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ORIGINAL PAPERS

Are Coagulation Changes Predictable During Liver Transplantation?

Ramona E. Nicolau-Raducu, Lennart Eleborg, Daniela Damian, Mihai Nicolau-Raducu

Abstract

Liver transplantation is extensive surgery, performed in patients with end stage liver disease. In these patients and during this operation, abnormal coagulation is frequent. We performed a retrospective study including 55 adult patients transplanted at Huddinge University Hospital, Stockholm Sweden between January 1998 and August 1999. We analyzed the patients preoperatively and we followed the coagulation status pre-, intra and postoperatively (platelets count, prothrombin time, INR, activated partial thromboplastin time, fibrinogen, fibrinogen degradation products, antithrombin III), allowing one point for each distinctly abnormal value, thus obtaining a so called "Coagulation Abnormal Score". We correlated coagulation profile of the patients to blood loss, blood requirement, postoperative complications and survival. Patients with cholestatic liver disease, postnecrotic cirrhosis and a miscellaneous group were more affected with regard to platelet count, prothrombin time, fibrinogen, activated partial thromboplastin time, D-dimer and antithrombin III level, as compared with patients with familial amyloidotic polyneuropathy. Patients with cholestatic liver disease usually do not have so many modifications in the coagulation profile as compared to patients with postnecrotic cirrhosis. The intraoperative blood loss was correlated with the etiology of liver disease and also with the postoperative complications and patients' survival. The Coagulation Abnormal Score was correlated with postoperative bleeding and thrombotic complications. Previous abdominal surgery in patients with primary sclerosing cholangitis was correlated to blood loss during liver transplantation, in spite of a relatively normal coagulation status preoperatively.

Key words

Coagulation - liver transplantation

Sphincter Saving Operations for Rectal Cancer

Gheorghe Funariu, Calin Ionescu, Cezar Pop, Razvan Scurtu, George Dindelegan

Abstract

The purpose of this paper was to analyze the indications and results of Dixon's and Hartmann's sphincter saving rectal resections. In the last six years, 27 patients have underwent in the 1st Surgical Clinic Cluj-Napoca anterior rectal resections with a 2 cm margin of clearance for well or moderately differentiated cancers of the upper and mid-rectum. There were 24 Dixon's resections and 3 Hartmann's resections for acute cases, followed by restorative anastomosis. The anastomoses were fashioned manually with sutures in 15 patients and mechanically with circular staplers in 12 patients (2 in the Knight's technique). Three patients developed anastomotic leakage after stapled low Dixon's resections, because of defective anastomosis (2 patients) or local irradiation (1 patient). Two patients needed reoperation for reanastomosis or colostomy. Functional results were good in terms of stool frequency or anal continence. Local recurrence occurred in two patients with hand-sewn anastomosis. In conclusion, the sphincter saving rectal resections is indicated for rectal cancer with favorable stage and biology. The early results are good if there is an optimal blood supply to the cut ends of the bowell, the anastomosis is free from tension and the anal transition zone is left intact. The low anastomoses are better performed by circular stapling devices.

Key words

Rectal cancer - sphincter saving resections – indications and results - stapled anastomosis

Case reports

Metachronous Gastric Cancer Associated with Thyroid Cancer. A Case Report.

Adina Neagoe, Vasile Negrean, Anton Draghici, Radu Popescu, Daniel Deceanu

Abstract

A 49 year old female patient, diagnosed with thyroid follicular cancer 7 years ago (June1993) was treated by thyroidectomy, followed by radiotherapy with I131, was admitted for weakness, anorexia, weight loss, heartburn, dysphagia and epigastric pain. The barium meal and gastro-scopy confirmed a second primary cancer. Histologically, the diagnosis was poorly differentiated gastric adeno-carcinoma. Metastases of thyroid carcinoma were not detected. The surgery consisted of total gastrectomy, splenectomy and distal pancreatectomy. During the postsurgery period, the patient evolution was favorable. There were two peculiarities of our female patient: the rare association between gastric and thyroid cancer, and the young age at the time of the initial carcinoma detection (43 year old), as compared to the average age of such cases in the literature.

Key words

Multiple primary cancer- metachronous gastric cancer-thyroid cancer

Jejunal Sarcoma Diagnosed by Ultrasound. A case report.

Mircea Cazacu, Nicolae Rednic, Catalina Bungardean, Traian Oniu, Cornel Lungoci, Anca Mihailov

Abstract

It is very rare to find sarcomas in the small intestine and whenever present, their clinical behavior is that of a complication of the disease- digestive hemorrhage, perforation or stenosis. Paraclinical investigations are able to detect at most the presence of a cancer involving the digestive tract. This is a case report of a young man that underwent an emergency operation for an upper digestive tract hemorrhage, in which the preoperative ultrasonography detected a jejunal tumour with a very extensive regional lymph node involvement.

Key words

Jejunal sarcoma - ultrasound examination - immunohisto-chemistry

Liver Metastases from Thyroid Cancer

Irinel Popescu, Silviu Ciurea, Vlad Herlea, Patricia Boeti

Abstract

Liver metastases from a thyroid cancer are very rare and are present in only 0.57% of all patients with thyroid cancer. We consider that it merits presenting two cases with large liver metastases from a thyroid cancer. In the first case the primary occult thyroid tumor was revealed one year after the liver tumor resection; a thyroidectomy was performed. The second patient underwent total thyroidectomy and liver resection in a simultaneous operation. Both patients had a good outcome at 44 months and 14 months, respectively. Diagnostic and therapeutic aspects are discussed.tc " Liver metastases from a thyroid cancer are very rare and are present in only 0.57% of all patients with thyroid cancer. We consider that it merits presenting two cases with large liver metastases from a thyroid cancer. In the first case the primary occult thyroid tumor was revealed one year after the liver tumor resection; a thyroidectomy was performed. The second patient underwent total thyroidectomy and liver resection in a simultaneous operation. Both patients had a good outcome at 44 months and 14 months, respectively. Diagnostic and therapeutic aspects are discussed."

Key words

Liver - metastasis - thyroid cancer - hepatectomy - thyroidectomytc

Laparoscopic Cholecystectomy: Incidents and Complications. An Analysis of 9000 Consecutive Laparoscopic Cholecystectomies Performed at the 3rd Surgical Clinic Cluj

Sergiu Duca, Ovidiu Bala, Nadim Al-Hajjar, Cosmin Puia, Cornel Iancu, Marius Bodea

Abstract

Incidents and postoperative complications of laparo-scopic cholecystectomy (LC) were analyzed based on a series of 9000 patients who underwent the procedure during a period of seven years. Conversion rate was 1.17% (178 cases) and 8 (0.08%) deaths were encountered.

Intraoperative hemorrhage (2.46%) could be controlled by intraoperative haemostasis in all but 9 patients (bleeding from the hepatic bed and from the cystic artery) which required conversion. Lesions of the bile ducts occurred in 16 patients (0.17%), 13 of them being identified during the operation and solved by conversion or laparoscopic choledochorraphy (for a tangential lesion).

Postoperative complications required re-intervention in 55 patients: 14 for bile leak, 20 for choleperitoneum, 7 for hemorrhage, 6 for subhepatic abscesses and 8 for remnant CBD lithiasis. There was 1 puncture of the Douglas pouch in a case of choleperitoneum, 12 laparoscopic re-interventions and 25 open surgery re-interventions. EST solved postoperative bile leaks (from the gallbladder bed) successfully in 10 cases and remnant CBD lithiasis (8 cases). So, 51.92% of the cases were treated by minimally invasive means i.e.laparoscopic re-interventions or endoscopic procedures.

The majority of the incidents and postoperative complications were linked to the presence of acute cholecystitis and were partially due to some technical limits of the laparoscopic technique: the impossibility of a fundus-first cholecystectomy and the impossibility of the gallbladder bed peritonisation. The minimally invasive treatment of postoperative complications was very efficient and offered optimum healing conditions.

Key words

Laparoscopic cholecystectomy

Posterior Retroperitoneoscopy As a New Minimal Invasive Approach to Adrenalectomy

L.Varga, Z. Hódi, Gy. Lázár jr., J. Julesz, M. K. Walz, A. Balogh

Abstract

A total of 21 adrenalectomies were performed from a posterior (lumbotomy) approach, using a minimally invasive retroperitoneoscopic technique. The "UltraCision" scalpel, an ultrasound-activated cutting-coagulating device was used for operative tissue dissection. Two cases were converted: the mean operating time in the 19 successful cases was 128 minutes. No mortality and no septic complications occurred. and the mean operative blood loss in the 18 procedures was less than 100 ml. The mean duration of hospitalization was 3-5 days, and complete recovery took 2-3 weeks. From our experience and the findings of prospective, randomized clinical studies in the literature retroperitoneoscopic adrenalectomy from a posterior approach can be recommended for the surgical treatment of benign tumours of the suprarenal gland that are less than 5 cm in diameter. The low conversion and complication rates, the minimal operative blood loss, the short period of hospitalization and the short recovery time are all advantages of this method. It can be performed after previous abdominal operation and in cases involving morbid obesity. The technique is suitable for bilateral adrenalectomies, but is not justified for the removal of adrenal tumours that are malignant and/or larger than 6 cm. Coagulopathies are contraindications.

Key words

Minimally invasive surgery - retroperitoneoscopy - adrenalectomy - retroperitoneoscopic adrenalectomy from a posterior approachtc