed and heals in a vicious manner being accompanied by atrophy and scarring of soft tissue thus making surgery difficult.

Methods: We retrospectively reviewed cases with blowout orbital fractures with secondary diplopia treated surgically in our unit over the last two years.

Results: Compared with recent fractures, treatment of viciously consolidated orbital blowout fractures though identical (reconstruction of orbital walls with preformed low profile titanium mesh), was more difficult and required more time in the operating room. The interventions resulted in remission of diplopia shortly after surgery without complications, but couldn't equally correct enophthalmia.

Conclusions: Viciously consolidated orbital blowout fractures can be successfully treated in terms of eyeball functionality, but technically more difficult, with potentially higher perioperative risks and variable aesthetic results. Therefore proper diagnosis and early treatment are preferred.

Discussions: The use of computer assisted intraoperative navigation as well as 3D printers before surgery for better surgical outcome.

### **The management of the major burnt patient with associated airway injury in the clinical context of multiple casualty's incident**

**B.M. Marinescu, Penelopia Marinescu, Ioana Tuhar, Andreea Benga, F. Popescu, T. Oprea**

Purpose: The objective of this study is to present the outcomes of the correct management of the burned patient, and to share the experience acquired secondary to this event.

Methods: The case sample included 12 patients from the same multiple casualties' incident, with the severity of the burn lesions varying between IIb-III degrees and between 5-



50% body surface, mainly affecting the upper half of the body (thorax, upper limbs, head and neck). As a common determinant all the cases presented respiratory tract lesions due to the nature of the event-fire in enclosed space followed by toxic fumes inhalation.

The surgical team involved was able to ensure in less than 10 hours the emergency surgical primary care for all of the 12 patients admitted.

Discussion: The distinctiveness of the presented cases consists in the great number of patients simultaneously admitted and treated.

Results: We can report a 100% survivability, at 50 days all patients being discharged only with minor granulating areas left to heal spontaneously under local treatment.

Most of the studies that we have found and we could refer to, on the matter of proper airway burn injuries and toxic fume inhalation did not statistically differ from our outcomes, even compared with consecrated burn centers from Western Europe.

Conclusions: The good overall results can be related to the interdisciplinary approach, right from the admission of the patients.

Our hospital is a level I medico-military unit, conceived from the beginning to provide emergency medical assistance for the most complex cases.

## **Bisphosphonate related osteonecrosis of the jaw – role of surgery**

**A. Gabără, Liliana Moraru, C. Dumitru, A. Căruntu, C. Becheanu**

Introduction: Recently described pathological entity, Bisphosphonate Related Osteonecrosis of the Jaw (BRONJ), although with low incidence in population needs, to be known and understood in health care system (especially among dental specialists), given the complexity of its treatment.

Methods: This article aims to review existing data in literature, along with the presentation of our conclusions from a retrospective analysis of patients treated in our department from 2003 till present day with and without use of PRF during surgical procedure

Results: All patients, except one, were treated for different malignancies with i.v. Zolendronic Acid. They have developed the disease about 1.5 years after the initiation of this therapy.

The mandible body was more affected than the upper jaw. At admission in our department, all patients presented advanced stages of disease. Surgical treatment consisted in limited bone debridement or sequestrectomy with watertight wound suture and since last year, local placement of PRF. In two cases, radical maxillary sinus surgery was performed. In one third of cases redo surgery was necessary before using PRF.

The condition was cured in all patients, except one. Bisphosphonate therapy was stopped by prescribing physician for all patients.

Conclusions: Although prevention still remains the “best treatment” the use of PRF is a helpful tool in surgical management of BRONJ.

Discussions: The role of PRF in prevention of BRONJ.

## **OP session SG4**

### **Lumbar spinal stenosis – surgical decompression**

**I. Cusciac, E. Popa, M. Mitrică**

Object: Patient inclusion criteria were lumbar canal stenosis, no degenerative lumbar spondylolisthesis and no previous history of lumbar surgery.

Methods: 30 patients with LSS who have been operated between 2014 and 2015 were included in this analysis.

Results: At 25 of the patients the functional improvement was very good, at 4 patients was good and at one patient with polineuropathy there was no significant differences in the clinical outcome.

Conclusions: Surgical decompression is the intervention of

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choice for lumbar spinal stenosis when nonoperative treatment has failed.

### **Modern methods in the treatment of fractures of the spine**

**C. Năstase, M. Marinescu, M. Mitrică**

**Introduction:** This study has the task of exposing modern methods in the treatment of fractures of the spine. The main neurosurgical treatment methods are: vertebroplasty technique and fusion.

**Methods:** Between January, 2014 and July 2016 a total of 35 patients received treatment with fusion, using titanium screws mounted transpedicular with different sizes and titanium rods, and "space-er" for the fusion between vertebral bodies (interbody fusion). In the same period, 15 patients experienced the beneficial effects of vertebroplasty treatment which consisted of injecting a cement with special properties under fluoroscopic control, this method is a minimally invasive method. Clinical aspects were: subjective (pain) and objective (clinical examination of the patient: static and dynamic examination of the spine, gait examination, neurological examination).

**Results:** After using fusion, we have noticed the reduced misalignment, restoring physiological curves, fixing segmentation in multipoint attachment compression and restoration of vertebral body height. Regarding vertebroplasty technique except that it's a safe and effective method, its benefit lies in improvement until pain accompanied by increasing mobility. There were no complications occurred. (Nerve compressions, thrombophlebitis, deep wound infections or local).

**Conclusion:** Vertebroplasty technique is used in elderly patients with vertebral compression due to osteoporosis. The treatment is effective in relieving pain and improving function of the spine, in such cases, without complications.

### **Surgical management of spondylolisthesis – case report**

**O. Sîrbu, A.V. Chirteș, M. Mitrică**

Surgical management of spondylolisthesis has become increasingly common in spine surgery. A variety of pedicle screw systems have been described and new systems are being developed every day.

Spondylolisthesis represents an anterior subluxation of one

vertebral body on another. Most commonly it occurs in lumbar region involving L5-S1 or L4-L5. Spondylolisthesis classification comprises five types: dysplastic, isthmic, degenerative, traumatic, and pathological and is divided into four levels depending on the percentage of subluxation. The clinical presentation may include back pain, radicular syndrome or cauda equine syndrome. Treatment is determined in relation to the presence of symptoms, extent and evolution of slipping.

In our neurosurgery department in the past 8 years we have gradually shifted from orthopedic – conservative treatment to the surgical approach. We will highlight through this case report the most important aspects of the surgical management of spondylolisthesis.

### **Magnetic resonance imaging evaluation of the cystic lesions of the knee**

**I. Codorean, I.B. Codorean, M. Ștefănescu, F. Năftănăilă**

**Objective:** The objective of this study is to present and illustrate the spectrum of cystic lesions aspect, or "cyst like" revealed incidentally, in a group of patients investigated MRI for acute or chronic knee injury, suspected tumor lesions, inflammatory or infectious.

**Material and method:** This paper is a retrospective study conducted over a period of 8 years between - April 2007 - May 2015, and refers to a group of 2691 patients examined MRI. Age limits the patients were in the range of 14-77 years. The study group included 1851 (69%) men and 840 (31%) women.

**Results and discussions:** Of the 2691 patients were identified lesions in 197 patients with cystic appearance (7.32%). The study shows and will illustrate the type of lesion identified, the location and appearance of articular MRI.

**Conclusion:** Magnetic resonance imaging is the method of choice in the study developed cystic lesions in the knee because it enables the detection, location, extent and relationship to adjacent structures.

### **Magnetic resonance imaging evaluation of the knee synovial pathology**

**I. Codorean, I.B. Codorean, M. Ștefănescu, F. Năftănăilă**

**Objective:** The objective of this study is to present and illustrate aspects highlighted incidental pathological synovial knee in a group of patients investigated MRI for knee injuries

acute or chronic, degenerative lesions, suspected tumor lesions, inflammatory or infectious.

**Material and method:** This paper is a retrospective study conducted over a period of 10 years within - April 2006 - December 2015, and refers to a group of 5776 patients examined the MRI. Age limits the patients were in the range of 14-87 years. The study group included 3638 (63%) men and 2138 (47%) women.

**Results and discussions:** Identified the following spectrum of synovial pathology: traumatic synovitis, infectious and inflammatory nonspecific synovitis, pigmented villonodular

synovitis, localized and diffuse forms, condromatosis and osteocondromatosis as well as synovial tumors. In semiology terms, impaired MRI synovium, expressed, variable, in relation to disease stage, accumulation fluid articular in different quantities and locations, distension of the joint capsule, thickened synovium, synovial nodules, deposits of hemosiderin, bodies free joints.

**Conclusion:** Magnetic resonance imaging is the method of choice in the evaluation of native and contrast material of synovial pathology.

## OP session SG5

### Dunbar's syndrome – case presentation

**A. Dima, C. Mitru, D. Bădănoiu**

A 33-year-old woman was investigated for persistent symptomatology as follows: post-prandial abdominal pain in the upper abdomen, constipation, and significant weight loss.

The computed tomography examination identified an almost complete stenosis of the celiac trunk by low arcuate median ligament insertion.

The imagistic aspect sustained the diagnosis of Dunbar's syndrome (celiac artery compression syndrome or median arcuate ligament syndrome), a very rare pathology.

It was so performed the surgical management of the celiac trunk stenosis by laparoscopic arcuate median ligament release.

Post-operative follow-up was uneventful and patient was discharged at day 3 after surgery.

At 1, 2, and 3 months after the intervention controls, the patient was free of symptoms.

### Myths among patients in laparoscopic cholecystectomy

**C. Dușu, Andreea Gherghe, Andreea Rusu, Elena Stîrcu, F. Săvulescu**

This presentation addresses a problem commonly encountered in the General Surgery ward, the one of patients' myths related to the surgical treatment of

gallstones. By listing the main misconceptions, the purposes of the paper are to identify them, to understand the causes of their occurrence and to find solutions in order to avoid their appearance in the future.

Two groups of patients with gallstones and their respective complications have been studied: 50 patients hospitalized at "Dr. Carol Davila" Central Military Emergency University Hospital, in the department of surgery II and 50 patients who have not received surgical treatment for this pathology. The patients were asked to answer a survey consisting of 9 questions to assess their knowledge regarding the treatment of their pathology.

There have been identified, among others, situations such as: confusion of the laparoscopic cholecystectomy with „the laser surgery”, distrust of the laparoscopic technique, aversion to surgery itself, a preference for dangerous and ineffective natural treatments, misunderstanding the term of cholecystectomy and confusing it with gallstones' removal procedure (cholecystolithotomy). The ones who have consulted direct or online sources of general surgery and have received treatment present a lower risk of complications from therapeutic means set properly, while those who have sought information from nonsurgical sources are more prone to complications by delaying or refusing surgery.

Being part of the therapeutic arsenal for over 20 years and imposed as a "gold standard" in the treatment of gallstones, the laparoscopic cholecystectomy can still offer surprises in terms of its understanding and acceptance by patients. A correct information of the patients from authorized medical sources can reduce the rate of late-stage presentations and, consequently, morbidity and mortality.

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## **Types of first artery approach in the head of pancreas cancers**

**A. Dima, T. Artenie, C. Mitru, F. Bold, D. Bădănoiu, I.P. Oprea**

The „first artery approach” is the only currently recommended approach in cases of cancers of the head of pancreas. There are six types of first artery approach described in pancreatic head cancer, the choice and the combination of these techniques facilitates good surgical results.

All techniques are meant to primary assess the integrity of the superior mesenteric artery in regard with the tumor in order to establish the resectability.

We present here our case series of patients in which this approach was performed, with good results comparable with those reported in literature.

In regard with the tumor localization, the combination of various types of artery first approach, it allows a safe radical pancreatic resection. The use of „first artery approach” requires a highly trained team in pancreatic surgery.

## **Complex treatment of advanced locally colorectal carcinoma**

**C. Drăgan**

The colorectal carcinoma may require not only an appropriate colonic resection, but also a block resection of additional affected, invaded organs and tissues.

**Objective:** The objective of the present summary is to provide an overview on the surgical methodology and experience available at the Department of Surgery, University Military Emergency Hospital „Dr. C. Davila”, concerning the treatment of locally colorectal carcinoma in advanced stages, their radicalism as well as immediate and long-term postoperative outcomes of surgical intervention.

**Background:** The carcinoma of the colon in its advanced stages is defined as a malignant neoplasia of the colon, which may appear locally or in a metastatic manner, invading other organs and tissue.

The local extension paths of the colon carcinoma are circular, as they follow the local lymphatic vessels, other paths of the carcinoma progress such as parallel or perpendicular path to the intestinal wall as well as perineural paths are rather seldom.

**Methodology:** Various cases with a diagnosis of local colorectal carcinoma in advanced stage, which were

surgically treated at our Department, were assessed and discussed.

**Results and conclusions:** Our experience indicates that a (preventive) multi-organ resection performed in the cases of local colorectal carcinoma in advanced stage is the most reliable and safe methodology of surgical treatments. Because the palliative resection cannot predict or exactly determine the degree of tumoral metastasis, an ample tumoral resection is strongly indicated in order to improve the oncologic outcome, despite an increased risk of morbidity.

## **Particularities of myxopapillary ependymoma**

**R. Nica, C. Mușat, Alexandra Mihai, Florina Vasilescu, C. Pleșa, Diana Alexe, F. Săvulescu**

The paper aims to highlight the particularities of tumor formations (lack of symptoms – even in the presence of tumor formation, at the location of the gluteal, but also the similarity in the clinical context with a pilonidal cyst), histologically diagnosed as myxopapillary ependymoma at a 22 years women.

Histopathological examination reveals tissue fragments with tubular and bulgy structures which reveals at Androgen receptor, S 100 immuno-histochemical tests – positive tumor cells.

The presentation contains images that shows the patient illness evolution from the beginning until the postoperatively status.

## **Radical antegrade modular pancreateosplenectomy**

**A. Dima, T. Artenie, C. Mitru, D. Bădănoiu, F. Bold, I.P. Oprea**

The radical antegrade modular pancreateosplenectomy was for the first time proposed by Strasberg SM et al in 2003 in cases of pancreas body and tail malignant tumors.

The oncologic results of this technique are superior to other types of approach (i.e. posterior approach) especially due to a more efficient associated extended regional lymphadenectomy.

We present the results of a case series of six patients (ages 39 – 73 years) to whom this approach was applied, of which two laparoscopic interventions. There were registered no early or tardive complications.

The benefits of this method are represented by increased

visibility in the dissection area, a better resectability of the ganglionic station N1, as well as the possibility of a posterior dissection with early vascular approach. Radical antegrade modular pancreatosplenectomy proved to be feasible and efficient in selected patients.

### **The therapeutically attitude in advanced abdominal cancer**

**T. Rogin, O. Albița, D. Orosan, C. Duțu, R. Nica, C. Mușat, F. Săvulescu**

The purpose of this paper is to provide information about how pluri-visceral resection in intra-abdominal neoplasm, used together with oncological treatment, can improve survival rates in selected cases.

The paper presents the therapeutic attitude in abdominal neoplasms with pluri-visceral invasion, cases of multiple and serial resections in a number of patients with neoplasms in stages III and IV, with pursuing the cases over several years.

On our cases, we observed through imagistic methods surprisingly longer periods of time without recurrence of the disease in the abdominal region.

In conclusion, surgery remains the main approach for treating advanced intra-abdominal neoplasm and, together with complementary oncological treatment, can obtain greatly improved survival rates. We consider that maximal invasive surgery is justified.

### **Peritonitis localized through ileal perforation – case presentation**

**F. Săvulescu, C. Cârlan**

In this paper we present the case of a woman, 50 years old, investigated in different hospital units, who consistently presented colicative pain localized at the level of the right iliac fossa. The particularities of the case are related to the fact that the patient showed a complex associated pathology that could justify the symptoms. Resorting to complex investigation methods, the diagnosis of ileal perforation by foreign body was established. This paper is accompanied by imagistic proof, images and videos that depict the diagnostic and therapeutic stages of the patient.

### **A giant recurrent liposarcoma of the retroperitoneal and peritoneal cavity**

**V. Ștefănescu, C. Mitru, F. Macău**

Liposarcomas belong to the very seldom occurring group of malignant tumors of the retroperitoneal cavity. Usually they develop in adult patients. The pathogenic factors are still unknown. Growth of this type of tumor is slow and spreading. They can achieve very large sizes. The basic diagnostic examinations are ultra-sonography and tomography of the abdominal cavity. The basic treatment of liposarcoma is surgery, if possible radical resection of the whole tumor and organs involved, if possible. In this case, the tumor removed by our medical group weighed 11.5 kg in one part. It occupied not only the retroperitoneal cavity but also the whole abdominal cavity. Despite the removal of such a gigantic tumor, this kind of intervention is hard to consider as very radical. Literature data indicate that one of the essential risk factors of tumor recurrence is the size of the tumor. We would like to present the described case with regard to the rarity of occurrence: the enormous size, asymptomatic course of the disease, and recurrence 6 years after primary surgical treatment.

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## OP session SG6

### A prospective multicentric randomized study comparing TAPP vs TEP

**V. Ștefănescu, D. Moga, V. Oprea, C. Mitru, F. Macău**

Background: Laparoscopic inguinal hernia repair has the advantage of lesser pain, early recovery and lesser wound morbidity.

There is no consensus on the best groin hernia repair.

There are two standard techniques of Laparoscopic Inguinal hernia repair – Total Extra Peritoneal repair (TEP) and Trans – Abdominal Pre-Peritoneal repair (TAPP).

There are not many trials available comparing the two techniques and questions remain about their relative merits and risks.

Method: Randomization plan was generated in November 2013; surgical interventions were performed in three military hospitals since January 2014 to august 2015 according randomization plan (49 TEP and 50 TAPP).

Results: Both TEP and TAPP mesh repair techniques were comparable in terms of operative time, intraoperative complications, and conversion to open, post-operative pain, time to resume normal activity and recurrence.

Conclusion: Laparoscopic repair of inguinal hernias is associated comparable results in both techniques, TAPP and TEPP and choice between TAPP and TEPP is a personal choice of concerned surgeon and/or surgical service.

### The management of locally advanced gastric cancer

**M. Tănase, I.P. Oprea**

Worldwide, gastric cancer represents the fifth most common cancer and the third leading cause of cancer deaths. Although the overall 5-year survival for resectable disease was more than 80% in some countries due to the implementation of screening programs resulting in detection of disease at earlier stages, in Europe more than two thirds of gastric cancers are usually diagnosed in advanced stages with a survival rate of only 25%.

Surgical resection with extended lymph node dissection remains the only curative therapy for advanced gastric cancer, while adjuvant chemotherapies can improve the outcomes aimed at the reduction of recurrence and extension of survival.

In our surgical department' statistics, the locally advanced gastric cancer represents 71% of gastric cancer cases.

The objective of the presentation is to develop an attitude in view of early diagnosis and extension of survival regarding locally advanced gastric cancer.

### Vaginal hysterectomy on cicatricial uterus

**B. Panaite, O. Nicodin**

This presentation is based on a study developed in the Gynecology Clinic of Central Military Hospital- Bucharest „Carol Davila”- there have been analyzed 50 cases of vaginal hysterectomy which followed a caesarian delivery which 10 presented also a history of a vaginal delivery, 9 patients had a history of two or more cesarean sections. We have compared the percentage of bladder injuries to the simple vaginal hysterectomies (which had no history of cesarean section). There have been also analyzed: the operative time, the blood loss, the admission time, other complications.

Results: There haven't been found significant differences between the two groups.

### Incidentaloma – Bartholin's gland adenocarcinoma case report

**Mădălina Prună, C. Mitru, N. Tănase, C.I. Bețianu, I.P. Oprea**

Background: Malignant tumors of the Bartholin glands are very uncommon, with a reported incidence of 0.1 cases per 100,000 women.

Case: A 40 years old woman attended our clinic complaining of a painful, tender lump in the right side of her vulva. The immediate clinical suspicion was of a Bartholin's gland abscess. Incision, drainage and marsupialization were carried out, but after 4 months she returned with a recurrent abscess, treated with right Bartholin's gland excision. Pathological examination revealed a well-differentiated papillary adenocarcinoma originating in the Bartholin's gland. Our patient underwent wide local re-excision, bilateral pelvic and inguinal dissection. There was no metastases in the lymph nodes and the margins were free of tumor. According to the FIGO classification, the patient was diagnosed with stage I vulvar cancer. At 1 year after surgery

there is no evidence of recurrence.

Discussion: In cases of recurrent vulvar abscess, even in young patients, complete excision should be done in order to prevent delay in diagnosis of a cancer. The therapy of this rare tumor has many controversial issues and there is no consensus regarding the optimal treatment.

### **Patient specific instruments for complex tumor resection – reconstruction surgery within the pelvis**

**E. Cernat, P.L. Docquier, L. Paul, X. Banse, I.B. Codorean**

The pelvis bone resection-reconstruction surgery is one of the most challenging fields in orthopedics. Being applied for tumors, as for other complex reconstruction cases, this type of surgery needs careful planning and is time consuming, in order to obtain proper accuracy.

Unfortunately not all the time the expected accuracy is met, with consequences for the patients. PSI proved to provide good cutting accuracy during simulated tumor surgery within the pelvis. This article present a series of 4 patients operated in our department between June 2014 and Mars 2015 for tumors resection-reconstructions.

The patients were imaged using a CT and an MRI scan and the images were reconstructed in 3D. According to the bone bank stock, the most similar allograft was chosen and the stored CT scan was reconstructed in 3D.

Patient specific instruments (PSI) were designed and manufactured using rapid-prototyping technology for the resection of the native tissues as for the resection of the careful selected hemipelvic allografts. Allografts' fitting to the pelvis of the patients was excellent and allowed stable osteosynthesis.

### **Role of radical pelvic and paraaortic lymphadenectomy in utero-ovarian neoplasia**

**A.C. Dima, O. Florea, T. Artenie, C. Mitru, F. Bold, D. Bădănoiu, I.P. Oprea**

The radical pelvic and paraaortic lymphadenectomy is indicated in endometrial, ovarian, and cervical cancer when diagnosed in advanced, but resectable stages.

This approach is laborious, with associated good results when the indications are respected and when it is correctly and completely realized.

There are presented here the data of a case series of 9 patients, ages between 42 and 71 years, with genital neoplasia to whom this approach was applied.

Radiotherapy, chemotherapy or radio-chemotherapy in neoadjuvant setting was done before surgery. In all cases, hysterectomy with bilateral salpingo-oophorectomy, combined with pelvic and paraaortic lymphadenectomy was performed.

In three cases, there was imposed a multi-organ resection was imposed. In two cases, an anterior pelvectomy was performed, and in one case a rectosigmoidectomy.

Even if these interventions were very laborious (with surgery time between 5 and 8 hours), the post-operative morbidity was highly acceptable.

### **Laparoscopic surgical technique in the conservative treatment of tubal pregnancy**

**N. Niculescu, O.V. Nicodin, B. Panaite, C. Pârvulescu, Ioana Niculescu**

Objectives: Establishing the indications of conservative treatment in ectopic pregnancy.

Materials and methods: Between 2012 and 2014, thirteen patients with ectopic pregnancy have been treated with conservative surgical techniques.

Pre- and intraoperative exclusion criteria were: ectopic gestational sac size exceeding 6 cm, fetal heart activity,  $\beta$ -hCG serum levels > 20,000 mIU/ml, previous surgery on the affected fallopian tube, isthmic ovular implantation.

Thus were selected the following cases: absence of the controlateral fallopian tube/functional compromised, gestational sac un-ruptured and ampulo-pavilionar implantation; we decided to apply laparoscopic linear salpingotomy, gestational sac extraction with bipolar hemostasis.

Results: We have obtained five intrauterine pregnancies and two ectopic pregnancies which required radical treatment (salpingectomy). Two pregnancies have been completed with gestation carried to term. There were no favorable results in patients who had other associated factors of infertility.

Conclusions: In selected cases laparoscopic surgery allows the anatomical and functional restauration of the fallopian tube affected by pregnancy and offer a chance in getting a desired pregnancy.