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Culture resultpresented normal skin flora and Gr(+) growth. The patient was administered with ciprofloxacin and ornidazole antibiotics as medical treatment and discharged. The sutures were taken without any complications on the 7thpostoperative day.

Conclusion: As a result, despite being rare in the penis, pilonidal sinus should be considered as a priority in patients presenting with complaints of wound, swelling, secretion, and the treatment of patients should be planned and performed in a short time

Teaching and Learning Surgical Skill

Who took the surgery from the Chinese residents and how to compensate them

Wang Zhifei, M.D.

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Objective: To expiore the reasons behind the phenomena that the surgical training in China is far from being regulated and sufficient and to provide a possible solution.

Methods: The reasons were analyzed from different angles, the resident's side, the attending's side, the hospital's side and the patient's side. All the possible root were discussed and compared with the training system in the USA. The according solution was introduced.

Results: The current Chinese surgical training system is far from being sufficient to provide the resident enough exposure for surgical training, the simulation system, though still a lot the be accomplished, is an alternative choice.

Conclusions: Surgical residents should be paid more attending for their hand on training, the simulation system may better meet the basic requirements in a safe and effective way.

MODERN METHODS OF PREDICTING THE START OF THE RECCURENT HEMORRHAGE

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Study: Complex observation of 143 patients with bleeding gastro duodenal ulcer which were on treatment in the centre of gastroduodenal bleedings of city clinical emergency hospital was conducted.

Materials and research Methods: On the third day was taken biopsy of mucous of stomach and duodenum is carried out near the area of the defect (1–1.5 mm). After that immunohistochemical research is carried out to define the activity of inducible NO-synthase using Scarpelli method . The level of activity of inducible NO-synthase is defined by the amount of celis, painted in blue in the field of view of a microscope. High risk of hemorrhage relapse is determined by the presence of more than 5 cells colored in blue within the field of the view. The character of bacterial semination periulcerosis area told about high risk for

relapsing hemorrhage is set in case level of microorganisms of type Klebsiella pneumoniae and Streptococcus b-haemoliticus are present in biopsy materials in the amount of over 106 – 107. On the third day of stay in the hospital the patient I prescribed repeated definition of level of stable metabolites of NO in blood serum according to the method ology mentioned above. The high risk of relapsing hemorrhage is defined using the following criteria: if the level of stable metabolites NO increases 70% and more compared with the previous – high level; low ievel of relapsing hemorrhage – if the level of stable metabolites NO increases not more than 35–70% compared to the previous one; absence of relapsing hemorrhage – if level of stable metabolites NO increases less than 35% compared to the previous level.

Result: The application of the present method of defining the risk for stomach-intestinal relapsing hemorrhage of uicerous genesis can be used in conditions of almost each medical establishment, it does not require expensive and sophisticated equipment and specialized trained personnel. High precision of diagnostics, rapid result(within 3 hours) and low price are significant in its application for screening patients with stomach-intestinal hemorrhages of ulcerous genesis.

Conclusion: Application of the used techniques has allowed to lower number recurrent bleeding from 10, 5% to 4, 2%

SENSITIVITY of 18 F-FDG PET in EVALUATION of SOLITARY PULMONARY NODULES

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Introduction: The solitary pulmonary nodule (SPN) may be an early sign of lung cancer. Due to the difficulties of radiological lmaging techniques in differentiation of benign/malignant nodules, functional imaging techniques like 18 F-FDG PET are required in patients diagnosed with SPN. The aim of this study was the evaluation of the role of 18 F-FDG PET in differentiation of malignant/benign SPN by some characteristic findings in 18 F-FDG PET. Moreover, among the nodules with histopathologically diagnosed as benign, malignant or metastatic, the SUVmax and Hounsfield Units (HU) of 18 F-FDG PET imaging were also aimed to be compared to assess the role of 18 F-FDG PET in discrimination of malignant/benign SPN.

Material and Methods: Among the patients evaluated with PET-CT with the pre-diagnosis of pulmonary nodule or non-pulmonary malignancies, in Konya University Meram Medical School Nuclear Medicine Department, 241 patients (167 male, 74 female) diagnosed with pulmonary nodule were enrolled in the study. In visual evaluation of PET-CT of all patients, there was only one nodule in lung parenchyma. The diameter in cm, location as central or peripheral, regularity of borders, presence of calcification and HU and Maximum standardized uptake values (SUVmax) values with quantitative analysis of all nodules was recorded. The histopathological evaluation of nodules was 241 patients and they were also recorded.

Results: In comparison of mean SUVmax values in regards to the characteristic findings of nodules in 18 F-FDG PET, the mean SUVmax value of patients was statistically significantly higher in patients with the nodule diameter ≥1cm, centrally located nodules, or nodules with irregular borders.

Conclusion: In malignant/benign differentiation of solitary pulmonary nodules with the diameter of higher than 1 cm,