

XXV National Congress of the "Società Polispecialistica Italiana dei Giovani Chirurghi"
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AN EVALUATION ON MANAGEMENT OF CAROTID BODY TUMOUR (CBT). A TWELVE YEARS EXPERIENCE

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Objective: Carotid Body Tumor is a rare lesion of neuroendocrine system but it is the most common form of head and neck paraganglioma. Our objective is to discuss the correct method to reach the best outcome for patients after surgical resection.

Methods: A retrospective study was made of 20 patients with 26 CBT that were treated at our department between 2000 and 2012. Primary tumor characteristics, diagnosis ways, surgical treatment, short and long outcomes were recorded and analyzed.

Results: A total of 26 CBTs resections were carried out in 20 patients (14 women-80% and 6 men-20%). Familial cases occurred in 6 patients (30%); of these 3 patients with bilateral lesions and 1 patient with multiple paraganglioma. All lesions were grouped into three groups according to the latero-lateral diameter: Group I < 3 cm; Group II 3-5cm; Group III >5cm. All patients were managed by surgical resection of the CBT. There were no operative deaths. No complications occurred in all resections of Group I tumors. In Group II only 1 resection was followed by dysphonia. In Group III only 1 resection was followed by permanent nerve palsy. Overall we described 15,3% of temporary neurological damages and 7,6% of permanent neurological damages.

Conclusions: Surgical removal of the tumor is the only treatment that can ensure the total eradication of the disease. Family screening is very important in hereditary forms. Planning of the intervention by radiodiagnostic imaging and a full mastery of the surgical technique can minimize the risk of the most common postoperative complications.

SURGICAL APPROACH FOR TOTALLY IMPLANTABLE VENOUS ACCESS DEVICES (TIVADS) FOR CHEMOTHERAPY CONSIDERATION AFTER 753 CONSECUTIVE PROCEDURES

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Objective: Lightweight polypropylene mesh with resorbable coverage, with its properties of easy positioning and biocompatibility, represents an innovation in laparoscopic incisional hernia repair, and should be considered for clinical intraoperative as well as long term evaluations. The use of totally absorbable fixation system should be considered as the first choice in these patients, since the rapid mesh integration process makes titanium tacks no more absolutely necessary

Methods: From January 2005 to December 2012, 753 patients (431 females, 322 males) were consecutively submitted to TIVAD implantation in order to perform chemotherapy for solid tumor (671 patients, 89.1%) or hematologic disease (82 patients, 10.9%).

Results: 669 procedures were carried out by CVCD, while in 84 patients, since cephalic vein was absent or hypoplastic, TIVAD was implanted through coracobrachial (48 patients) or external jugular vein (36 patients) cut down approach. We didn't observe intraoperative complications; 16 patients (2.35%) showed early post-operative complications: 12 wound hematoma, 2 device infection requiring explantation, 4 device malfunction due to catheter tip malposition requiring catheter repositioning.

Conclusions: Since the very low rate of intraoperative and early post-operative complications, surgical approach, safe, effective and easily reproducible, should represent the first choice in TIVAD implantation.

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INFRACLAVICULAR BLOCK FOR ARTERIOVENOUS FISTULA IN UREMIC PATIENTS

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Objective: Arteriovenous fistula (AVF) is an established form of therapy for patients in hemodialysis. The aim of this study is to underline the advantages offered by infraclavicular block during vascular access performance.

Methods: From January 2007 to December 2009 thirty-five consecutive consenting patients (W 16; M 19) were included in the study. Demographic data revealed 10 cases of myocardial ischemia (28.6%), 8 cases of chronic obstructive pulmonary disease (22.8%), 22 cases of hypertension (62.8%), 19 cases of diabetes (54.3%). Exclusion criteria were any condition precluding informed consent, infection at the puncture site, known allergy to local anesthetics, pre-existing motor and sensory deficit in the operating limb.

Results: Twenty-four patients (68.5%) received a proximal AVF, 11 patients a distal AVF (31.5%). In 22 cases (62.8%) we performed an autogenous AVF; in 13 cases (37.2%) a biological prosthesis was implanted. Only two patients (5.7%) failed to achieve regional block. In the postoperative period no side effects and no generally complications caused by the block were observed.

Conclusions: Infraclavicular block or local anesthetic infiltration represents good alternatives to general anesthesia in uremic patients. Arterial and venous dilatation contribute to immediate and long term attainment of high flow in the AVF, which may prevent early failure. Regional techniques in AVF construction yielded also a prolonged duration of action, a shorter maturation time, lower failure rate, higher patency rate, sympathectomy-like effects and improved site selection for AVF creation.

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