





## **Innovations** in Medicine

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my) is indicated. In summary, we certainly need good, prospective data to better understand the natural history of sigmoid diverticulitis, and to identify risk factors for complicated/recurrent diverticulitis. While we still await the results of these cohort studies, a clear definition is a pre-requisite for inclusion of patients in these trials. Therefore it is important to establish consensus definitions for sigmoid diverticulitis, for recurrent diverticulitis and for complicated diverticulitis: we recommend that the next Practice Parameters for sigmoid diverticulitis established by Standards Committee of American Society of Colon and Rectal Surgeons (AS-CRS) and the European Society for Coloproctology (ESCP) address this issue so that further misunderstanding on a common disease is avoided [3].

## **OP018** Solitary caecal diverticulitis during surgery for acute appendicitis.

Bode R, Kolani H, Nelaj A, Braholli E, Dracini Xh, Celiku E, Bode R Cecal diverticulitis is an unusual condition that presents clinically similar to appendicitis. The diagnosis is not always easy and in the majority of cases, it is usually made at laparotomy. The aim of the present study is to retrospectively report our personal experience with solitary caecal diverticulitis, to determine its incidence in patients presenting as an acute abdomen, as well as identify the symptoms and clinical features that may aid in making a pre-operative diagnosis. And to compare this with a review of the literature, focusing on the surgical treatment and also on the indication of appendectomy in the presence of cecal diverticulitis not requiring surgery. Data was collected in patients hospitalized for acute appendicitis or acute abdomen, in the surgical emergency unit of University Hospital Center "Mother Teresa" of Tirana, in a period of 3 years (2015-2017). Sex, age, duration of symptoms, preoperative diagnosis, management, intraoperative findings, histologic examination, length of hospital stay and complications of all patients affected by solitary caecal diverticulitis were reviewed. In the study period, 15 patients presented with a solitary caecal diverticulitis. Most of patients had pain in the right iliac fossa, with a duration of 2-6 days. All patients presented with abdominal pain, additional symptoms were nausea, vomiting and fever. The mean white blood cell count was from 6500-19.200/mm3, while the remaining laboratory results were normal. There were no specific findings on abdominal X-ray or ultrasonography. Intraoperative findings ranged from localized /circumscript peritonitis to generalised peritonitis due to acute diverticulitis and a normal appendix. Surgery ranged from diverticulum resection accompanied to appendectomy, to ileocaecal resection, and right hemicolectomy. Cecal diverticulitis should be included in the differen-tial diagnosis of the cases with pain in the right lower quadrant. Preoperative diagnosis of caecal diverticulitis cannot always be made, since the signs and symptoms are similar to acute appendicitis, but is impor-tant in order to decide how to manage this condition. Diverticulectomy and incidental appendectomy are the preferred method of treatment in uncomplicated cases. Right hemicolectomy is a recommended treatment option in complicated patients or those suspicious for tumor during surgery.

## **OP019 Innovation for differentiation rectal tissues with miniirradiation** Sulyma V, Gaponov V

Well known cell enters cell cycle under the influence of special chemical signals such as hormones, cytokines, and growth factors that bind to correspondent transmembrane receptors on the cell membrane. This extracellular signal transmits via membrane and triggers the intracytoplasmic cascade of reactions of tyrosine kinase phosphorylation - intracellular signalling. In the end of this complex pathway the nucleus receives the signal that creates the expression of growth regulatory genes including myc, fos, jun, and pushes the cell to S stage of the mitotic cycle. The  $\gamma$ -quantum is absorbed at the expense of the characteristic irradiation of microelements in normal and pathological tissues - new speed of method for differential diagnostic of pathological processes: chronic anal fissure and rectal tumors. The studies of biopsy material after operative intervention for rectal diseases (chronic anal fissure, polyps and adenocarcinoma), through registration of coefficients of absorbed at the expense of the characteristic irradiation of microelements on entrance intensive  $\gamma$ -quantum 10 kHz, tissue for energy 59,6 keV – 5 mm, for energy 17 keV - 5 mm, for energy 5,9 keV - 1 mm, time of registration 60 sec. The different numbers of microelements in normal and pathological-neoplastic cells for their radiation with giving of negative structures and photo-electrical effect - individual for normal of rectal tissue and pathological process (chronic anal fissure, non-malignant and malignant tumors). The  $\gamma$ -quantum is absorbed at the expense of the characteristic irradiation of microelements in normal and pathological tissues - new speed of method for differential diagnostic of pathological processes: chronic anal fissure and rectal tumors. The different of absorbed at expense low level energy  $\gamma$ -irradiation of cells rectal tissues had universal of characteristic and basis for early of differential diagnostic of pathological processes. Difference in the concentration of intracellular microelements can be helpful for diagnosis of the colon malignancies in time of colorectal surgery. Early diagnosis allows making a decision regarding the extension of the colon resection. The method uses the phenomenon of photoelectric effect. Irradiation of the tissue sample by the mini-yquantum induces lost of negative charge by cells thereby creating the photoelectric effect that will strictly individual for neoplastic and non-neoplastic tissues. Time of using 60 sec, irradiation non-dangerous for patients and medical personal.