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PERINATAL ANATOMY OF THE SIGMOID COLON

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Introduction. Congenital malformations, requiring surgical correction are detected in 3% of the newborns. A study of the topographoanatomical characteristics and organometric parameters of the sigmoidorectal segments in the perinatal period has a ponderable significance for an anatomical substantiation of new diagnostic-medical measures. Material and methods. The research was carried out on 79 specimens of human fetuses and newborns without the external signs of anatomical deviations of anomalies within the framework of elective dissections and complying with the ethical and legislative norms. Results. We have discovered an C-shared, U-shared, Ω -shared forms of inverted letters V, hook-shared, spinal-shared, zig-zag-shared of the sigmoid colon. The C-shared form of the sigmoid colon is characteristic of majority of fetuses (26,6%). Fetuses with the dolichomorphic type of constitution are characterized by the short sigmoid colon of the C-shared and U-shared forms whereas those with brachimorphic one – a long sigmoid colon of special-like form. The form of the sigmoid colon changes in the dynamics of the third trimester of the intrauterine development. The Ω -shared form and the form of an inverted later V disappear there appear more fetuses (38,8%) characterized by the special - shared form of the sigmoid colon in isolated cases (25,8%) zig-zag-shapered. A short sigmoid colon of the C-shared and U-shared forms is intrinsic to the characterized by long sigmoid colon of the special and zig-zag-shared forms. It was been ascertained that the sigmoid colon in newborns (22,2%) – a zig-zag like form. **Conclusion.** The sigmoidorectal segment in the perinatal period of ontogenesis is characterized by such macromicroscopic signs: a narrowing the colic tube and the absence of epiploic appendages in the transitional region between the sigmoid colon and the rectum, the formation of a solid muscular layer of the colic wall out of three muscular teniae.

PREDICTOR FACTORS IN DEVELOPMENT OF HEPATOPULMONARY SYNDROME IN PATIENTS WITH LIVER CIRRHOSIS

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Aim: to evidenciate the relationship between severity of liver disease, arterial blood gas pressures, clinical features, liver transaminases and intrapulmonary vasodilation in patients with liver cirrhosis. **Methods:** A prospective analysis of 133 patients from Emergency Clinical Hospital Craiova with cirrhosis was conducted between June 2005 and January 2006. Arterial blood gas pressures, pulmonary function tests, chest radiography, serum AST and ALT levels was determined in all patients. Ultrasonography was done for evidence of ascites and contrast echocardiography was performed to assessment intrapulmonary vasodilation. A comparative study was performed on two groups of patients: A group composed of 65 normoxemic patients and B group consisting of 23 hypoxemic patients. **Results:** In A group, the Child Pugh class repartition was: A-11 cases, B-24 cases and 30 cases in C stage. In B group most patients had stage C (16 cases). The mean duration of liver disease was 4.4+2.78 years in A group and 3.12+1.23 years in B group. All the B group patients had cyanosis, clubbing fingers and spider naevi (present in only 73.9% of cases). Prevalence of ascites was higher in hypoxemic patients (56.86%), comparativ with normoxemic patients (73.84%). ALT and AST level was higher in hypoxemic group. There was statistically significant difference between mean spirometric values in hypoxemic and normoxemic patients, but spirometric values was not correlated with serum transaminase levels. In whole group, a statistically significant relationship was evidenciated between arterial blood gas pressures, ascites and high levels of AST. **Conclusion:** Presence of ascites and relatively high levels of serum transaminase appear to be predictors of hypoxemia in cirrhotic patients without cardiopulmonary disorder or encephalopathy.