often underwent procedure due to ruptured aneurysm (4.92% vs.
9.32% vs. 11.43%, p < 0.001).

**Conclusion:** Age is a significant feature which increases the
frequency of acute kidney injury, multi-organ failure and intra-
hospital mortality in compared group despite similar coexistent
diseases, mode of surgery and preoperative risk determined by Lee
index.1,2

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**PS076**

**Modern treatment and diagnostics for submucosal tumors of the upper third of the
esophagus. Analysis of preoperative and postoperative data**

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**Aim:** This study was to evaluate diagnostic data and outcomes of
diagnostic treatment for submucosal tumors (SMTs) of the upper
third of the esophagus.

**Introduction:** Esophageal submucosal tumors (SMTs) are very
rare, with prevalence of 0.5% in autopsy series. Among them
leiomyomas are the most common, they originate from the muscularis
propria (4th EUS layer) or muscularis mucosa (2nd EUS layer) of
the esophageal wall.1 Submucosal lesions of the upper third is very
rare and occur in 4% of cases.2 Submucosal tunneling endoscopic
resection (STER) and endoscopic submucosal dissection (ESD) are
modern techniques for treating SMTs. The choice between them
depends on layer of origin of the tumor.

**Methods:** In this study were included 2 patients with SMT of
the upper third of the esophagus. For diagnostics we used
esophageal symptoms questionnaire, endoscopic ultrasonogra-
phy (EUS) and/or computed tomography (CT) to determine
layer of origine, size and relation of lesions to the surrounding
structures and organs. Esophageal manometry were used to iden-
tify problems with movement and pressure in the esophagus.
Immunohistochemistry and histological analysis were performed
postoperatively.

**Results:** Both patients were asymptomatic, tumors were
found accidentally during routine esophagoscopy. Although in both
cases manometry of the esophagus revealed increased distal
latency (DL) comaring with mean value in patient without
esophageal SMT. In the first case tumor arised from 4th EUS
layer, hence we used STER, subcutaneous emphysema of the
neck occurred during operation, in the second case lesion origi-
nated from 2nd EUS layer, therefore ESD was performed. En bloc
resection was achieved in both cases, histological diagnoses were
leiomyomas.

**Conclusion:** Upper third of the esophagus is the most diffi-
cult location for performing endoscopic techniques. Determination
of the layer of origin is crucial, as on that depends the choice of
treatment tactics. Increased DL in such patients requires further
study.

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**PS035**

**The role of the state of uterine-placental-foetal circulation on the clinical course of gestational
process and its impact on perinatal outcome**

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**Aim:** To identify the relationship between the condition of utero-placento-foetal circulation with the clinical course of ges-
tational process and its impact on perinatal outcome.

**Introduction:** The period of foetal development before birth is
so extensive however, only a small part of the duration of this
period, which largely determines the quality of his later life. It is a
proven fact that the events during the prenatal period effects the
outcomes of pregnancy which are favourable in childbirth, later
leading to diseases in adulthood.

**Methods:** We analysed the course of pregnancy, delivery, the
condition of the foetus and newborn from 72 pregnant women
(24–41 weeks of gestation) with placental dysfunction at the 3rd
Maternity Hospital, Zaporozhye.

**Results:** According to CT, distress of the foetus were confirmed
in 22.7% of pregnant women with impaired hemodynamics I-A
degree, 24.8% with impaired hemodynamics, at 30.6% with circula-
tory disorders of the II degree. On analysis of the hemodynamics in
the system of maternal-placento-foetal revealed violations of IPC(I-
A) in 46% of cases, ACC(I-B) at 28.7%, IPC and SPC(II) at 12.7%, critical
blood vessels PPK(III) and 3.4% of cases. The frequency of caesarean
section in pregnant women with dysfunction of placenta was 28.2%,
of which the foetal distress was 22.4%, vacuum extraction of the foe-
tus were used in 3.2%. The analysis of the development of newborn
from mothers with placental dysfunction, identified the violation
of their status at birth and Apgar score 7–5 points received at birth
11.2% of newborn.

**Conclusion:** Analysis of indicators of physical development of
newborns in the early neonatal period were distinguished by the
presence of signs of functional immaturity. Clinical and statistical
analysis conducted revealed a high frequency of complications of
pregnancy and childbirth in women with dysfunction of the pla-
centa.

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PS090

Bile duct injuries after cholecystectomy: A retrospective tertiary centre study comparing outcomes of different types of surgical treatment

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Aim: Evaluation of long-term outcomes after different types of surgical management of postcholecystectomy bile duct injuries (BDI).

Introduction: Cholecystectomy is one of the most routinely performed procedures in abdominal surgery. Despite the growing experience of surgeons and benefits of minimal invasive approach, BDIs still occur. The treatment of this complication is challenging.

Methods: This was a single-center retrospective study. The outcomes of 64 consecutive adult patients, surgically treated after postcholecystectomy BDI 2002–2016, were reviewed. The newest EAES ATOM classification was used to describe injuries. The anatomic characteristics of the injury and long-term treatment outcomes were evaluated.

Results: 48 (75%) BDI followed laparoscopic cholecystectomy. 26% of injuries were detected intraoperatively, 58% detected <7 days, 16% >7 days after the procedure. The injury of non-main bile duct was diagnosed in 10 (16%) cases. The injuries of main bile duct: choledochal duct 22 (34%), hepatic duct 22 (34%), bifurcation with right-left communication preserved 5 (8%), bifurcation with right-left interrupted 1 (2%), right/left hepatic duct 4 (6%). 26 (41%) patients with a cystic stump leak or partial division of duct were managed endoscopically. This treatment was successful for 7 (88%) cystic stump leaks and 8 (58%) partial divisions. 13 (20%) partial divisions of duct were closed by suture. 8 (73%) patients had complications which later required endoscopic management or hepaticojejunostomy. End-to-end anastomosis (6 (10%)) or hepaticojejunostomy (16 (25%)) was initially performed after the complete division with or without loss of substance was detected. End-to-end strategy was successful in 4 (67%) cases, others finally required hepaticojejunostomy. The complication rate after initial hepaticojejunostomy - 25%.

Conclusion: Endoscopic treatment is optimal for cystic stump leaks and partial divisions of ducts. Complete divisions with or without loss of substance may be treated by hepaticojejunostomy and end-to-end anastomosis with similar long-term outcomes. While end-to-end anastomosis is more physiological, this strategy should be considered when possible.

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PS041

Perinatal loss in multiple pregnancies

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