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LAPAROSCOPIC SURGICAL TREATMENT OF ESOHPAGEAL ACHALASIA

TSMU, SURGERY DIRECTION 1; `THORACO-ABDOMINAL CLINIC`; CLINIC `CARAPS- MEDLINE`

NowdaysEesohpageal achalasia is quite spread disease worldwide and indications for surgery is increasing. Study aim was to present our emerging experience in laparoscopic surgical management of achalasia. From 2005 to 2013 y.y. we performed 25 cases. Age varied from 22 to 72 y.y. Male—9, Female – 16. In thirteen cases with achalasia patients had anamnesis of prior not effective pneumodilatation of cardia with different frequency from 1 to 8 procedures. Indication for laparoscopic surgery was severe disphagia due by achalasia level II and III. Contraindications were achalasia level IV and short esophagus. In four cases of esophageal perforation during operation, all cases were managed by intracorporeal laparoscopic suturing, postoperational morbidity -1 with partial recurrence managed by cardiopneumodilatation. Mortality – 0. As long-term results after operations, in all patients with achalasia were no disphageal complaints. According to world approved and an our results laparoscopic approach is method of choice for esohpageal achalasia.

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SEVERE LEPTOSPIROSIS IN GEORGIA

TSMU, DEPARTMENT OF INFECTIOUS DISEASES; CENTRE OF INFECTION DISEASES, AIDS AND CLINICAL IMMUNOLOGY

INRODUCTION

Leptospirosis is a zoonotic disease of worldwide distribution, the etiologic agent of which is spirocheta: Leptospira interrogans [1,3]. The key point of the pathogenesis is generalized capillarotoxicosis [2,5]. The frequent circulating serotypes of L. interrogans in Georgia are: L.icterohaemorragiae, L. canicola, L. grippotyphosa, L. ballum.

During recent years new serotypes have been identified: L. mankarso, L.wolffii, L. automnalis.[4,5]. Incidence during last 5 years arise from 0.63 to 1,32. Overall lethality is 7-14%.

Objectives

The aim of our research was to identify the clinical and epidemiological peculiarities of severe leptospirosis registered in Infectious diseases, AIDS and Clinical Immunology Scientific Practical Center of Georgia, Tbilisi in 2008-2012.

Methods

For this propose we retrospectively studied 13 case histories of severe leptospirosis admitted at the emergency department of Infectious diseases, AIDS and Clinical Immunology Scientific Practical Center in 2008-2012.

Results

The sex distribution between the patients was as follows: male-11, female- 2. The age of the patients varied from 28-71.

The serological confirmation of the disease included: ELISA, MAT.

Among others two serotypes were identified: L. ballum, L. canicola as the etiological agent.

From total number of 13 patients, 5 patients were rural residents and 8 were urban residents.

Sources of infection were: contact with natural water reservoir -7 patients (54%), cattle-raising activity-3 (23%), contact with soil contaminated with rodent excretions -1 (8%), unknown source- 2 patients (15%).

Lethal outcome was registered in 4 patients (31%), 3 males and 1 female.

Dominating clinical syndromes were: flu-like syndrome, acute kidney insufficiency, hepato-cellular injury and thrombo-haemoragic syndrome.

Flu-like syndrome

Severe flu-like syndrome was identified in all patients (100%) at the first day of the illness and was characterized with following clinical symptoms: hectic fever – 10 patients (77%), subfebrile fever – 3 patients (23%), chills -8 patients (61,5%), asthenia – 13 patients (100%); myalgia – 11 patients (85%): myalgia of abdominal muscles and lower extremities – 6 patients (46%), myalgia of thoracic muscles and upper extremities – 1 patient (8%), diffuse myalgia _4 patients (31%); arthralgia – 4 patients (31%); profuse sweating – 5 patients (38,5%); dispepsic syndrome- 5 patients (38,5%); conjuctivitis – 4 patients (31%); severe headache-2 patients (15%), lymphadenopathy- 2 patients (15%), coetaneous rash – 1 patient (8%), leukocytosis - 11 patients (85%), elevated ESR- 12 patients (92%).

Acute kidney insufficiency

The syndrome developed in the first stage of the disease in all patients with following clinical symptoms: olyguria – 10 patients (77%), anuria – 6 patiens (46%), oedema – 5 patients (38,5%), proteinuria – 5 patients (38,5%), haematuria – 6 patients (46%), leukocyturia- 11 patients (85%), elevated creatinin and urea – 11 patients (85%).

Hepato-cellular injury

The syndrome developed in the first stage of the disease in all patients with following clinical symptoms: jaundice – 13 patients (100%), hepatomegaly - 13 patients (100%), bilirubinuria - 13 patients (100%), bilirubinaemia - 13 patients (100%), elevated ALT, AST, AP - 13 patients (100%), splenomegaly – 7 patients (54%),

Mean values of blood biochemical analysis were as follows: total bilirubin - 407 mkmol/l, direct bilirubin - – 191 mkmol/l, ALT- 140 U/L, AST- 146, 5 U/L, AP- 217 U/ L.

Thombo-haemoragic syndrome

This syndrome arose is 9 patients (69%) on the first days of illness. The clinical symptoms were as follows: haemoragies on skin and visible mucosa – 8 patients (61,5%), macrohaematuria – 3 patients (23%), haemoptoe - 2 patients (15%), haematemesis – 1 (8%), the span of prothrombin index – 32-60%.

Pneumonia

Pneumonia developed in 9 patients (69%), progressing to an acute lung injury only in 2 (15%) patients, who needed artificial respiration.

Non-lethal cases

In 4 patients prolonged cause of the disease with delayed reconvalescence was noticed. These patients had following premorbid illnesses:

chronic HVC hepatitis with liver cirrhosis , lung tuberculosis and body mass deficit,

oncological pathology of bile ducts, atopic dermatitis.

Lethal cases

Lethal outcome was registered in 4 cases: in 3 male adults from 35-45 years old and in 1 female elderly 71 years old.

These patients received symptomatical treatment of the flu-like syndrome at the prehospital level during 2-7 days. The patients looked for an urgent medical service when their health situation deteriorated rapidly with these symptoms: severe flu-like syndrome, progressing jaundice, tachycardia, dyspnoe, hypotension, cough, altered mental status, oligo-anuria and visible haemoragies. They were the patients of our hospital for 1-4 days.

At the time of admission following symptoms were registered: acute kidney insufficiency – 4 patients (100%), oligo-anuria -4 patients (100%), elevated urea (>29 mmol/l) – elevated creatinin (>420 mmol/l) - 4 patients (100%), proteinuria – 2 patients (50%), Trombo-haemoragic syndrome – 3 patients (75%), skin haemoragies – 3 patients (75%), mucosal haemoragies and mucosal bleeding – 2 patietns (50%), haemoptoe- 1 patient (25%), macrohaematuria – 1 patient (25%), haematomesis- 1 patient (25%), decreases prothrombin index – 4 patients (100%), pneumonia – 3 patients (75%), excitation 1 patient (25%), sopor – 1 patient (25%).

The factors deteriorating the health condition were: infectious toxic shock- 4 patients (100%), coma – 2 patients (50%), acute lung injury - 1 patient (25%), needing artificial respiration. Thanatogenesis: cardiac failure followed by respiratory failure.

Conclusion

Leptospirosis is an important problem for Georgia.

During recent years new serovars have been registered, which have not been circulating before.

Most frequent signs (more than 50%) are: fever, chills, asthenia, myalgia, leukocytosis, elevated ESR, oligo-anuria, elevated urea and creatinin, jaundice, bilirubinhaemia, bilirubinuria, elevated liver transaminases, hepatomegaly, splenomegaly, cutanoeus and mucosal haemoragies, decreased prothrombin index, pneumonia.

Severe leptospirosis is characterized with high mortality in Georgia, which is induced with delayed hospitalization as well as prompt development and progression of the life-threatening conditions in the first stage of the disease.

The reasons of lethal outcome are: acute kidney insufficiency, thrombo-haemoragic syndrome, acute lung injury and infectious toxic shock.

References:

1. Harti, A. R.; Nally, JE; Ricaldi, JN; Matthias, MA; Peru-United States Leptospirosis Consortium (2003). Leptospirosis: a zoonotic disease of global importance.*Lancet Infect. Dis.* 3 (12): 757–71

2. Langston CE, Heuter KJ (July 2003). Leptospirosis. A re-emerging zoonotic disease. *Veterinary Clinics of North America, Small Animal Practice* 33 (4): 791–807.

3. Human disease leptospirosis identified in new species, the banded mongoose, in Africa. Sciencedaily.com. 2013-05-14. Retrieved 2013-07-19.

4. McBride AJ, Athanazio DA, Reis MG, Ko AI (October 2005).Leptospirosis. *Current Opinion in Infectious Diseases* 18(5): 376–8 7.

5. Forbes AE, Zochowski WJ, Dubrey SW, Sivaprakasam V (July 2012). Leptospirosis and Weil's disease in the UK. *QJM : Monthly Journal of the Association of Physicians* 105 (12): 1151–62.

ვაშაკიძე ე., მეგრელიშვილი თ., გეგეშიძე თ., კვიტაშვილი მ.

მძიმე ლეპტოსპიროზის მიმდინარეობის თავისებურებები საქართველოში

თსსუ, ინფექციურ სნეულებათა დეპარტამენტი; ინფექციური დაავადებების, შიდსისა და კლინიკური იმუნოლოგიის სამეცნიერო-პრაქტიკული ცენტრი

ლეპტოსპიროზი მთელ მსოფლიოში გავრცელებული ზოონოზური დაავადებაა, რომლის გამომწვევია სპიროქეტა — Leptospira interrogans.

დაავადების პათოგენეზში წამყვანია საწყის ეტაპზე გენერალიზებული ინფექცია —სეპტიცემია, რასაც მეორე ფაზაში ვასკულიტი მოჰყვება, ორგანოთა იმუნური მექანიზმის დაზიანებით და პოლიორგანული უკმარისობის განვითარებით.

საქართველოში Leptospira interrogans-ის ყველაზე ხშირად ცირკულირებადი სეროტიპებია: **L.icterohaemorragiae, L. canicola, L. grippotyphosa, L. ballum.** უკანასკნელ 5 წელიწადში დაავადების ინციდენტობამ 0,63-დან 1,32-მდე მოიმატა და საერთო ლეტალობამ შეადგინა 7-14%.

საქართველოში მძიმე ლეპტოსპიროზი ხასიათდება მაღალი ლეტალობით, რომელიც უკავშირდება დაავადების პირველ დღეებში პოლიორგანული უკმარისობის განვითარებას.

ლეტალობის უშუალო მიზეზებია: თირკმლების მწვავე უკმარისობა, თრომბო-ჰემორაგიული სინდრომი, ინფექციურ-ტოქსიკური შოკი.

ვერულაშვილი ი., კაკაბაძე დ., აქუბარდია მ.

ცერებრული ინსულტით დაავადებულთა მართვის თავისებურება და გამოსავალი მულტიპროფილურ სტაციონარებში

თსსუ; ნ. ყიფშიძის სახ. საუნივერსიტეტო კლინიკა; შპს „გადაუდებელი ნევროლოგიის კლინიკა"

შრომის უნარის დაკარგვის ყველა შესაძლო მიზეზს შორის ინსულტის შემდგომი ინვალიდიზაცია პირველ ადგილზეა და ევროპის ქვეყნებში ყოველ 10 000 მოსახლეზე 3–4-ს შეადგენს (საქართველოში ეს მაჩვენელი უფრო მაღალია). პაციენტთა დაახლოებით 1/3 სოციალურად აქტიური ასაკისაა, რომელთაგანაც ჩვეულ საქმიანობას მხოლოდ 15-20% უბრუნდება [1, 3]. თავის ტვინში სისხლის მიმოქცევის მწვავე მოშლის (თტსმმმ) შედეგად სიკვდილიანობისა და ინვალიდიზაციის შემთხვევების შესამცირებლად, პირველად პროფილაქტიკასთან ერთად, დიდი მნიშვნელობა ენიჭება ინსულტის მწვავე პერიოდში პაციენტთა სამედიცინო დახმარების ოპტიმიზაციას [2, 4]. უკანასკნელ წლებში, ნევროლოგიური სტაციონარების პრაქტიკაში ინერგება ავადმყოფთა მკურნალობისა და რეაბილიტაციის მაღალტექნოლოგი-