Introduction: 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. \(^2\)

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) differing with mean value in patient without esophageal SMT. In the first case tumor arisen from 4th EUS layer, hence we used STER, subcutaneous emphysema of the neck occurred during operation, in the second case lesion originated from 2th 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 difficult 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.

Acknowledgements: We would like to show our gratitude to the Rector of our university, S.F. Bagnenko, for the support of this study.

References
on the clinical course of gestational processes and it’s impact on perinatal outcome. Secondly, I would also like to thank my parents and friends who helped me a lot in finalizing this project within the limited time frame.

http://dx.doi.org/10.1016/j.pbj.2017.07.160

PS014

The possibility of optimization of hemodynamics in the fetoplacental pool as a factor of influence on perinatal outcome

Vinisha Tekwani1,∗, Varahabhatla Vamshi1, Katnam Sahithi1, Nataliya Gaidai2,∗
1 Students of 4th year Medicine, Ukraine
2 Scientific Supervisor, Associate Professor, Ukraine
E-mail address: vinishatekwani33@gmail.com (V. Tekwani).

Aim: To study the possibility of optimization of hemodynamics in the fetoplacental pool as a factor of influence on perinatal outcome.

Introduction: Endothelial dysfunction in uteroplacental pool is a universal response of placenta to adverse effects of hypoxia, which leads to a high percentage of obstetric complications. Recreation is a way of optimization of hemodynamics in fetoplacental complex in the interests of antenatal protection of the foetus.

Methods: The study was conducted at the 3rd Maternity hospital, Zaporozhye including 40 pregnant women with VD with age group of 21–36 years (Primapara – 52.5%, multipara is 47.5%). 40 pregnant women with chronic venous insufficiency to restore homeostasis used the IR thermo-camera, designed and implemented by the Department of Clinical Pathophysiology, Institute of physiology. Pregnant women of the main group underwent 3 sessions of IR sonotherapy (1 time per week), lasting 30 min at temperature of 35 ºC.

Results: Pregnant women with VD after using sonotherapy in the infrared heat chamber in the complex sanatorium treatment, on comparison with the control group, a more pronounced therapeutic effect of lowering body weight by 22.3 ± 1.2 kg, and decrease of systolic 14.6 ± 0.2 mmHg and diastolic 15.1 ± 1.1 mmHg pressure. Endangered pregnancy in a core group of women, the birth of full-term newborns with no signs of distress, with an Apgar score of 7–9 points, body mass change 2980–4000 g, 1 in the case of birth by caesarean section for obstetric indications.

Conclusion: The research conducted in the sanatorium “Velikii Lug”, confirms the effectiveness of the use of the IR sonotherapy in optimizing antenatal protection of the fetus against the background of endothelial dysfunction.

Acknowledgements: I wish to express my sincere gratitude to my scientific supervisor Mrs. Nataliya Viktorovna Gaidai for providing me an golden opportunity to be a part in this project. I also sincerely thank my co-authors Mr. Vamsi Varahabhatla and Katnam Sahithi for their guidance and encouragement in carrying out this project work. Finally, I would like to thank my family for supporting me financially and morally.

http://dx.doi.org/10.1016/j.pbj.2017.07.161

PS090

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

R. Zulpaite1,∗, A. Sileikyte1, A. Sileikis2
1 Faculty of Medicine, Vilnius University, Vilnius, Lithuania
2 Center of Abdominal Surgery, Vilnius University Hospital, Santaros Klinikos Santariskiu str. 2, 08661 Vilnius, Lithuania
E-mail address: ruta.zulp@gmail.com (R. Zulpaite).

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 outcome 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 hepticojejunostomy. 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 hepticojejunostomy. The complication rate after initial hepticojejunostomy - 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 hepticojejunostomy 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.

http://dx.doi.org/10.1016/j.pbj.2017.07.162

PS041

Perinatal loss in multiple pregnancies

L.G. Sichinava, A.O. Dulaeva∗, D.S. Spiridonov

Pirogov Russian National Research Medical University (RNRMU), Russia
E-mail address: littleinwonderland@gmail.com (A.O. Dulaeva).