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ДИРЕКТОР:



(Л. Томова)

**ПУБЛИКАЦИИ НА
ПРОФ. Д-Р ВЕНЦИСЛАВ МУТАФЧИЙСКИ
ЦИТИРАНИ В БЪЛГАРСКИ ИЗТОЧНИЦИ
ОТ ЦЕНТРАЛНА МЕДИЦИНСКА БИБЛИОТЕКА**

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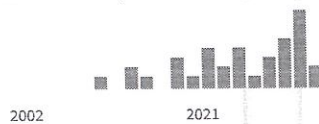
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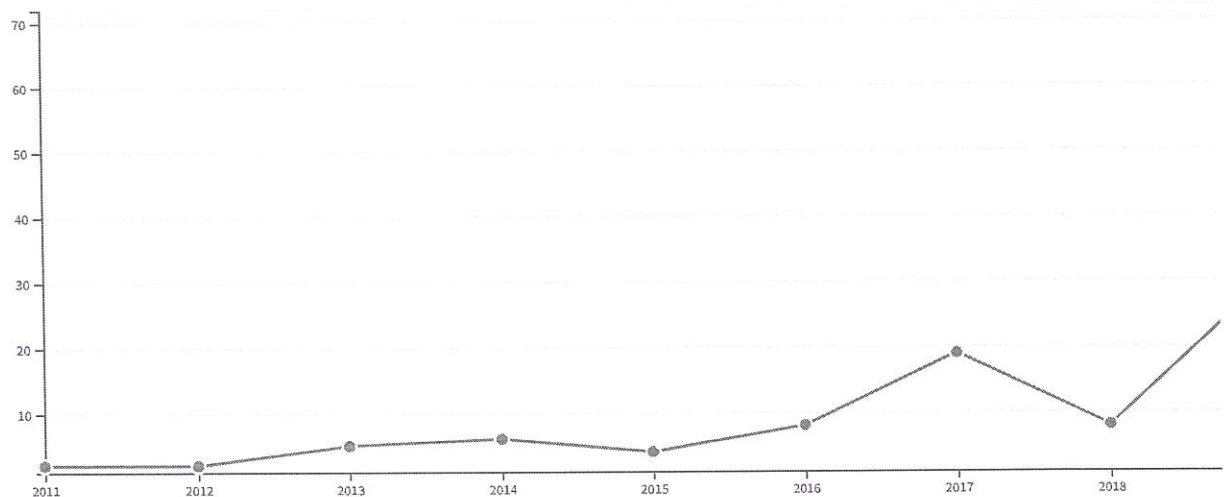
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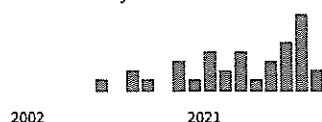
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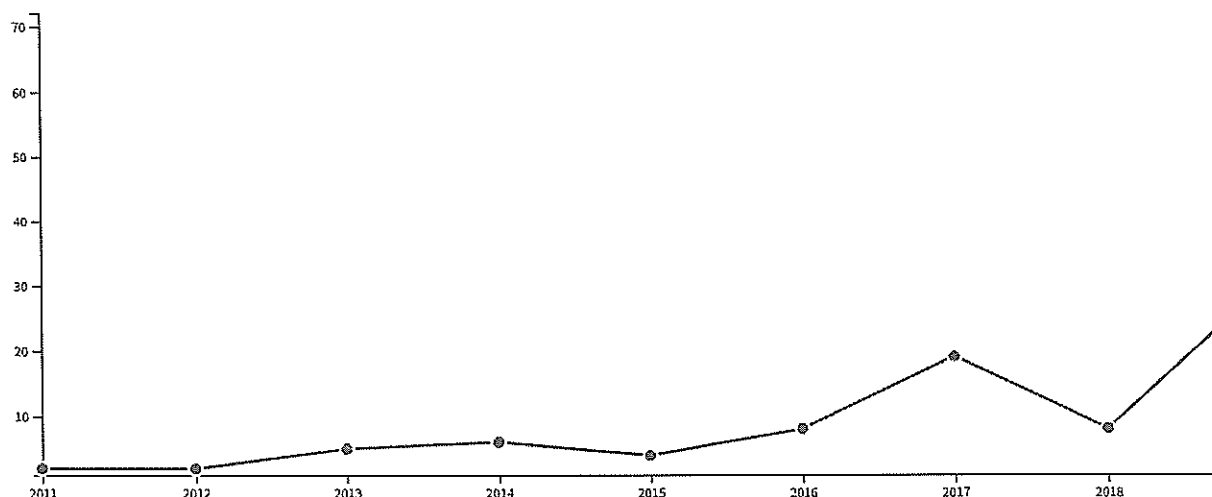
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By: Popivanov, Georgi I.; Bochev, Pavel; Hristoskova, Radka; et al.
MEDICINE Volume: 97 Issue: 6 Article Number: e9831 Published: FEB 2018



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Clinical Characteristics of Hospitalized Patients with COVID-19 in Sofia, Bulgaria

By: Popov, GT (Popov, Georgi T.)^[1]; Baymakova, M (Baymakova, Magdalena)^[1]; Vaseva, V (Vaseva, Virsavia)^[2]; Kundurzhiev, T (Kundurzhiev, Todor)^[3]; Mutafchiyski, V (Mutafchiyski, Ventsislav)^[4]

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Volume: 20 Issue: 12 Pages: 910-915

DOI: 10.1089/vbz.2020.2679

Published: DEC 1 2020

Early Access: OCT 2020

Document Type: Article

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Abstract

Introduction:SARS-CoV-2 infection is spreading around the world, including countries from Southeastern Europe. The purpose of the study was to present the clinical manifestations of COVID-19 patients admitted to the Military Medical Academy, Sofia, Bulgaria. **Materials and Methods:**A retrospective study was conducted for a period of 3 months from March 2020 to June 2020 on this infection in our hospital. All participants were laboratory confirmed cases of COVID-19. RT-PCR was performed for etiological diagnosis. The hospitalized patients were divided into two groups on admission, that is, nonsevere and severe. **Results:**One hundred thirty-eight COVID-19 patients were hospitalized and analyzed during the study period. The mean age was 52.9 years. Male was the dominant sex (sex ratio: male/female = 1/0.6). The leading clinical signs were fever, fatigue, cough, and headache. On comparative analysis of both groups (nonsevere and severe) was measured significant elevation of white blood cells (odds ratio [OR] = 1.238; pvalue = 0.006), C-reactive protein (OR = 1.021; p < 0.001), creatinine (OR = 1.037; p < 0.001), aspartate aminotransferase (OR = 1.014; p = 0.040), lactate dehydrogenase (OR = 1.004; p < 0.001), ferritin (OR = 1.002; p < 0.001), fibrinogen (OR = 2.028; p < 0.001), and d-dimer (OR = 2.162; p = 0.002) in severe group than in nonsevere group. Interleukin 6 was tested in 17.4% of patients and high value was found-38.6 pg/mL (95% confidence interval: 16.5-60.7). **Conclusion:**The first Bulgarian retrospective study of COVID-19 hospitalized patients was presented. Older age, male sex, comorbidity, and signs of dyspnea and nausea were estimated as higher risk factors for severe form. Abnormality in inflammatory markers was associated with poor progression of the illness.

Keywords

Author Keywords: clinical outcome; clinical signs; COVID-19; imaging procedures; laboratory results; therapy

KeyWords Plus: CORONAVIRUS; INFECTION

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Endoluminal negative pressure therapy in colorectal anastomotic leaks

By: Popivanov, GI (Popivanov, G. I.)^[1]; Mutafchyski, VM (Mutafchyski, V. M.)^[1]; Cirocchi, R (Cirocchi, R.)^[2]; Chipeva, SD (Chipeva, S. D.)^[3]; Vasilev, VV (Vasilev, V. V.)^[1]; Kjossev, KT (Kjossev, K. Ts.)^[1]; Tabakov, MS (Tabakov, M. S.)^[4]

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COLORECTAL DISEASE

Volume: 22 Issue: 3 Pages: 243-253

DOI: 10.1111/codi.14754

Published: MAR 2020

Document Type: Review

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Abstract

Aim The aim of the present work was to perform an up-to-date review of the literature on endoluminal negative pressure therapy for colorectal anastomotic leak.

Method An electronic search in PubMed and Google Scholar and a manual search without language restrictions were performed on 25 January 2019. Only original series reporting endoluminal negative pressure therapy in colorectal anastomotic leaks were included. The primary outcome was the success rate (complete closure of the abscess cavity). The secondary outcomes were the rates of complications and stoma closure.

Results Nineteen series with a total of 295 cases were analysed. The median distance of the anastomosis from the anal verge and the size of the abscess were 5.65 cm (4.9-10) and 6.0 cm (5-8.1) respectively. In 84.5% (78%-91%) the stoma was created at the first intervention. Neoadjuvant therapy was performed in 48.6% (3%-60%). Median 7 sponges (2-34) were used with median negative pressure 150 mmHg (125-700) for a median of 31 days (14-127). The success rate was 85.4% (80%-91%) with ileostomy closure in 72.6%. Complications were observed in 19% (13%-25%): abscesses 11.5% and anastomotic stenosis 4.4%. Laparotomy was required in 15% of the complications. The stoma was the only significant predictor for the success of the therapy (0.007, SE 0.004, P = 0.040).

Conclusions The initial experience looks promising with an 85% success rate, which precludes risky re-resections with redo anastomosis or Hartmann's procedure. Despite the good initial results, definitive conclusions cannot be drawn because of the small sample size and the lack of high-quality comparative studies.

Keywords

Author Keywords: colorectal surgery; complications; colorectal anastomotic leak; endoluminal negative pressure therapy; endosponge treatment

KeyWords Plus: VACUUM-ASSISTED CLOSURE; ENDO-SPONGE TREATMENT; EXPERIENCE; RESECTION; REVERSAL; ETVARD

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Endoscopic enhanced-view totally extraperitoneal retromuscular approach for ventral hernia repair

By: Penchev, D (Penchev, D.)^[1]; Kotashev, G (Kotashev, G.)^[1]; Mutafchiyski, V (Mutafchiyski, V)^[1]

SURGICAL ENDOSCOPY AND OTHER INTERVENTIONAL TECHNIQUES

Volume: 33 Issue: 11 Pages: 3749-3756

DOI: 10.1007/s00464-019-06669-2

Published: NOV 2019

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Abstract

Background Primary or incisional ventral hernia repair is one of the most common surgical procedures, addressed to general surgeons. The enhanced view-totally extraperitoneal technique (eTEP) was first described by Deas for inguinal hernias, but lately it has been applied to ventral hernias by Belyansky et al. So far, results are promising and data about the procedure are rising. **Methods** Retrospective comparative analysis of 27 recruited eTEP procedures and 27 IPOM operations for the period between April 2017 and June 2018 at the department of Endoscopic surgery of Military Medical Academy, Sofia. Baseline characteristics, operative records and perioperative data are provided and compared for both groups. **Results** Fifty-four patients were included. There were no differences between age, sex, BMI, primary or incisional hernias, co-morbidity, active smoking, EHS-classification and immunosuppression through the patients in different groups. Mean defect area-eTEP is 71 cm(2) with no statistical difference, compared to IPOM-76 cm(2). Operative time in eTEP is significantly longer with mean time of 186 min and 90 min in IPOM patients. Mean length of stay did not differ between the groups, with 2.9 days after eTEP and 3.4 after IPOM. Median pain score from the intraoperative (the day of surgery) to the seventh postoperative day is lower in the eTEP group. No surgical site infections and/or mesh infections were present. There was one readmission in the IPOM group with ASBO, and it was managed conservatively. There were no reinterventions and perioperative mortality in the sample. **Conclusion** We found out that the eTEP/eRS approach is feasible and safe. Our study shows comparable results of eTEP/eRS to the IPOM procedure with reduced video analogue scale pain score to the 7th postoperative day and increased operative time. The study contributes to the upcoming evidence in the field of new minimally invasive techniques for ventral hernia repair.

Keywords

Author Keywords: Ventral hernia; eTEP; Retromuscular; Rives-Stoppa

KeyWords Plus: QUALITY-OF-LIFE; MESH; SUTURES; PAIN; COMPLICATIONS; RECURRENCE

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Synchronous papillary thyroid cancer and non-Hodgkin lymphoma Case report

By: Popivanov, GI (Popivanov, Georgi I.)^[1]; Bochev, P (Bochev, Pavel)^[2]; Hristoskova, R (Hristoskova, Radka)^[3]; Mutafchiyski, VM (Mutafchiyski, Ventsislav M.)^[1]; Tabakov, M (Tabakov, Mihail)^[4]; Philipov, A (Philipov, Anthony)^[4]; Cirocchi, R (Cirocchi, Roberto)^[5]

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Abstract

Rationale: Differentiated thyroid cancer is the most common endocrine malignancy with concomitant hematological malignancy in 7%.

Patient concerns: We present a case of a synchronous papillary thyroid cancer and a follicular variant of non-Hodgkin lymphoma and discuss the possible diagnostic and treatment dilemmas.

Diagnosis: A 48-year-old female was referred to our hospital with diagnosis, thyroid cancer". Due to a history compatible of synchronous lymphoproliferative disease we performed a computed tomography, which revealed multiple enlarged lymph nodes in the neck, mediastinum, axilla and abdomen.

Interventions: A total thyroidectomy with dissection of the central compartment was performed. The microscopic examination of thyroid gland revealed multifocal papillary thyroid cancer and metastases from the same cancer plus aggressive follicular B-cell non-Hodgkin lymphoma in the lymph nodes. Despite the classic approach, solid cancer first", due to the advanced stage of lymphoma we first started the chemotherapy of NHL. She received 8 cycles of CHOP and I-131 therapy with 129 mCi. Because of incomplete response 4 cycles Mabthera plus Bendamustine were added. The follow-up PET scan revealed complete remission of lymphoma and bilaterally enlarged single cervical lymph nodes, previously known to be iodine positive on I-131-SPECT/CT. She was scheduled for bilateral radical neck LND.

Outcomes: Complete remission of NHL and residual single metastatic cervical lymph nodes requiring bilateral radical neck LND.

Lessons: The synchronous DTC and NHL is rare. To date, there is no standardized approach due to lack of experience. We suggest lymphoma first approach with synchronized and tailored multidisciplinary efforts. The molecular mechanisms of this link are poorly understood and yet remain to be elucidated.

Keywords

Author Keywords: non-Hodgkin lymphoma; papillary thyroid cancer; treatment

KeyWords Plus: NECK DISSECTION; COMPARTMENT; GUIDELINES; MANAGEMENT; HEAD

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Conference: National Conference on Otorhinolaryngology and Cervical and Facial Surgery / National ENT, Head and Neck Surgery Conference Location: Arad, ROMANIA Date: JUN 06-09, 2018
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The open abdomen - still a challenge for the surgeons. Which is the best technique for temporary abdominal closure? A focus on negative pressure wound therapy

By: Popivanov, G (Popivanov, G.)^[1]; Kjossev, K (Kjossev, K.)^[2]; Mutafchiyski, V (Mutafchiyski, V.)^[1]

GIORNALE DI CHIRURGIA

Volume: 38 Issue: 6 Pages: 267-272

DOI: 10.11138/gchir/2017.38.6.267

Published: NOV-DEC 2017

Document Type: Editorial Material

Keywords

KeyWords Plus: VACUUM-ASSISTED CLOSURE; PROSPECTIVE RANDOMIZED-TRIAL; MEDIATED FASCIAL TRACTION; BACTERIAL LOAD; PERITONITIS; MANAGEMENT; NPWT

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Military Medical Academy Sofia Mil Med Acad, Clin Endoscop Endocrine Surg & Coloproctol, Sofia, Bulgaria.

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Vacuum-assisted wound closure and mesh-mediated fascial traction for open abdomen therapy - a systematic review. ANAESTHESIOLOGY INTENSIVE THERAPY (2017)

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What is the effectiveness of the negative pressure wound therapy (NPWT) in patients treated with open abdomen technique? A systematic review and meta-analysis

By: Cirocchi, R (Cirocchi, Roberto)^[1]; Birindelli, A (Birindelli, Arianna)^[2]; Biffi, WL (Biffi, Walter L.)^[3]; Mutafchyski, V (Mutafchyski, Ventsislav)^[4]; Popivanov, G (Popivanov, Georgi)^[5]; Chiara, O (Chiara, Osvaldo)^[6]; Tugnoli, G (Tugnoli, Gregorio)^[7]; Di Saverio, S (Di Saverio, Salomone)^[7]

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Volume: 81 Issue: 3 Pages: 575-584

DOI: 10.1097/TA.0000000000001126

Published: SEP 2016

Document Type: Review

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Abstract

BACKGROUND The open abdomen technique may be used in critically ill patients to manage abdominal injury, reduce the septic complications, and prevent the abdominal compartment syndrome. Many different techniques have been proposed and multiple studies have been conducted, but the best method of temporary abdominal closure has not been determined yet. Recently, new randomized and nonrandomized controlled trials have been published on this topic. We aimed to perform an up-to-date systematic review on the management of open abdomen, including the most recent published randomized and nonrandomized controlled trials, to compare negative pressure wound therapy (NPWT) with no NPWT and define if one technique has better outcomes than the other with regard to primary fascial closure, postoperative 30-day mortality and morbidity, enteroatmospheric fistulae, abdominal abscess, bleeding, and length of stay.

METHODS According to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement and the Cochrane Handbook for Systematic Reviews of Interventions, an online literature research (until July 1, 2015) was performed on MEDLINE, PubMed, Cochrane Central Register of Controlled Trials, and Cochrane Library databases. The MeSH terms and free words used vacuum assisted closure vaci, open abdomen, damage control surgery, and temporary abdominal closure. No language restriction was made.

RESULTS The initial systematic literature search yielded 452 studies. After a careful assessment of the titles and of the full text was obtained, eight articles fulfilled inclusion criteria. We analyzed 1,225 patients, of whom 723 (59%) underwent NPWT and 502 (41%) did not undergo NPWT, and performed four subgroups: VAC versus Bogota bag technique (two studies, 106 participants), VAC versus mesh-foil laparostomy (two studies, 159 participants), VAC versus laparostomy (adhesive impermeable with midline zip) (one study, 106 participants), and NPWT versus no NPWT techniques (three studies, 854 participants) in which it is not possible to perform an analysis of the different types of treatment. Comparing the NPWT group and the group without NPWT, there was no statistically significant difference in fascial closure (63.5% vs 69.5%; odds ratio [OR], 0.74; 95% confidence interval [CI], 0.27-2.06; $p = 0.57$), postoperative 30-day overall morbidity ($p = 0.19$), postoperative enteroatmospheric fistulae rate (2.1% vs 5.8%; OR, 0.63; 95% CIs, 0.12-3.15; $p = 0.57$), in the postoperative bleeding rate (5.7% vs 14.9%; OR, 0.58; 95% CIs, 0.05-6.84; $p = 0.87$), and postoperative abdominal abscess rate (2.4% vs 5.6%; OR, 0.42; 95% CI, 0.13-1.34; $p = 0.14$). On the other hand, statistical significance was found between the NPWT group and the group without NPWT in the postoperative mortality rate (28.5% vs 41.4%; OR, 0.46; 95% CI, 0.23-0.91; $p = 0.03$) and in the length of stay in the intensive care unit (mean difference, -4.53; 95% CI, -5.46 to 3.60; $p < 0.00001$).

CONCLUSION The limitations of the present analysis might be related to the lack of randomized controlled trials, so there is a risk of selection bias favoring NPWT. For several outcomes, there were few studies, confidence intervals were wide, and inconsistency was high, suggesting that although there were no statistically significant differences between the groups, there was insufficient evidence to show that the outcomes were similar. We can conclude from the current available data that NPWT seems to be associated with a trend toward better outcomes compared to the use of no NPWT. It does reflect the evidence presented in the current systematic review; however, the data should be interpreted with substantial caution given a number of weaknesses (in particular, the lack of statistical significance and heterogeneity between studies, i.e., small sample size of the included studies, high variability between studies). We highlight the need for randomized controlled trials having homogeneous inclusion criteria to assess the use of NPWT for the management of open abdomen.

LEVEL OF EVIDENCE Systemic review/meta-analysis, level III.

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Negative Pressure Therapy (NPWT) for Management of Surgical Wounds: Effects on Wound Healing and Analysis of Devices Evolution

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The management of esophago-gastric necrosis due to caustics ingestion: Anastomotic reinforcement with Cyanoacrylate glue and damage control with Vacuum Assisted Closure Therapy-A case report

By: Picciariello, A.; Papagni, V.; Martines, G.; et al.

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Open abdomen and VAC((R)) in severe diffuse peritonitis

By: Mutafchyski, VM (Mutafchyski, Ventsislav M.)^[1]; Popivanov, GI (Popivanov, G. I.)^[2]; Kjossev, KT (Kjossev, K. T.)^[3]; Chipeva, S (Chipeva, S.)^[4]

JOURNAL OF THE ROYAL ARMY MEDICAL CORPS

Volume: 162 Issue: 1 Pages: 30-34

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Published: FEB 2016

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Abstract

Background Currently, the open abdomen technique is the widely recognised method for treatment of life-threatening trauma, intra-abdominal sepsis, abdominal compartment syndrome and wound dehiscence. The techniques for temporary closure using negative pressure have gained increasing popularity. Although negative pressure wound therapy has been proved as an effective method in trauma, the results in diffuse peritonitis are contradictory.

Methods Overall, 108 patients with diffuse peritonitis and open abdomen were prospectively enrolled from January 2006 to December 2013-69 treated with mesh-foil laparostomy without negative pressure and 49 with vacuum-assisted closure (VAC (R)) The primary endpoints were the rate of primary fascial closure and mortality. The secondary outcomes were the rate of complications-enteroatmospheric fistulas, intra-abdominal abscesses, wound infection and necrotising fasciitis, intensive care unit (ICU) and overall hospital stay.

Results VAC was associated with higher overall (73% vs 53%) and late primary fascial closure rates (31% vs 7%), lower rates of necrotising fasciitis (2% vs 15%, $p=0.012$), intra-abdominal abscesses (10% vs 20%), enteroatmospheric fistulas (8% vs 19%), overall mortality (31% vs 53%, $p<0.05$), shorter ICU (6.1 vs 10.6days, $p=0.002$) and hospital stay (15.1 vs 25.9days, $p=0.000$).

Conclusions The results clearly suggest the obvious advantage of VAC in comparison to the temporary abdominal closure without negative pressure in the cases with severe diffuse peritonitis. However, to a large extent, our results might be attributed to the combination of VAC with dynamic fascial closure.

Keywords

Author Keywords: SURGERY; WOUND MANAGEMENT

KeyWords Plus: ASSISTED FASCIAL CLOSURE; MANAGEMENT; SYSTEMS

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A single gunshot wound of the face with simultaneous aspiration and ingestion of two bullets

By: Mutafchiyski, VM (Mutafchiyski, Ventsislav M.)^[1]; Popivanov, GI (Popivanov, G. I.)^[2]; Shopov, ID (Shopov, I. D.)^[1]; Iordanov, HA (Iordanov, H. A.)^[3]

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Abstract

There is an increasing prevalence of civilian gunshot injuries over the last two decades around the world: approximately 29 000 deaths from gunshot wounds (GSWs) were recorded in USA in 2000,(1) 4558 firearms accidents were registered in 2007 in Germany, along with increasing trends in UK.(2) Although GSWs are well studied, the unpredictable trajectory of the bullets and the possibility of their migration within the body can pose considerable diagnostic and treatment challenges, especially when there is no corresponding exit wound.

Keywords

KeyWords Plus: EXPECTORATION

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Abstract

Introduction The world remains plagued by wars and terrorist attacks, and improvised explosive devices (IED) are the main weapons of our current enemies, causing almost two-thirds of all combat injuries. We wished to analyse the pattern of blast trauma on the modern battlefield and to compare it with combat gunshot injuries.

Materials and methods Analysis of a consecutive series of combat trauma patients presenting to two Bulgarian combat surgical teams in Afghanistan over 11 months. Demographics, injury patterns and Injury Severity Scores (ISS) were compared between blast and gunshot-injured casualties using Fisher's Exact Test.

Results The blast victims had significantly higher median ISS (20.54 vs 9.23) and higher proportion of ISS>16 (60% vs 33.92%, $p=0.008$) than gunshot cases. They also had more frequent involvement of three or more body regions (47.22% vs 3.58%, $p<0.0001$). A significantly higher frequency of head (27.27% vs 3.57%), facial (20% vs 0%) and extremities injuries (85.45% vs 42.86%) and burns (12.72% vs 0%) was noted among the victims of explosion ($p<0.0001$). Based on clinical examination and diagnostic imaging, primary blast injury was identified in 24/55 (43.6%), secondary blast injury in 37 blast cases (67.3%), tertiary in 15 (27.3%) and quaternary blast injury (all burns) in seven (12.72%).

Conclusions Our results corroborate the 'multidimensional' injury pattern of blast trauma. The complexity of the blast trauma demands a good knowledge and a special training of the military surgeons and hospital personnel before deployment.

Keywords

KeyWords Plus: TERROR-RELATED INJURIES; GUNSHOT; PATTERN

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Conference: 29th Annual Meeting of the Eastern-Association-for-the-Surgery-of-Trauma Location: San Antonio, TX Date: JAN 09-16, 2016
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 JAMA SURGERY Volume: 149 Issue: 9 Pages: 904-912
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
By: Dua, Anahita; Patel, Bhavin; Desai, Sapan S.; et al.
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Medical aspects of terrorist bombings - a focus on DCS and DCR

By: Mutafchiyski, VM (Mutafchiyski, Ventsislav M.)^[1]; Popivanov, GI (Popivanov, Georgi I.)^[2]; Kjossev, KC (Kjossev, Kirien C.)^[3]

MILITARY MEDICAL RESEARCH

Volume: 1

Article Number: 13

DOI: 10.1186/2054-9369-1-13

Published: 2014

Document Type: Review

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Abstract

Although terrorist bombings have tormented the world for a long time, currently they have reached unprecedented levels and become a continuous threat without borders, race or age. Almost all of them are caused by improvised explosive devices. The unpredictability of the terrorist bombings, leading to simultaneous generation of a large number of casualties and severe "multidimensional" blast trauma require a constant vigilance and preparedness of every hospital worldwide. Approximately 1-2.6% of all trauma patients and 7% of the combat casualties require a massive blood transfusion. Coagulopathy is presented in 65% of them with mortality exceeding 50%. Damage control resuscitation is a novel approach, developed in the military practice for treatment of this subgroup of trauma patients. The comparison with the conventional approach revealed mortality reduction with 40-74%, lower frequency of abdominal compartment syndrome (8% vs. 16%), sepsis (9% vs. 20%), multiorgan failure (16% vs. 37%) and a significant reduction of resuscitation volumes, both crystalloids and blood products. DCS and DCR are promising new approaches, contributing for the mortality reduction among the most severely wounded patients. Despite the lack of consensus about the optimal ratio of the blood products and the possible influence of the survival bias, we think that DCR carries survival benefit and recommend it in trauma patients with exsanguinating bleeding.

Keywords

Author Keywords: Terrorist bombings; Traumatic coagulopathy; Damage control resuscitation

KeyWords Plus: DAMAGE CONTROL RESUSCITATION; ASSISTED FASCIAL CLOSURE; FRESH-FROZEN PLASMA; RED-BLOOD-CELL; MASSIVE TRANSFUSION; MAJOR TRAUMA; FLUID RESUSCITATION; CONTROL LAPAROTOMY; MANAGEMENT; MORTALITY

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Single Centre Experience with Surgical Treatment of Hilar Cholangiocarcinoma

By: Vladov, N (Vladov, N.)^[1]; Lukanova, T (Lukanova, Ts.)^[1]; Takorov, I (Takorov, I.)^[1]; Mutafchiyski, V (Mutafchiyski, V.)^[1]; Vasilevski, I (Vasilevski, I.)^[1]; Sergeev, S (Sergeev, S.)^[1]; Odisseeva, E (Odisseeva, E.)^[2]

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CHIRURGIA

Volume: 108 Issue: 3 Pages: 299-303

Published: MAY-JUN 2013

Document Type: Article

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Abstract

Background/Aims: Surgical resection is a radical treatment option for hilar cholangiocarcinomas. However it is still difficult to cure and patient prognosis is poor. An evaluation of the surgical options and results may elucidate effective treatments.

Methodology: We retrospectively examined the demographic characteristics, surgical records and outcome in 64 patients with hilar cholangiocarcinoma undergoing surgical resections or palliative surgical procedures for the period of 2004-2012.

Results: The patients included 43 males and 17 females with a mean age of 61.4 +/- 10.4 years (+/- SD, range 35-81 years). Forty-four resections were done - R0 - 22 cases (34.4%), R1 - 10 (15.6%) cases, R2 - 12 cases (18.7%) and 20 palliative (31.3%) operations were performed. R0 - resection of common bile ducts with right hepatectomy with Sg 1 was done in 8 cases, resection of common hepatic duct with left hepatectomy with Sg 1 - in 9 cases and resection of common hepatic duct - in 5 cases. The total percentage of postoperative morbidity is 51.5 %. The types of complications are as follows: intra abdominal bleeding - 31.25 %, temporary biliary leakage - 26.56 %, leakage of hepatico-jejunostomy - 7.81 %, biliary fistula - 7.81%, liver insufficiency - 17.18 %, pleural effusion - 48.13 %, intraabdominal abscess - 28.13 %, surgical site infection - 48.3 %. The mean five-year overall survival for R0 - resection is 32%, for R1- and R2 - resection is 12% and for the palliative operations - 0%. The mean overall survival for R0- resection is 37 months, for R1 - and R2 - resection is 19 months and for the palliative operations - 7 months.

Conclusions: Radically extended surgical resection for hilar cholangiocarcinoma is necessary to obtain improved patient survival.

Keywords

Author Keywords: hilar cholangiocarcinoma; surgical resection; extended hepatectomy

KeyWords Plus: PROGNOSTIC-FACTORS; RADICAL SURGERY; KLATSKIN TUMOR; RESECTION; ADENOCARCINOMA; HEPATECTOMY; MANAGEMENT; DUCT

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Surgical Potentialities for the Treatment of Pancreatic Cancer

By: Vladov, N (Vladov, Nikola)^[1]; Takorov, I (Takorov, Ivelin)^[1]; Kazarov, K (Kazarov, Krum)^[2]; Mutafchiiski, V (Mutafchiiski, Ventsislav)^[1]; Vasilevski, I (Vasilevski, Ivan)^[1]; Sergeev, S (Sergeev, Sergei)^[1]; Odiseeva, E (Odiseeva, Evelina)^[3]

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Volume: 59 Issue: 113 Pages: 280-283

DOI: 10.5754/hge10162

Published: JAN-FEB 2012

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Abstract

Background/Aims: The incidence of pancreatic cancer is rising in all developed countries. The aim of this study is to define the surgical options in the treatment protocols for this disease and to evaluate the effect of radical resections. **Methodology:** One hundred ninety six consecutive patients with pancreatic cancer, operated in our department in a 4-year period, were evaluated. Among them, 106 were radically operated and the rest underwent palliative procedures. **Results:** Twenty-eight of the presented patients underwent pancreatic resection with simultaneous vesse resection, venous in 26 cases and arterial in 2 cases. Seventeen extended resections were made. The rate of postoperative morbidity of the radically operated was 36.8% (39 patients). Earlybleeding (10 cases) and pancreatic fistula (10 cases) were the most common major complications. The 3-year survival rate of the radically operated patients was 21.5% vs. 0% in these with palliative procedures. The data analysis revealed no statistically significant difference in the survival of patients with modifications of pancreaticoduodenectomy, Whipple and PPPD ($p=0.065$). **Conclusions:** The radical surgery ensures better long-term results. We recomend this type of surgery to be concentrated in highly specialized centers in order to improve the outcome.

Keywords

Author Keywords: Pancreatic cancer; Pancreaticoduodenectomy; Venous resections

KeyWords Plus: EMERGENCY PANCREATODUODENECTOMY; RESECTION; SURVIVAL; EXPERIENCE; ADENOCARCINOMA; TRIAL; HEAD

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Successful emergency pancreatoduodenectomy in a non-trauma patient

By: Vladov, NN (Vladov, Nikola Nikolov); Takorov, IR (Takorov, Ivelin Rumenov); Mutafchiiski, VM (Mutafchiiski, Ventsislav Metodiev); Kjossev, KT (Kjossev, Kirien Tzvetanov); Kazarov, K (Kazarov, Krum); Mladenov, N (Mladenov, Nikolai); Petrov, N (Petrov, Nikolai)

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Volume: 54 Issue: 78 Pages: 1844-1846

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Abstract

In the past decades considerable improvements in diagnostic imaging procedures, surgical technique and perioperative intensive care treatment have lead to a significant decrease in perioperative mortality and morbidity after pancreatic resection. This lead to an expansion of the indications for pancreatoduodenectomy.

Little data exist in the literature on emergency pancreatoduodenectomy in non-trauma patients. We present a 43-year-old woman with extensive bleeding from papilla of Vater after endoscopic retrograde cholangiopancreatography (ERCP) with papillosphincterotomy. During the surgical exploration a tumor mass on the head of the pancreas was observed and a pancreatoduodenectomy was performed. On day 7 after the operation pancreatic leakage was observed and conservative therapy was administrated. Two weeks later the patient was released from the hospital in good health. Emergency pancreatoduodenectomy may be considered in institutions with extensive experience in these procedures, where cooperation of the invasive gastroenterologists and the abdominal surgeons, long experience of the surgeon and intensive reanimation care are present.

Keywords

Author Keywords: pancreatoduo-denectomy; non-trauma patient; ERCP; pancreatic cancer; pancreatic leakage

KeyWords Plus: PANCREATIC RESECTION; THERAPEUTIC ERCP; RANDOMIZED-TRIAL; HOSPITAL VOLUME; MORTALITY; MANAGEMENT; COMPLICATIONS; SURVIVAL

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Neurological Manifestations in COVID-19

By: Koleva, T (Koleva, Ts)^[1]; Titianova, E (Titianova, E.)^[1]; Popov, G (Popov, G.)^[2]; Mutafchiyski, V (Mutafchiyski, V)^[3]

NEUROSONOLOGY AND CEREBRAL HEMODYNAMICS

Volume: 16 Issue: 2 Pages: 112-121

Published: 2020

Document Type: Review

Abstract

Introduction: Coronavirus infection COVID-19 is a new pandemic disease worldwide. It is mainly a respiratory infection, manifested by fever, muscle aches, sore throat, shortness of breath, cough and in more severe cases - pneumonia, respiratory failure and death. It has recently been found that COVID-19 can affect the gastrointestinal tract, cause heart damage, blood clotting disorders or impact the nervous system. The review aims to summarize data from the literature and own observations of neurological complications in COVID-19.

Material and Methods. Based on keywords, scientific publications on various Internet platforms related to COVID-19 with neurological manifestations have been selected. The most common clinical symptoms and syndromes found in the world practice are summarized. Own experience in persons with COVID-19 treated at the Military Medical Academy - Sofia is analyzed.

Results. Neurological manifestations in patients with COVID-19 include various symptoms and syndromes of the central nervous system, peripheral nervous system and skeletal muscles. Most commonly, patients with COVID-19 have headache and/or dizziness, loss of smell or taste, and general muscle weakness. Rarely, the disease is associated with Guillain-Barre syndrome, stroke, meningitis or encephalitis, cerebral and/or focal neurological symptoms, and other manifestations. The recently established European Neuro-Covid Registry (ENERGY) of the European Academy of Neurology aims to establish the real incidence of neurological manifestations of the disease.

Conclusion: A review of the literature confirms that COVID-19 damages the nervous system, which may be asymptomatic or clinically manifested by a variety of cerebral and focal neurological symptoms and syndromes, the frequency of which is yet to be determined.

Keywords

Author Keywords: COVID-19; neurological symptoms

KeyWords Plus: CORONAVIRUS; WUHAN; EPIDEMIOLOGY; EMERGENCE; TIME

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Carbon Dioxide Embolism Associated With Transanal Total Mesorectal Excision Surgery: A Report From the International Registries

By: Dickson, EA (Dickson, Edward A.)^[1]; Penna, M (Penna, Marta)^[1,2]; Cunningham, C (Cunningham, Chris)^[1]; Ratcliffe, FM (Ratcliffe, Fiona M.)^[3]; Chantler, J (Chantler, Jonathan)^[3]; Crabtree, NA (Crabtree, Nicholas A.)^[3]; Tuynman, JB (Tuynman, Jurriaan B.)^[4]; Albert, MR (Albert, Matthew R.)^[5]; Monson, JRT (Monson, John R. T.)^[5]; Hompes, R (Hompes, Roel)^[6] ...More

Group Author(s): Int TaTME Registry Collaborative

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DISEASES OF THE COLON & RECTUM

Volume: 62 Issue: 7 Pages: 794-801

DOI: 10.1097/DCR.0000000000001410

Published: JUL 2019

Document Type: Article

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Abstract

BACKGROUND: Carbon dioxide embolus has been reported as a rare but clinically important risk associated with transanal total mesorectal excision surgery. To date, there exists limited data describing the incidence, risk factors, and management of carbon dioxide embolus in transanal total mesorectal excision. **OBJECTIVE:** This study aimed to obtain data from the transanal total mesorectal excision registries to identify trends and potential risk factors for carbon dioxide embolus specific to this surgical technique. **DESIGN:** Contributors to both the LOREC and OSTRiCh transanal total mesorectal excision registries were invited to report their incidence of carbon dioxide embolus. Case report forms were collected detailing the patient-specific and technical factors of each event. **SETTINGS:** The study was conducted at the collaborating centers from the international transanal total mesorectal excision registries. **MAIN OUTCOME MEASURES:** Characteristics and outcomes of patients with carbon dioxide embolus associated with transanal mesorectal excision were measured. **RESULTS:** Twenty-five cases were reported. The incidence of carbon dioxide embolus during transanal total mesorectal excision is estimated to be approximate to 0.4% (25/6375 cases). A fall in end tidal carbon dioxide was noted as the initial feature in 22 cases, with 13 (52%) developing signs of hemodynamic compromise. All of the events occurred in the transanal component of dissection, with mean (range) insufflation pressures of 15 mm Hg (12-20 mm Hg). Patients were predominantly (68%) in a Trendelenburg position, between 30 degrees and 45 degrees. Venous bleeding was reported in 20 cases at the time of carbon dioxide embolus, with periprostatic veins documented as the most common site (40%). After carbon dioxide embolus, 84% of cases were completed after hemodynamic stabilization. Two patients required cardiopulmonary resuscitation because of cardiovascular collapse. There were no deaths. **LIMITATIONS:** This is a retrospective study surveying reported outcomes by surgeons and anesthesiologists. **CONCLUSIONS:** Surgeons undertaking transanal total mesorectal excision must be aware of the possibility of carbon dioxide embolus and its potential risk factors, including venous bleeding (wrong plane surgery), high insufflation pressures, and patient positioning. Prompt recognition and management can limit the clinical impact of such events. See Video Abstract at <http://links.lww.com/DCR/A961>.

Keywords

Author Keywords: Carbon dioxide embolus; Rectal surgery; Registry report; Transanal; Transanal total mesorectal excision

KeyWords Plus: VENOUS AIR-EMBOLISM; GAS EMBOLISM; LAPAROSCOPY; RESUSCITATION; COMPLICATION; INSUFFLATION; DIAGNOSIS; CATHETER

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By: You, Y. Nancy; Hardiman, Karin M.; Bafford, Andrea; et al.

Group Author(s): Clinical Practice Guidelines Comm; Amer Soc Colon & Rectal Surg

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
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
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Rational Surgical Aggression in Multimodal Treatment of Liver Colorectal Metastases

By: Vladov, N (Vladov, Nikola)^[1]; Vasilevski, I (Vasilevski, Ivan)^[1]; Takorov, I (Takorov, Ivelin)^[1]; Mutafchiyski, V (Mutafchiyski, Ventsislav)^[1]; Sergeev, S (Sergeev, Sergei)^[1]; Odiseeva, E (Odiseeva, Evelina)^[2]; Katzarov, K (Katzarov, Krum)^[3]

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HEPATO-GASTROENTEROLOGY

Volume: 59 Issue: 113 Pages: 241-244

DOI: 10.5754/hge.10158

Published: JAN-FEB 2012

Document Type: Article

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Abstract

Background/Aims: The purpose of this study was to analyze the influence of aggressive surgery regarding resection of liver metastases (LM) from colorectal cancer (CRC) on morbidity, mortality and survival rates and to establish utility of multimodal strategies increasing resectability rates of liver metastases. **Methodology:** Two hundred twenty eight consecutive patients with CRC LMs operated from January 2004 to October 2009 were presented. They underwent 137 curative liver resections. We have used extended criteria for respectability including the possibility spare 2 adjacent liver segments. Multimodal approaches meaning transformation of primary unresectable LMs to resectable ones were used in 46 cases. During the final decision intraoperative ultrasonography took an important part. **Results:** The resectability in presented series was 46% for synchronous LM and 76% for metachronous. Aggressive surgical approach was applied in 75 patients. The average rate of intraoperative hemorrhage was 300mL. Postoperative complications occurred in 25.5% of patients. Two patients died postoperatively. **Conclusions:** Rational surgical behavior in context of multimodal approach to LMs of CRC can increase chances of resectability and long-term survival without influencing morbidity and mortality.

Keywords

Author Keywords: Colorectal cancer; Liver metastases; Multimodal strategy; Surgery; Resectability

KeyWords Plus: NEOADJUVANT CHEMOTHERAPY; RESECTION; CANCER; HEPATECTOMY; SURGERY

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Resection and reconstruction of the inferior vena cava for neoplasms

By: Vladov, NN (Vladov, Nikola Nikolov)^[1]; Mihaylov, VI (Mihaylov, Vassil Ivanov)^[1]; Belev, NV (Belev, Nikolai Vassilev)^[1]; Mutafchiiski, VM (Mutafchiiski, Ventsislav Metodiev)^[1]; Takorov, IR (Takorov, Ivelin Rumenov)^[1]; Sergeev, SK (Sergeev, Sergei Kirilov)^[1]; Odisseeva, EH (Odisseeva, Evelina Hristova)^[1]

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Volume: 4 Issue: 4 Pages: 96-101

DOI: 10.4240/wjgs.v4.i4.96

Published: APR 27 2012

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Abstract

AIM: To evaluate the results of an aggressive surgical approach of resection and reconstruction of the inferior vena cava (IVC).

METHODS: The approach to caval resection depends on the extent and location of tumor involvement. The supra- and infra-hepatic portion of the IVC was dissected and taped. Left and right renal veins were also taped to control the bleeding. In 12 of the cases with partial tangential resection of the IVC, the flow was reduced to less than 40% so that the vein was primarily closed with a running suture. In 3 of the cases, the lumen of the vein was significantly reduced, requiring the use of a polytetrafluoroethylene (PTFE) patch. In 2 of the cases with segmental resection of the IVC, a PTFE prosthesis was used and in 1 case, the IVC was resected without reconstruction due to shunting the blood through the azygos and hemiazygos veins.

RESULTS: The mean operation time was 266 min (230-310 min) with an average intraoperative blood loss of 300 mL (200-2000 mL). The patients stayed in intensive care unit for 1.8 d (1-3 d). Mean hospital stay was 9 d (7-15 d). Twelve patients (66.7%) had no complications and 6 patients (33.3%) had the following complications: acute bleeding in 2 patients; bile leak in 2 patients; intra abdominal abscess in 1 patient; pulmonary embolism in 2 patients; and partial thrombosis of the patch in 1 patient. General complications such as pneumonia, pleural effusion and cardiac arrest were observed in the same group of patients. In all but 1 case, the complications were transient and successfully controlled. The mortality rate was 11.1% (n = 2). One patient died due to cardiac arrest and pulmonary embolism in the operation room and the second one died 2 d after surgery due to coagulopathy. With a median follow-up of 24 mo, 5 (27.8%) patients died of tumor recurrence and 11 (61.1%) are still alive, but three of them have a recurrence on computed tomography.

CONCLUSION: There are a variety of options for reconstruction after resection of the IVC that offers a higher resectable rate and better prognosis in selected cases. (C) 2012 Baishideng. All rights reserved.

Keywords

Author Keywords: Resection; Reconstruction; Inferior vena cava

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
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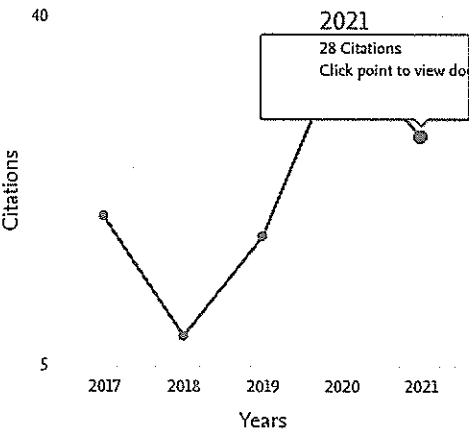
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<input type="checkbox"/>	10 Endoscopic enhanced-view totally extraperitoneal retromuscul...	2019					1	5	13		13

Documents			Citations	<2017	2017	2018	2019	2020	2021	Subtotal	>2021	Total
			Total	18	20	8	18	37	28	111	0	129
<input type="checkbox"/>	11	Laparoscopy-Assisted Transanal Total Mesorectal Excision	2019							0		0
<input type="checkbox"/>	12	A rare case of life-threatening extra-peritoneal bleeding af...	2019							0		0
<input type="checkbox"/>	13	Carbon dioxide embolism associated with transanal total meso...	2019				2	10	5	17		17
<input type="checkbox"/>	14	Synchronous papillary thyroid cancer and non-Hodgkin lymphom...	2018				1		2	3		3
<input type="checkbox"/>	15	The open abdomen - still a challenge for the surgeons. Which...	2017					1		1		1
<input type="checkbox"/>	16	A case of splenic rupture after non-penetrating injury from ...	2016							0		0
<input type="checkbox"/>	17	What is the effectiveness of the negative pressure wound the...	2016		10	5	9	9	5	38		38
<input type="checkbox"/>	18	Open abdomen and VAC® in severe diffuse peritonitis	2016	3	4	1	3	3		11		14
<input type="checkbox"/>	19	Etiological structure and in vitro susceptibility to amtimic...	2016							0		0
<input type="checkbox"/>	20	Study of incidence and structure of most frequent and import...	2016							0		0
<input type="checkbox"/>	21	Carbapenem-resistant enterobacteriaceae infections options f...	2016							0		0
<input type="checkbox"/>	22	Synovial chondromatosis	2016					1		1		1
<input type="checkbox"/>	23	Thepredictive value of blood components ratio in damage cont...	2016							0		0
<input type="checkbox"/>	24	Hemostatic agents in the treatment of coagulopathy and monit...	2016							0		0
<input type="checkbox"/>	25	Outcomes analysis of hospital management model in restricted...	2016							0		0
<input type="checkbox"/>	26	A single gunshot wound of the face with simultaneous aspirat...	2015					1		1		1
<input type="checkbox"/>	27	OPEN LAPAROSCOPY--A MODIFIED HASSON TECHNIQUE	2015	1				1		1		2
<input type="checkbox"/>	28	Methods for analysis of intensive care costs	2015							0		0
<input type="checkbox"/>	29	Liver transplantations in Bulgaria--initial experience	2014							0		0
<input type="checkbox"/>	30	Damage control surgery and open abdomen in trauma patients w...	2014							0		0
<input type="checkbox"/>	31	A modern combat trauma	2014	4	2	1	1	2		6		10
<input type="checkbox"/>	32	Single centre experience with surgical treatment of hilar ch...	2013	2	1	1			1	3		5
<input type="checkbox"/>	33	Surgical potentialities for the treatment of pancreatic canc...	2012	3						0		3
<input type="checkbox"/>	34	Rational surgical aggression in multimodal treatment of live...	2012	1	2			1		3		4
<input type="checkbox"/>	35	Contemporary aspects in the performance of pancreatic anasto...	2009							0		0
<input type="checkbox"/>	36	Pancreatic cancer--multidisciplinary approach and possibilit...	2009							0		0
<input type="checkbox"/>	37	Successful emergency pancreatoduodenectomy in a non-trauma p...	2007	4	1					1		5

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