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PS009

Percutaneous cholecystostomy in the management of acute cholecystitis

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Aim: The aim of this study is to clarify the role of percutaneous cholecystostomy in calculous acute cholecystitis treatment and to elucidate about its association with the surgical treatment.

Introduction: Laparoscopic cholecystectomy is the gold-standard treatment in acute cholecystitis. However, percutaneous cholecystostomy stands as an alternative therapeutic approach among the elderly or patients with several comorbidities.

Methods: In December 2016, a systematic database search on PubMed, Scopus and Web of Science was conducted to identify articles on percutaneous cholecystostomy published from January 2013 to November 2016, using the query “(acute cholecystitis OR severe cholecystitis) AND (cholecystostomy OR percutaneous cholecystostomy OR cholecystostomy tube)”. In total, 290 articles were found and submitted to inclusion and exclusion criteria.

Results: A total of 13 records involving 1130 patients from 10 different countries met all inclusion criteria and were therefore included in this systematic review. All studies found eligible concluded percutaneous cholecystostomy is a potentially safe and effective therapeutic approach among high-risk surgical patients in the setting of acute cholecystitis. Percentage of patients undergoing percutaneous cholecystostomy followed by cholecystectomy varied between 7.2% and a maximum of 66.7%, with a conversion rate fluctuating between 0.0% and 66.7%. Complication and mortality rates ranged from 2.2% to 41.7% and 0.0% and 43.2%, respectively.

Conclusion: Percutaneous cholecystostomy is generally considered safe and effective among high-risk surgical patients diagnosed with acute cholecystitis.^{1,2}

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PS092

The influence of maternal age and parity on perinatal outcomes – A preliminary study

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Aim: The aim of the study was to compare maternal, perinatal and neonatal outcomes depending on maternal age and parity.

Introduction: Advanced maternal age at childbirth has been associated with adverse perinatal and neonatal outcomes. As mean maternal age in developed countries is increasing decade by decade, the issue of perinatal outcomes among older patients seems to be of utmost importance.

Methods: It is a preliminary study that enrolled 243 women who gave birth in the Department of Obstetrics and Perinatology of the University Hospital in Kraków, Poland, during a one-month period (in May 2017). The patients were divided into 2 groups: >30 and ≤30 years old. The two groups were subsequently subdivided into 4 subgroups. Maternal, perinatal and neonatal outcomes were compared between all the subgroups.

Results: Comparison of women at age >30 and ≤30 revealed that advanced maternal age may constitute a predisposing factor for stillbirth, preterm delivery and congenital disorders. At the same time, the patients in the first group were at lower risk of SGA (small for gestational age) and LGA (large for gestational age).

as well as lack of progress in labour. Nevertheless, none of these parameters reached a statistical significance. Primiparas both ≤ 30 and >30 year-old had a much greater risk of lack of progress in labour (OR = 11.3; $p = 0.0015$ and OR = 19.5; $p = 0.00027$) as well as emergency caesarean section (OR = 5.6; $p = 0.00056$ and OR = 2.5; $p = 0.027$) and a lower risk of elective C-section (OR = 0.4; $p = 0.0027$ among women ≤ 30 years old) when compared to multiparas. These results met statistical significance criteria.

Conclusion: Advanced maternal age can undoubtedly be associated with several adverse perinatal outcomes. However, the results of the study do not seem to be unequivocal. Further investigation of the influence of maternal age on the course of pregnancy and delivery should be conducted.

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PS118

Varicose veins surgical treatment: Endovenous laser ablation versus open surgery



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Aim: Compare long-term outcomes of varicose veins treatment between endovenous laser ablation and open surgery.

Introduction: 25–33% of the Western population adults is suffering from varicose veins and surgical treatment is characterized by high recurrence rate of 60% after 5 years follow-up observation. That leads to look for the most effective treatment option.

Methods: A retrospective study of 182 patients who had varicose veins endovascular or open surgery during 2015–06–2015–12 were made. Patients' demographic and clinical data were registered. Patients were contacted and asked to evaluate surgery outcomes subjectively. Patients were divided in two groups: I – ones who had endovenous laser ablation and II – those who had open surgery.

Results: 136 (74.7%) patients agreed to participate in the study: 26 (19.1%) men and 110 (80.9%) women; average age – 48.36 years (± 1.087). 65 (47.8%) – group I, (41 (63.1%) were operated because of the symptoms, 24 (36.9%) were operated because of the esthetical reasons), 71 (52.2%) – group II, (58 (81.7%) were operated because of the symptoms, 13 (18.3%) were operated because of the esthetical reasons.) The symptoms renewed: group I – 9 (22%) patients, group II – 25 (43.1%). Esthetical relapse: group I – 3 (12.5%), group II – 5 (38.5%). Patients assessed esthetical view: group I – 48 (73.8%) were completely satisfied with the results, 15 (23.1%) were partly satisfied and 2 (3.1%) were unsatisfied, respectively in group II the results were 44 (62%), 26 (36.6%) and 1 (1.4%) ($p = 0.202$). Patients also evaluated their symptoms after treatment. Group I: 53 (81.5%) patients were completely satisfied, 9 (13.8%) – partly satisfied, 3 (4.6%) – unsatisfied, respectively in group II – 52 (73.2%), 14 (19.7%) and 5 (7%) ($p = 0.513$). According to the EQ-5D-3L questionnaire patients treated in group I evaluated their health – 80.29 (± 13.199), II – 74.56 (± 16.615).

Conclusion: Chronic venous insufficiency symptoms more often renewed to patients who had open surgery. Patients' were more satisfied after endovenous laser ablation. Also, those patients who were treated with endovascular procedure evaluated their health better.

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PS147

Patients' quality of life after surgical treatment of oral cancer



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Aim: To evaluate the quality of life of patients after surgical treatment of oral cancer.

Introduction: Oral cancer surgery may have resulted in damage to the act of chewing, swallowing, speech and communication, lead to social incompetence and decline in the quality of life of patients.

Methods: The study included 30 surgically treated patients previously diagnosed with oral cancer at the Department of Maxillofacial Surgery, Clinical Center in Novi Sad. The survey and assessment of Karnofsky index of patients was conducted within the regular control visits to a specialist clinic for maxillofacial surgery. The questionnaire is in addition to general information included questions related to the primary tumor localization, harmful habits, stomatognathic system function and psychosocial condition after surgical treatment of oral cancer.

Results: Mean age of patients was 63 years, of which 73.3% were male and 26.7% female. The most common localization of oral cancer was under the mouth of 9 (30%) patients. Alcohol and cigarettes were consumed by 70% of patients. In 50–60% of patients, stomatognathic system function was reduced to varying degrees of severity. Chewing function was statistically significantly worse in patients after marginal resection of the mandible ($p < 0.05$). Depression was observed in 18.2% of men and 12.5% women, and the problem of appearance in public places had 40% of patients. Karnofsky index of 25 (83.3%) patients was 100% while the remaining was lower as a result of comorbidity.

Conclusion: The quality of life in terms of stomatognathic system function and psychosocial status was reduced to varying degrees of expression in many patients after surgical treatment of oral cancer. Therefore, the detection of diseases in an early stage is crucial to the survival and quality of life for patient.

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PS221

Long-term outcomes in simultaneous pancreas-kidney transplant recipients: Retrospective single centre study



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Aim: The aim of this study is to present long-term outcomes of SPKT.

Introduction: Simultaneous pancreas-kidney transplantation (SPKT) is the treatment of choice for patients with end-stage renal failure due to type 1 diabetes mellitus (DM1).

Since the 1980s, pancreas transplant has become the most effective strategy to restore normoglycemia in patients with DM1.