

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}

References

1. Thomas S, Huber SAL. Experience in the United States with intact abdominal aortic aneurysm repair. *J Vasc Surg.* 2001;33.
2. Jennifer A, Heller MDSAL. Two decades of abdominal aortic aneurysm repair: have we made any progress? *J Vasc Surg.* 2000;32.

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PS076

Modern treatment and diagnostics for submucosal tumors of the upper third of the esophagus. Analysis of preoperational and postoperational data

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Aim: This study was to evaluate diagnostic data and outcomes of endoscopic 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 (2th 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 ultrasonography (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 identify 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) comparing 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 ocured 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.

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References

1. Rice TW. Benign esophageal tumors: esophagoscopy and endoscopic esophageal ultrasound. *Semin Thorac Cardiovasc Surg.* 2003;15:20–6.
2. Mutrie CJ, et al. Esophageal leiomyoma: a 40-year experience. *Ann Thorac Surg.* 2005;79:1122–5.

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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 gestational 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 circulatory 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 foetus 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 placenta.

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