



Dear Colleagues and Friends,

On behalf of the organising committee, it is my great pleasure to welcome you to Vilnius for the meeting of the Baltic Association of Surgeons.

This congress brings together surgeons from Lithuania, Latvia, and Estonia, joined by the presidents and representatives of surgical societies from across the Baltic Sea region and by a distinguished international faculty. We are equally proud of the strong nursing presence in this year's program: dedicated sessions on nursing, operating room practice, and nutrition reflect our conviction that excellent surgical care is, above all, the work of a team.

Over two days, the scientific program spans the full breadth of our specialty — from upper gastrointestinal, hepatopancreatobiliary, and colorectal surgery to emergency care, surgical quality, and the future of surgical research — culminating in the research shark tank, where the next generation of surgeon-scientists takes the stage.

Beyond the lecture hall, we invite you to enjoy Vilnius itself — its Old Town, its October colours, and the company of colleagues old and new at the congress reception.

We wish you an inspiring and friendly meeting, fruitful discussions, rewarding learning, and warm memories of Vilnius that will stay with you long after the closing session.

Welcome to Vilnius!

Sincerely,



*Tomas Poskus,
President, Lithuanian Association of Surgeons*

SCIENTIFIC PROGRAM

2026 10 15 13.00–18.00

Pre-congress course

Practical Introduction to Tactical Medicine and Surgery

in partnership with

MD Jonas Basanavicius Military Medical Service of Lithuanian Armed Forces
and Faculty of Medicine, Vilnius University



Location:

Medical Science Centre, Faculty of Medicine, Vilnius University,
Zaliuju Ezeru str. 2, Vilnius

Trainers

M. Kvietkauskas, T. Kaminskas, V. Bertašius, P. Piragis, S. Maciulevičė

Organizers:

K. Marcinkevičiūtė, M. Jukna, M. Balčytis

Pre-Registration Required, Limited Availability

2026 10 16

Morning session 1 – General

09.00–10.30

Chairs: T.Poskus, I. Ivanovs, A.Uksov

- 09.00–09.10 OPENING, WELCOME
- 09.10–09.25 *Why quality matters in esophagogastric cancer surgery and how to measure it*
S. Gisbertz, Netherlands
- 09.25–09.40 *Organizing elective surgical Services During Wartime: Lessons from Ukraine*
O. Dobrzhanskyi, Ukraine
- 09.40–09.55 *Teamwork in surgery: towards better patient outcomes and experiences*
S. Hinno, Estonia
- 09.55–10.10 *How can we keep surgery in future – what do young surgeons think?*
K. Marcinkevičiūtė, Lithuania
- 10.10–10.30 *Acute gallbladder disease: clinical practice guidelines, reality, and the culture of surgical safety for 2026 and beyond*
R. Lunevičius, UK
- 10.30–10.45 *Exercise Oncology*
Susan Lee, USA

Coffee Break

10.45–11.00

Morning session 2 – General

11.00–13.00

Chairs: Z.Dambrauskas, A.Ozolins, J.Teras

- 11.00–11.15 *Predicting and preventing complications in surgical patient*
A. Gulbinas, Lithuania
- 11.15–11.30 *Swedish colorectal cancer registry – how it improves patient outcomes?*
L. Axelsson, Sweden – President, Swedish Association of Surgeons
- 11.30–11.45 *The Vanishing Surgeon-Scientist: Why Patients Need Them and How We Can Save the Profession?*
A. Baušys, Lithuania
- 11.45–12.30 Consultants corner (3 case presentations with discussion)
Consultants: A. Uksov, Z. Dambrauskas, A. Ozolins, J. Teras,
A. Klimašauskas, G. Babravičienė, Lithuania

Lunch Break

12.30–13.15

Afternoon session 1 – Upper GI surgery

13.15–15.00

Chairs: M.Lukšta, I.Ivanovs, A.Uksov

- 13.15–13.30 *Complication and leakage management in esophageal surgery*
M. van Berge Henegouwen, Netherlands
- 13.30–13.45 *Total neoadjuvant chemotherapy for gastric cancer*
M. Pepenin, Ukraine
- 13.45–14.00 *Stage-dependent survival in esophageal cancer in Denmark*
D.W. Kjaer, Denmark – President, Danish Association of Surgeons
- 14.00–14.15 *Surgical options of dealing with large hiatal hernia defect*
W. Tarnowski, Poland – President, Polish Association of Surgeons
- 14.15–14.30 *Choosing the right weight-loss operation in 2026*
G. Antanavicius, USA
- 14.30–14.45 *Revisional surgery for weight regain: indications, technical considerations, and outcomes*
D. Danys, Lithuania
- 14.45–15.00 *How to create a safe and efficient bariatric surgery program?*
A. Maleckas, Lithuania

13.15–15.00

Afternoon parallel session 1 – Nursing

Chairs: I.Taujanskienė, S.Hinno

- 13.15–13.40 *Nurses' intention to stay at work*
N. Istomina, Lithuania
- 13.40–14.05 *Hidden Occupational Risks in the Operating Room: What Still Threatens Nurses in Europe*
V. Piščalkienė, Lithuania
- 14.05–14.30 *Educational Components in Nursing Education: Benefits and Outcomes for Graduating Nursing Students*
V. Kielė, Lithuania
- 14.30–15.00 *Global Sharps Standards for Local Practice: From Compliance to Action*
Dr. Michael Sinnott, Australia

Coffee Break

15.00–15.30

Afternoon session 2 – Hepatopancreatobiliary surgery

15.30–17.00

Chairs: M. Kvietkauskas, H. Plaudis, S.Kütner

- 15.30–15.45 *Current management of liver metastasis*
B. Rossok, Norway
- 15.45–16.00 *Benign liver lesions: really benign?*
R. Račkauskas, Lithuania
- 16.00–16.15 *Management of hydatid disease of the liver: the role of surgery*
P. Ignatavicius, Lithuania
- 16.15–16.30 *Surgical and endoscopic management of chronic pancreatitis*
H. Plaudis, Latvia

16.30–16.45 *Current management of pancreatic IPMN*
G. Perri

16.45–17.00 *Pancreatic cancer: surgical decision-making*
A. Mägi, Estonia

Afternoon parallel session 2 – **Nutrition**

15.30–17.00

Chairs: D.Dailidėnienė, L.Dyglė

15.30–15.50 *Supplemental enteral nutrition*
D. Dailidėnienė, Lithuania

15.50–16.20 *Parenteral nutrition*
L. Dyglė, Lithuania

16.20–17.00 *Practical workshop – enteral and parenteral nutrition*
D. Dailidėnienė, L. Dyglė Lithuania

Coffee break

17.00–17.30

Evening session – **Colorectal surgery**

17.30–19.15

Chairs: A. Tamelis, I. Bruņenieks, J.Teras

17.30–17.45 *Immunotherapy in colorectal carcinoma*, M. Kryžauskas, Lithuania

17.45–18.00 *Management of locally advanced colon cancer*, G. Sica, Italy

18.00–18.15 *Current management of rectal carcinoma in the era of WW?* A. Dulskas, Lithuania

18.15–18.30 *Obstructing colon cancer – stent, stoma or surgery?* N. Samalavicius, Lithuania

18.30–18.45 *Complex anorectal fistula: how to overcome the challenge?*
D. Zimmermann, Netherlands

18.45–19.00 *Should surgery be the primary treatment of choice in ileocecal Crohn's disease?*
I. Iesalnieks, Germany

19.00–19.15 *Surgical management of UC in the era of medical progress*, M. Jakubauskas, Lithuania

Evening nursing session – **Operating room nursing**

17.30–19.00

Chairs: I.Taujanskienė, S.Hinno

17.30–17.50 *Training of new operating room nurses in Estonia*
C. Vörk, Tartu University Hospital, Estonia

17.50–18.10 *Training of new operation room nurses in Estonia*
Minna-Mai Bergmann, North-Estonian Regional hospital, Estonia

18.10–18.20 *EORNA membership*. Ingrida Taujanskienė, Lithuania.

18.20–19.00 *Discussion: Surgical smoke and counting.*
Ingrida Taujanskienė, Rūta Margelevičienė, Catline Vörk, Minna-Mai Bergmann.

CONGRESS RECEPTION

19.30–23.00

2026 10 17

Morning session 1 - General and Emergency

09.00–10.30

Chairs: A. Daukša, H. Plaudis, A. Uksov

- 09.00–09.15 *Acute appendicitis – surgery is still the treatment of choice?*
I. Ivanovs, Latvia – President, Latvian Association of Surgeons
- 09.15–09.30 *Emergency anorectal conditions*, S. Švagždys, Lithuania
- 09.30–09.45 *Current management of abdominal wall hernia*, L. Venclauskas, Lithuania
- 09.45–10.00 *Ensuring safety in thyroid surgery*, A. Daukša, Lithuania
- 9.00–9.15 *Colorectal bleeding: the role of interventional radiology*, A. Tamelis
- 10.15–10.30 *Retroperitoneal tumor – work-up and principles of surgery*, J. Teras, Estonia
- 10.30–10.45 *From Innovation to Standard of Care: The Role of Clinical Trials in Surgical and Oncological Advancement – Lessons from the Netherlands*. P. Van der Sluis, Netherlands

Coffee break

10.45–11.00

Morning session 2 – Research shark tank

11.00–13.00

Sharks:

A. Daukša, A. Gulla, A. Baušys, I. Ivanovs, J. Teras

- 11.00–11.07 *Regional immune zonation of the healthy ileocolic mucosa and its disruption along the colorectal adenoma–carcinoma sequence*
J. Valčiukienė, Lithuania
- 11.08–11.15 *Multi-site mucosal sampling reveals lesion-localized Fusobacterium enrichment in colorectal neoplasia*
J. Valčiukienė, Lithuania
- 11.16–11.23 *Gastric cancer incidence trends by anatomical subsite in the Baltic states, Ukraine and Greater Poland*
P. Kavaliauskas, Lithuania
- 11.24–11.31 *The role of intraoperative ultrasonography in optimizing renal allograft perfusion during open abdominal aortic aneurysm repair: a case report*
L. Beitane, Latvia
- 11.32–11.39 *Surgical Outcomes of Retroperitoneal Sarcoma: A Single-Center Experience and Comparison with Sarcuator-Predicted Survival*
D. Sikorskis, Lithuania
- 11.40–11.47 *Laser hemorrhoidoplasty (LHP): Painless hemorrhoids treatment options, with high improvement of patient's qualities of life*
D. Anufrijevs, Latvia
- 11.48–11.55 *Recurrent Bleeding Due to Ileal Angiodysplasia: Clinical Case*
A. Rudnickas, Lithuania
- 11.56–12.03 *Beyond Fracture Location: Factors Associated with Operative Management of Maxillofacial Trauma*
M. Langvinis, Lithuania

- 12.04–12.11 *Assessment of Postoperative Complications and Quality of Life After Stoma Formation Surgery*
A. Railaitė, Lithuania
- 12.12–12.19 *Establishment of small animal liver machine perfusion as a treatment platform*
M. Kvietkauskas, Lithuania
- 12.20–12.27 *Outcomes of Early Surgery versus Endoscopy-First Strategy for the Management of Chronic Pancreatitis: A Systematic Review*
P. Čepulis, Lithuania
- 12.28–12.35 *Pancreatic Alveolar Echinococcosis: A Parasite disguising as a Neuroendocrine Tumor – A Case Report*
J. Ramanekaitė, Lithuania
- 12.36–12.43 *Spontaneous hepatic haemorrhage from focal liver lesions: a four-patient case series*
K. Vegere, Latvia
- 12.44–12.51 *A new classification system for pilonidal sinus disease*
I. Bruneniekš, Latvia
- 12.52–12.59 *Appropriateness of Empirical Antibiotic Therapy in the Treatment of Acute Complicated Diverticulitis*
P. Lizdenis
- 13.00–13.07 *Comparison of preventive ileostomy and preventive colostomy in patients with rectal cancer following low anterior resection*
V. Žuka, Latvia
- 13.08–13.15 *Superficial nonampullary duodenal tumors as benign gastric outlet obstruction. A case report of Brunner's gland hyperplasia*
A. Andziulis, Lithuania

AWARDS AND CLOSING

13.15–14.00

CONGRESS ABSTRACTS

Regional immune zonation of the healthy ileocolic mucosa and its disruption along the colorectal adenoma–carcinoma sequence

Jūratė Valčiukienė^{1,2}, Eglė Lastauskienė³, Aida Laurinavičienė⁴, Matas Jakubauskas^{1,2}, Marius Kryžauskas^{1,2}, Rūta Barbora Valkiūnienė⁴, Eugenijus Jasiūnas², Renaldas Augulis⁴, Aušra Garnelytė², Ieva Stundienė^{1,2}, Justinas Kavoliūnas³, Ugnė Šilinskaitė³, Tomas Poškus^{1,2}

¹*Clinic of Gastroenterology, Nephrourology and Surgery, Institute of Clinical Medicine, Faculty of Medicine, Vilnius University, Vilnius, Lithuania*

²*Vilnius University Hospital Santaros Klinikos, Vilnius, Lithuania*

³*Institute of Biosciences, Life Sciences Center, Vilnius University, Vilnius, Lithuania*

⁴*National Center of Pathology, affiliate of Vilnius University Hospital Santaros Klinikos, Vilnius, Lithuania*

Background. Colorectal carcinogenesis is studied almost exclusively within the lesion, while the immune state of the surrounding macroscopically normal bowel remains unmapped. In this prospective single-centre cohort study (MIMICA-1; ACTRN12624000976583), we mapped ileocolic immune zonation across the adenoma–carcinoma sequence.

Methods. Fifty-seven patients were included: 14 healthy controls, 16 small (≤ 1 cm) adenomas, 17 large (> 1 cm) adenomas and 10 carcinomas. Standardized biopsies were taken from the terminal ileum, right colon, left colon, and the lesion. CD3, CD8, CD20 and CD68 immunohistochemistry was performed on 820 sections and quantified separately in epithelium and stroma using a validated HALO AI digital pathology classifier.

Results. In healthy bowel, T cells were strongly zoned, enriched in the terminal ileum and declining distally (CD8+ stroma $P < 0.001$, $\epsilon^2 = 0.58$). Within lesions, CD20+ density was lower in carcinoma than in small adenoma ($P = 0.023$). Two field effects were identified in histologically normal mucosa: ileal CD8+ depletion in patients harboring large adenomas (374 vs 659 cells/mm², $P = 0.007$) and carcinoma ($P = 0.018$), and right-colonic epithelial CD68+ expansion in carcinoma (465 vs 260 cells/mm², $P = 0.006$).

Conclusions. Physiological ileocolic immune zonation is progressively dismantled during colorectal neoplasia, and immune alteration extends well beyond the lesion, supporting a spatially organized immune field effect.

Multi-site mucosal sampling reveals lesion-localized *Fusobacterium* enrichment in colorectal neoplasia

Jūratė Valčiukienė^{1,2}, Justinas Kavoliūnas³, Eglė Lastauskienė³, Ugnė Šilinskaitė³, Matas Jakubauskas^{1,2}, Marius Kryžauskas^{1,2}, Eugenijus Jasiūnas², Ieva Stundienė^{1,2}, Tomas Poškus^{1,2}

¹ Clinic of Gastroenterology, Nephrourology and Surgery, Institute of Clinical Medicine, Faculty of Medicine, Vilnius University, Vilnius, Lithuania

² Vilnius University Hospital Santaros Klinikos, Vilnius, Lithuania

³ Institute of Biosciences, Life Sciences Center, Vilnius University, Vilnius, Lithuania

⁴ National Center of Pathology, affiliate of Vilnius University Hospital Santaros Klinikos, Vilnius, Lithuania

Background. The gut microbiota is implicated in colorectal carcinogenesis, yet most studies profile fecal samples, which poorly reflect the mucosal niche. Whether such alterations are focal or extend across the ileocolic mucosa remains unclear.

Methods. In this prospective cohort study (MIMICA-1; ACTRN12624000976583), 60 participants were enrolled: 15 healthy controls and 45 patients with colorectal lesions (early adenoma n=17, advanced adenoma n=17, carcinoma n=11). Mucosal biopsies were collected from the terminal ileum, proximal colon, distal colon, and the lesion, with paired fecal samples. The 16S rRNA V3–V4 region was sequenced, amplicon sequence variants resolved with DADA2, diversity modelled with linear mixed-effects models and patient-stratified PERMANOVA, and differential abundance tested with MaAsLin3 including Diagnosis × Site interaction models.

Results. Anatomical site was the dominant axis of variation: alpha diversity was lowest in the terminal ileum and higher distally (Shannon $P < 0.001$; Faith PD $P < 0.001$), whereas no differences were detected between diagnostic groups. Differential abundance localized *Fusobacterium* ($q=0.024$) and *Parvimonas* ($q=0.025$) to polyp mucosa relative to ileum, and the interaction model localized *Fusobacterium* enrichment specifically to carcinoma polyps ($\beta=5.64$, $q=0.026$).

Conclusions. Mucosal microbiota alterations in colorectal neoplasia are spatially localized rather than global; multi-site sampling is required to detect them.

Gastric cancer incidence trends by anatomical subsite in the Baltic states, Ukraine and Greater Poland

Povilas Kavaliauskas^{1,2}, Audrius Dulskas^{1,3}, Giedrė Smailytė^{1,4}

¹ National Cancer Institute, Vilnius, Lithuania

² Republican Vilnius University Hospital, Vilnius, Lithuania

³ Institute of Clinical Medicine, Faculty of Medicine, Vilnius University, Vilnius, Lithuania

⁴ Department of Public Health, Institute of Health Sciences, Faculty of Medicine, Vilnius University, Vilnius, Lithuania

Introduction: Gastric cancer remains among the most commonly diagnosed malignancies worldwide, yet Eastern European populations are underrepresented in subsite-specific analyses [1]. We examined long-term incidence trends by anatomical subsite across the three Baltic states, Ukraine and Greater Poland.

Methods: Incident cases were obtained from national cancer registries, with observation periods extending from 1978–1983 (Baltic states), 2000 (Ukraine) and 2002 (Greater Poland) through 2017 (2023 for Poland). Age-standardised rates (European Standard 2013) were computed by sex and ICD-10 subsite: cardia (C16.0), other specified (C16.1–C16.8) and unspecified (C16.9); valid comparison across registries requires a shared classification system [2]. Joinpoint regression estimated annual and average annual percentage changes (AAPC).

Results: Unspecified (C16.9) tumours declined significantly in every country and both sexes (AAPC -2.2 to -7.7). Specified-subsite (C16.1–C16.8) incidence rose most steeply in Poland (AAPC +21 to +26). Cardia (C16.0) incidence generally declined across the Baltic states but rose significantly in Poland (AAPC +2.4% and +3.3% in males and females).

Conclusion: The reciprocal shift from unspecified to specified coding largely reflects improved tumour classification following ICD-10 adoption [3]. Poland's rising cardia incidence, however, represents a genuine epidemiological signal warranting further investigation.

References

1. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global Cancer Statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.* 2021;71(3):209–49.
2. Bray F, Parkin DM. Evaluation of data quality in the cancer registry: principles and methods. Part I: comparability, validity and timeliness. *Eur J Cancer.* 2009;45(5):747–55.
3. Forman D. Re: The role of overdiagnosis and reclassification in the marked increase of esophageal adenocarcinoma incidence. *J Natl Cancer Inst.* 2005;97(13):1013–4.

The role of intraoperative ultrasonography in optimizing renal allograft perfusion during open abdominal aortic aneurysm repair: a case report.

Loreta Beitāne³, Olga Jegorova¹, Pāvils Plūme¹, Jānis Jušinskis¹,
Kaspars Ķīsis², Gunārs Mednis²

¹ *Latvian Transplant Center, Pauls Stradiņš Clinical University Hospital, LV-1002 Riga, Latvia.*

² *Department of Vascular Surgery, Pauls Stradiņš Clinical University Hospital, LV-1002 Riga, Latvia.*

³ *Faculty of Medicine, Riga Stradiņš University, LV-1007 Riga, Latvia.*

As the number of kidney transplant recipients continues to rise [1], there is an increasing need to develop effective strategies for managing other comorbid conditions within this population.

We report the surgical management of a 72-year-old kidney transplant recipient, transplanted in 2009, who presented with a 7.9 x 7.5 x 10 cm abdominal aortic aneurysm. Endovascular aneurysm repair was not feasible, requiring an alternative strategy to preserve renal allograft perfusion during open surgical repair and prevent graft loss. After careful evaluation of the patient's anatomical features and the management options described in the literature, a temporary axillo-femoral shunt was selected as the most appropriate strategy. Intraoperative ultrasonography was used to assess renal allograft perfusion, demonstrating inadequate blood flow with a 5-mm shunt; therefore, it was replaced with an 8-mm shunt. The total duration of aortic cross-clamping and shunt perfusion was 85 minutes.

In the early postoperative period, the patient developed acute kidney injury, which resolved in three days without the need for renal replacement therapy. 1-year follow-up demonstrated excellent outcomes, with serum creatinine levels remaining unchanged compared to the pre-hospitalization baseline.

Intraoperative ultrasonography was crucial for selecting the appropriate shunt diameter and optimizing renal allograft perfusion, contributing to successful recovery.

References:

1. Eurotransplant. Statistics Report Library. Available online: <https://statistics.eurotransplant.org/> (accessed on 3 August 2026).

Surgical Outcomes of Retroperitoneal Sarcoma: A Single-Center Experience and Comparison with Sarcuator-Predicted Survival

Domas Sikorskis¹, Albertas Daukša^{1,2}

¹ Department of Surgery, Hospital of Lithuanian University of Health Sciences Kauno Klinikos, Kaunas, Lithuania

² Department of Surgery, Medical Academy, Lithuanian University of Health Sciences, Kaunas, Lithuania

Retroperitoneal sarcomas (RPS) are rare and complex malignancies for which management in specialized multidisciplinary centers is recommended [1]. Contemporary Sarcuator nomograms enable individualized survival prediction following primary RPS surgery and account for institutional case volume [2]. This retrospective single-center study evaluated patients undergoing primary surgery for retroperitoneal sarcoma at Kauno Klinikos between January 2017 and August 2025. Clinical, pathological, and survival data were collected from the institutional electronic health record (HIS). Overall survival was estimated using the Kaplan–Meier method. Observed survival was compared with individual 5-year overall survival predictions generated using the Sarcuator nomogram. Among 35 patients, median age was 64 years (IQR 53.5–75.5), and median tumor size was 14 cm (IQR 10–24). Leiomyosarcoma was the most frequent histological subtype (40.0%), followed by dedifferentiated liposarcoma (34.3%). Disease recurrence was documented in 17 patients (48.6%), and 13 patients died during follow-up. Median follow-up was 45.7 months. The observed 5-year overall survival was 62.9% (95% CI 43.8–82.1%). Mean Sarcuator-predicted 5-year overall survival was 57.1% for low-volume and 67.3% for high-volume centers. Observed 5-year survival was consistent with Sarcuator-predicted outcomes, falling between estimates for low- and high-volume centers.

References

- [1] Swallow CJ, Strauss DC, Bonvalot S, et al. Management of primary retroperitoneal sarcoma (RPS) in the adult: an updated consensus approach from the Transatlantic Australasian RPS Working Group. *Ann Surg Oncol*. 2021;28:7873–7888.
- [2] Callegaro D, Barretta F, Raut CP, et al. New Sarcuator prognostic nomograms for patients with primary retroperitoneal sarcoma: case volume does matter. *Ann Surg*. 2023;279(5):857–865.

Laser hemorrhoidoplasty (LHP): Painless hemorrhoids treatment options, with high improvement of patient's qualities of life.

Deniss Anufrijevs^{1,2,3}, Aigars Martinsons¹, Inga Melbārde-Gorkuša¹, Elīna Tauvēna¹

¹ Dr. Maurins Clinic

² Riga Stradiņš University

³ Pauls Stradiņš clinical University hospital

Introduction. Hemorrhoidal disease is a widely spread, with prevalence 4.4%[1] to 38.9% [2]. Aim of this study was to investigate associations of increasing postoperative pain syndrome. Additionally, to analyze improvement in quality of life after LHP operation in Dr. Maurins Clinic from 22.08.2024 until 13.02.2025.

Results. 97 patients completed follow-up. The pain syndrome on the first day was 2.08, 2.13 two weeks survey, 0.95 six weeks. Correlation test for was -0.05098 $P = 0.6351$ for post operative pain in first week, $r = -0.01853$ $p = 0.8647$ for 14 days and $r = 0.068$ $p = 0.550$ for six weeks. In case of external hemorrhoid resection $r = 0.175$ and $p = 0.162$ for post operative pain syndrome in first week, $r = 0.299$ $p = 0.016$ after 2 weeks, $r = 0.446$ $p = 0.0003$ six weeks. In the case of LHP we don't find an association between high energy and post procedure pain syndrome. In case of external hemorrhoids and using a high amount of energy we find the association between using of energy and postoperative pain syndrome. Quality of life before operation 5.47 after 8.24 Improvement for 51%.

Conclusion. Laser hemorrhoidoplasty is a safe procedure with a low postoperative pain.

Recurrent Bleeding Due to Ileal Angiodysplasia: Clinical Case

²Ažuolas Rudnickas, ²Justė Daratytė, ¹Justas Žilinskas

¹Lithuanian University of Health Sciences Department of Surgery

²Lithuanian University of Health Sciences Faculty of Medicine

Small bowel bleeding is a rare clinical condition that remains difficult to diagnose and manage. Due to its recurrent nature and limited accessibility, identifying the bleeding source may require complementary diagnostic investigations [1,2]. This study aimed to present a challenging case of recurrent small bowel bleeding and highlight the role of repeated multimodal diagnostic evaluation. A literature review using the PubMed database and analysis of a clinical case were performed. We included English-language articles published in the last decade. A 72-year-old woman with recurrent severe anaemia and suspected gastrointestinal bleeding underwent repeated endoscopic, radiological, and surgical investigations. Capsule endoscopy and SPECT/CT indicated a possible bleeding site in the ileum, however, angiography and diagnostic laparotomy failed to identify the source. A loop ileostomy was created to facilitate further localization and endoscopic access in case of recurrent bleeding. When bleeding recurred, enteroscopy via the ileostomy identified a bleeding ileal angiodysplasia, and successful endoscopic haemostasis was achieved with clips. In conclusion, recurrent small bowel bleeding may remain undetected despite repeated diagnostic investigations. When clinical suspicion persists or bleeding recurs, repeated and multimodal evaluation is necessary [3,4]. In this case, enteroscopy through the ileostomy enabled identification and treatment of the previously unconfirmed bleeding source.

References

1. Pennazio M, Cortegoso Valdivia P, Triantafyllou K, Gralnek IM. Diagnosis and management of small-bowel bleeding. *Best Practice and Research: Clinical Gastroenterology*. Bailliere Tindall Ltd; 2023. doi:10.1016/j.bpg.2023.101844 PubMed PMID: 37652647.
2. Pennazio M, Rondonotti E, Despott EJ, Dray X, Keuchel M, Moreels T, et al. Small-bowel capsule endoscopy and device-assisted enteroscopy for diagnosis and treatment of small-bowel disorders: European Society of Gastrointestinal Endoscopy (ESGE) Guideline - Update 2022. *Endoscopy*. 2023 Jan 1;55(1):58–95. doi:10.1055/a-1973-3796 PubMed PMID: 36423618.
3. Gerson LB, Fidler JL, Cave DR, Leighton JA. ACG Clinical Guideline: Diagnosis and Management of Small Bowel Bleeding. *American Journal of Gastroenterology*. Nature Publishing Group; 2015. p.1265–87. doi:10.1038/ajg.2015.246 PubMed PMID: 26303132.
4. Xiong Y, Jin R, Chen S, Liu X, Wu Z, Zhang D, et al. Clinical value of capsule endoscopy, CT enterography and enteroscopy in the diagnosis of suspected small bowel bleeding. *SurgicalEndoscopy*. 2024 Feb 1. doi:10.1007/s00464-024-11405-6 PubMed PMID: 39578291.

Beyond Fracture Location: Factors Associated with Operative Management of Maxillofacial Trauma

Matas Langvinis, Rūta Rastėnienė

Faculty of Medicine, Vilnius University, Vilnius, Lithuania; Faculty of Medicine, Institute of Odontology, Vilnius University, Žalgirio Str. 117, 08217, Vilnius, Lithuania.

Fracture pattern is central to operative decision-making in maxillofacial trauma, while patient and injury characteristics may also be associated with the likelihood of operative treatment.

This retrospective study included 4,119 patients aged 1-90 years treated for maxillofacial trauma at Vilnius University Hospital Žalgiris Clinic between 2011 and 2021. Operative treatment included open reduction, internal fixation, zygomaticomaxillary/orbital fracture reduction, and nasal fracture reduction. Multivariable logistic regression assessed association with age, sex, injury mechanism, and fracture location. Age was modeled using natural splines.

Overall, 2,981 patients (72.4%) underwent operative treatment. Mandibular (aOR 21.71, 95% CI 14.53–32.81) and zygomaticomaxillary complex fractures (aOR 14.90, 95% CI 9.81–23.03) showed the strongest association with surgery. Age was non-linearly associated with operative treatment ($p < 0.001$), with the highest observed surgical rates at ages 16–30 years (94.2–96.2%). Injury mechanism remained associated with surgery after adjustment ($p < 0.001$). Compared with accidental injuries, higher odds were observed for violence (aOR 4.54, 95% CI 3.04–6.75), sports (aOR 6.26, 95% CI 2.26–22.44), and bicycle injuries (aOR 7.11, 95% CI 3.06–18.50).

Operative treatment was strongly associated with fracture location, age, and injury mechanism, particularly mandibular and zygomaticomaxillary complex fractures and injuries related to violence, sports, and cycling.

Assessment of Postoperative Complications and Quality of Life After Stoma Formation Surgery

Aistė Railaitė¹, Rimantė Matz², Greta Andrejauskaitė³, Henrikas Paužas¹, Justas Žilinskas¹

¹*Department of Surgery, Faculty of Medicine, Medical Academy, Lithuanian University of Health Sciences*

²*Department of Nursing, Faculty of Nursing, Medical Academy, Lithuanian University of Health Sciences*

³*Heart Centre, Lithuanian University of Health Sciences*

Approximately 700,00 people in Europe live with stoma [1]. In Lithuania, approximately 1,400 new cases of colorectal cancer are diagnosed annually [2]. Despite advances in surgery, stoma formation may lead to complications affecting quality of life.

We aimed to evaluate stoma-related complications and quality of life using OAI-23 and DLQI questionnaires.

A prospective study included 219 patients who underwent primary stoma formation. Early complications were evaluated using the Clavien-Dindo Classification, the psychosocial adaptation using OAI-23 and dermatological impact by DLQI questionnaire.

Among 219 patients, 58 (26.5%) had stoma-related complications. Parastomal hernia and relaparotomy were the most common events. The mean DLQI score was 4.4 ± 4.9 , indicating a small dermatology-related impact on quality of life. OAI-23 score decreased from 74.8 ± 11.4 at 2 weeks to 63.8 ± 14.1 at 2 months postoperatively, indicating improved adjustment. Urgent surgery was associated with higher OAI-23 scores at both 2 weeks and 2 months.

Overall, 26.5% developed stoma related complications. Dermatology-related impact on quality of life was low. OAI-23 scores improved over time, indicating better psychosocial adjustment. Urgent surgery was associated with poorer adjustment.

References

1. Claessens I, Probert R, Tielemans C, Steen A, Nilsson C, Andersen BD, et al. The Ostomy Life Study: the everyday challenges faced by people living with a stoma in a snapshot. *Gastrointest Nurs.* 2015;13(5):18-25.
2. Dicevičius D, Nedzinskienė L, Bortkevič J. Storosios žarnos vėžio paplitimas, rizikos veiksniai ir prevencija, jos įgyvendinimas: literatūros apžvalga. *Visuomenės sveikata.* 2024;2(105):1-9. doi:10.47458/VS.2024.2(105)

Establishment of small animal liver machine perfusion as a treatment platform

Klaudija Bickaite-Bausiene^{1,2}, Bernardas Bausys³, Bettina Leber¹, Dagmar Brislinger⁴, Kestutis Strupas², Philipp Stiegler¹, Mindaugas Kvietkauskas^{2,5}

¹*Division of General, Visceral and Transplant Surgery, Department of Surgery, Medical University of Graz, Graz 8036, Steiermark, Austria*

²*Clinic of Gastroenterology, Nephro-Urology and Surgery, Institute of Clinical Medicine, Faculty of Medicine, Vilnius University, Vilnius 03101, Lithuania*

³*Faculty of Medicine, Vilnius University, Vilnius 03101, Lithuania*

⁴*Department of Cell Biology, Histology and Embryology, Medical University of Graz, Graz 8010, Steiermark, Austria*

⁵*Experimental Surgery and Oncology Laboratory, Translational Health Research Institute, Faculty of Medicine, Vilnius University, Vilnius 08406, Lithuania*

Background: Liver transplantation is the only treatment option for acute and chronic liver failure. There is an enormous and growing gap between organ supply and demand [1]. The global organ shortage obligates centers to use grafts from extended criteria donors (ECDs) [2]. ECD livers are more susceptible to ischemia-reperfusion injury, contributing to impaired graft function and inferior outcomes [3]. While static cold storage remains the gold standard, ECD livers do not fare well under this traditional preservation method. Normothermic, subnormothermic, and hypothermic machine perfusion (MP), have emerged to improve donor liver viability and transplantation outcomes [4,5]. Small animal models are necessary to investigate potential MP applications. Our project aims to establish a rat liver ex vivo MP protocol and investigate nanoparticle-based gene therapy.

Methods: Ex vivo rat liver MP under subnormothermic and normothermic conditions. Lipid nanoparticle application in HEPG2 cell culture.

Results: We established the initial steps of a rat liver ex vivo MP protocol and conducted preliminary lipid nanoparticle experiments in cell culture to prepare for their future application during ex vivo rat liver MP.

Conclusions: Rat liver MP provides a cost-effective model for studying liver preservation and transplantation, with simpler perfusion and shorter operative time than large animal models.

References:

1. Jadlowiec CC, Taner T. Liver transplantation: Current status and challenges. *World J Gastroenterol*. 2016 May 14;22(18):4438–45.
2. Tingle SJ, Dobbins JJ, Thompson ER, Figueiredo RS, Mahendran B, Pandanaboyana S, et al. Machine perfusion in liver transplantation. *Cochrane Database Syst Rev*. 2023 Sep 12;9(9):CD014685.
3. Widmer J, Eden J, Carvalho ME, Dutkowski P, Schlegel A. Machine Perfusion for Extended Criteria Donor Livers: What Challenges Remain? *J Clin Med*. 2022 Sep 3;11(17):5218.
4. Goutard M, de Vries RJ, Tawa P, Pendexter CA, Rosales IA, Tessier SN, et al. Exceeding the Limits of Static Cold Storage in Limb Transplantation Using Subnormothermic Machine Perfusion. *J Reconstr Microsurg*. 2023 Jun;39(5):350–60.
5. Nasralla D, Coussios CC, Mergental H, Akhtar MZ, Butler AJ, Ceresa CDL, et al. A randomized trial of normothermic preservation in liver transplantation. *Nature*. 2018 May;557(7703):50–6.

Outcomes of Early Surgery versus Endoscopy-First Strategy for the Management of Chronic Pancreatitis: A Systematic Review

Paulius Čepulis¹, 5th year; Mindaugas Kvietkauskas^{1,2}, M.D., PhD.

¹*Faculty of Medicine, Vilnius University, Vilnius, Lithuania*

²*Center of Abdominal and Oncological Surgery, Vilnius University Hospital Santaros Klinikos, Vilnius, Lithuania*

Background and aim of the study. Chronic abdominal pain affects up to 90% of patients with chronic pancreatitis [1], yet the optimal initial management strategy remains debated between endoscopy-first approach and early surgery [1-5]. Consequently, this review aims to compare the clinical outcomes of these treatment modalities.

Methods and materials. A PRISMA-guided systematic review used a PICO-based search strategy in PubMed, combining MeSH terms and keywords, including studies from the last 20 years comparing endoscopic and surgical treatment with documented follow-up.

Results. Of 2806 articles, 6 studies met inclusion criteria. Early surgery patients had lower Izbicki pain scores than endoscopy-first during initial follow-up ($p < 0.001$) [1-3] and achieved a significantly higher rate of partial or complete pain relief, at both short-term and long-term follow-up [2-4]. Notably, crossover from endoscopy to surgery showed worse outcomes than upfront surgery [2]. Across all studies, patients undergoing early surgery required significantly fewer reinterventions ($p < 0.001$) [1-5]. Rates of complications, mortality, length of hospital stay, quality of life and pancreatic function did not differ significantly.

Conclusions. Despite a scarce evidence base, early surgery provides superior pain control and lower reintervention burden compared to an endoscopy-first approach. Additional, larger-scale multicenter RCTs comparing early surgery with contemporary endoscopic techniques are required to validate a potential shift in treatment paradigm.

References

1. Issa Y, Kempeneers MA, Bruno MJ, Fockens P, Poley JW, Ahmed Ali U, et al. Effect of Early Surgery vs Endoscopy-First Approach on Pain in Patients With Chronic Pancreatitis: The ESCAPE Randomized Clinical Trial. *JAMA*. 2020 Jan 21;323[3]:237–47. doi:10.1001/jama.2019.20967 PubMed PMID: 31961419; PubMed Central PMCID: PMC6990680.
2. van Veldhuisen CL, Kempeneers MA, de Rijk FEM, Bouwense SA, Bruno MJ, Fockens P, et al. Long-Term Outcomes of Early Surgery vs Endoscopy First in Chronic Pancreatitis: Follow-Up Analysis of the ESCAPE Randomized Clinical Trial. *JAMA Surg*. 2025 Feb 1;160[2]:126–33. doi:10.1001/jamasurg.2024.5182 PubMed PMID: 39565607; PubMed Central PMCID: PMC11579886.
3. Cahen DL, Gouma DJ, Nio Y, Rauws EAJ, Boermeester MA, Busch OR, et al. Endoscopic versus Surgical Drainage of the Pancreatic Duct in Chronic Pancreatitis. *N Engl J Med*. 2007 Feb 15;356[7]:676–84. doi:10.1056/NEJMoa060610
4. Cahen DL, Gouma DJ, Laramée P, Nio Y, Rauws EAJ, Boermeester MA, et al. Long-term outcomes of endoscopic vs surgical drainage of the pancreatic duct in patients with chronic pancreatitis. *Gastroenterology*. 2011 Nov;141[5]:1690–5. doi:10.1053/j.gastro.2011.07.049 PubMed PMID: 21843494.
5. Lara-Orozco U, Ortiz-Higareda V, Martínez-Ordaz JL, Rodríguez-Negrete EV, Choncoa-Valderrama Y. Experience of endoscopy versus surgery as initial management of chronic pancreatitis. *Rev Gastroenterol Mex*. 2024;89[4]:491–7. doi:10.1016/j.rgmexn.2024.03.003 PubMed PMID: 39353788.

Pancreatic Alveolar Echinococcosis: A Parasite disguising as a Neuroendocrine Tumor – A Case Report

Justina Ramanekaitė¹, Kristina Marcinkevičiūtė², Rokas Račkauskas²

¹*Faculty of Medicine, Vilnius University*

²*Clinic of Gastroenterology, Nephrourology, and Surgery, Institute of Clinical Medicine, Faculty of Medicine, Vilnius University, Lithuania*

Alveolar echinococcosis (AE) is a zoonotic disease caused by the larvae of *Echinococcus multilocularis* (EM) [1]. Oncospheres primarily target the liver and lungs, while pancreatic involvement is exceptionally rare, with fewer than 10 cases reported [2,3]. We present a case of a parasite mimicking a pancreatic neuroendocrine tumor. A 46-year-old male from an endemic area in Lithuania underwent lung CT for undetermined pulmonary lesions, incidentally revealing pancreatic cystic lesions. Abdominal MRI with contrast was performed for further investigation. It revealed two irregular multiloculated cystic lesions with thick content in the pancreatic head (45x64x88 mm) and body (38x41 mm), demonstrating contrast enhancement of the walls and diffusion restriction. The larger lesion extended into the hepatic hilum. The radiological findings were highly suggestive of a pancreatic neuroendocrine tumor, so the tumor board recommended ultrasound-guided biopsy. Histopathological examination demonstrated PAS-positive

material without germinative membrane, raising suspicion of a lesion of parasitic origin. Serologic testing revealed positive EM IgG and Em18-specific IgG antibodies, confirming the diagnosis of pancreatic alveolar echinococcosis. Albendazole therapy was initiated and progressively titrated to the full therapeutic dose. A 6-month course is planned before curative resection. This case highlights a rare occult pancreatic AE with emphasis on wider differential diagnosis.

References:

1. Kowalczyk, M., Kurpiewski, W., Zieliński, E., Dariusz Zadrozny, Klepacki, Ł., Wit Juśkiewicz, J Lasocki, Łukasz Dyśko, Krzysztof Batia and Pesta, W. (2019). A rare case of the simultaneous location of Echinococcus multilocularis in the liver and the head of the pancreas: case report analysis and review of literature. *BMC Infectious Diseases*, [online] 19(1). doi:10.1186/s12879-019-4274-y.
2. Gou, L., Gao, F., Tiheiran, M. and Guo, H. (2020). Evaluation of the Clinical, Laboratory, and Radiological Findings and Treatment of 19 Cases of Pancreatic Echinococcosis. *Open forum infectious diseases*, doi:10.1093/ofid/ofaa118.
3. Zhou, R.-X., Hu, H.-J., Ma, W.-J., Jiang, Y. and Li, F.-Y. (2018). Alveolar echinococcosis in the head of pancreas. *Medicine*, [online] 97(11), p.e0072. doi:10.1097/md.00000000000010072.

Spontaneous hepatic haemorrhage from focal liver lesions: a four-patient case series

Karlina Vegere¹, Laura Veinberga, MD^{1,3}, Pavils Plume, MD^{2,3}, Janis Vilmanis, MD^{2,3}, Janis Gardovskis, MD, PhD^{2,3}, Arturs Ozolins, MD, PhD^{2,3}

¹University of Latvia, Riga, Latvia

²Department of Surgery, Riga Stradins University, Riga, Latvia

³Department of Surgery, Pauls Stradins Clinical University Hospital, Riga, Latvia

Background: Spontaneous hepatic haemorrhage (SHH) is a rare, potentially fatal surgical emergency. Hepatocellular carcinoma (HCC) is a major cause, with rupture reported in 3–15% of patients. [1,2] Management requires immediate haemorrhage control while considering the underlying lesion and hepatic reserve.

Methods: We retrospectively reviewed four patients treated for haemorrhage from focal liver lesions at Pauls Stradiņš Clinical University Hospital between January 2025 and August 2026.

Results: Four patients (3 male, 1 female; 51–81 years) were included. A 53-year-old man with ruptured HCC and haemorrhagic shock underwent damage-control packing followed by S2/3 resection. A 51-year-old man with persistent bleeding from a liver lesion underwent packing, embolization and subsequent S6/7 resection. An 81-year-old woman with cirrhosis, portal hypertension and ruptured HCC underwent operative haemostasis and packing but developed recurrent haemorrhage and died from haemorrhagic shock. A 72-year-old man underwent delayed laparoscopic S8 resection of an indeterminate haemorrhagic lesion; histopathology demonstrated hepatic infarction without malignancy. Three patients survived.

Conclusions: SHH requires individualized haemorrhage control. A staged approach combining packing, embolization and delayed resection may facilitate definitive treatment. Management in a tertiary university hospital provides advanced surgical and endovascular treatment; timely transfer of stabilized patients to a tertiary referral centre should be considered. [1–3]

References

1. Srinivasa, S., Lee, W. G., Aldameh, A., & Koea, J. B. (2015). Spontaneous hepatic haemorrhage: a review of pathogenesis, aetiology and treatment. *HPB*, 17(10), 872–880. <https://doi.org/10.1111/hpb.12474>
2. Aziz, H., Kwon, Y. I. C., Park, A., Kwon, Y., Aswani, Y., & Pawlik, T. M. (2024). Comprehensive review of clinical presentation, diagnosis, management, and prognosis of ruptured hepatocellular carcinoma. *Journal of Gastrointestinal Surgery*, 28(8), 1357–1369. <https://doi.org/10.1016/j.gassur.2024.05.018>
3. Zhang, W., Huang, Z., & Che, X. (2022). Emergency versus delayed hepatectomy following transarterial embolization in spontaneously ruptured hepatocellular carcinoma survivors: a systematic review and meta-analysis. *World Journal of Surgical Oncology*, 20(1), 365. <https://doi.org/10.1186/s12957-022-02832-7>

A new classification system for pilonidal sinus disease

Ints Bruneniekš¹, Anna Krōševskaja²

¹Aizkraukle Clinic, Latvia; ²Terena Clinic, Tallinn, Estonia

Objective. Various systems are used to classify the pilonidal sinus disease (PSD), yet there is no internationally unified system [1]. A universally accepted clinical classification is still lacking, which limits the ability to standardize management across settings and compare the results in different studies as well [2].

Method. A new PSD classification system was developed by compiling the most common objective findings, the corresponding diagnostic strategies, and the treatment approaches for each stage.

Results.

- Grade 0 Primary pits without symptoms
- Grade I Primary pits with symptoms / no cysts
- Grade II Primary pits with cyst(s), small tract, openings in the natal cleft
- Grade III Long tract, opening outside the natal cleft
- Grade IV Multiple openings outside the natal cleft, caudal extension of tract(s)

If acute abscess occurs; the letter “A” is added

Any stage may present as a recurrence following unsuccessful surgical treatment; the letter “R” is added.

Grades 0–II are simple PSD; no specific imaging or only ultrasound required,

Grades III–IV and any recurrency are complex PSD; US or MRI is required to verify the diagnosis.

Conclusion. The new PSD classification method could be very useful tool for the planing the surgery and comparing the results.

References

1. Beal EM, Lee MJ, Hind D, Wysocki AP, Yang F, Brown SR. A systematic review of classification systems for pilonidal sinus. *Tech Coloproctol*. 2019;23(5):435–43.
2. Chiu B, Thobani H, Abrajano C, Khan F, Harnish E, Dalusag K. Standardized Classification System for Pilonidal Disease and Recurrence Rate after Treatment. *J Am Coll Surg*. 2025;241(4):565–74.

Appropriateness of Empirical Antibiotic Therapy in the Treatment of Acute Complicated Diverticulitis

Odeta Laukaitytė^{1,2}, Deividas Nekrošius^{1,2}, Paulius Lizdenis^{1,2}

¹ Department of Surgery, Hospital of Lithuanian University of Health Sciences, LT-50161 Kaunas, Lithuania

² Faculty of Medicine, Lithuanian University of Health Sciences, LT-44307 Kaunas, Lithuania

Aim: To evaluate the appropriateness of empirical antibiotic therapy and antimicrobial susceptibility patterns in patients with acute complicated diverticulitis (ACD).

Methods: This retrospective cohort study included 61 patients who underwent surgical intervention with intra-abdominal microbiological sampling for ACD between 2021 and 2023. Culture and antibiotic results were analyzed to identify the most frequently isolated pathogens and assess the concordance between empirical antibiotic therapy and antimicrobial susceptibility.

Results: Empirical cefuroxime plus metronidazole therapy was microbiologically appropriate in 39 patients (63.9%) and inappropriate in 22 (36.1%). The most frequently isolated pathogens were *Escherichia coli* (73.8%), *Enterococcus faecium* (18.0%), *Klebsiella pneumoniae* (14.8%), *Pseudomonas aeruginosa* (13.1%), and *Klebsiella oxytoca* (8.2%). The presence of *E. faecium* or *P. aeruginosa* was significantly associated with inappropriate empirical therapy ($p < 0.001$). Both pathogens demonstrated 100% resistance to the empirical regimen in the respective cases.

Conclusions: Empirical cefuroxime plus metronidazole therapy provided adequate antimicrobial coverage in only 63.9% of patients with ACD. *E. faecium* and *P. aeruginosa* were significantly associated with inadequate empirical coverage and may represent important considerations when selecting initial antibiotic therapy.

Comparison of preventive ileostomy and preventive colostomy in patients with rectal cancer following low anterior resection.

Dr. Viktorija Žuka, Assoc. Prof. Igors Ivanovs, Dr. Zurabs Keczaja

Background. Preventive stomas are commonly created following low anterior resection (LAR) for rectal cancer to minimise the consequences of anastomotic leakage; however, the optimal stoma type remains uncertain.

Aim. To compare complications associated with preventive ileostomy (PI) and preventive colostomy (PC) at different stages of treatment.

Materials and Methods. This multicentre retrospective study included 179 patients who underwent LAR for rectal cancer between 2020 and 2025 at three Latvian surgical centres. PI was created in 143 (79.9%) patients and PC in 36 (20.1%). Early stoma-related, post-reversal, and late complications were analysed using Pearson's χ^2 or Fisher's exact test.

Results. Overall early complication rates were comparable between PI and PC (23.1% vs 30.6%; $p=0.388$). Parastomal infection was significantly more frequent with PC (16.7% vs 4.9%; $p=0.026$). Electrolyte imbalance (8.4%) and acute renal failure (4.2%) occurred only with PI. Following stoma

reversal, complication rates did not differ significantly (34.9% vs 45.0%; $p=0.624$). Stoma type was not associated with late incisional hernia at the primary surgical incision ($p=0.136$) or stoma site ($p=0.918$).

Conclusions. Overall complication rates were comparable between PI and PC, although complication profiles differed. Stoma selection should be individualised according to patient-specific risk factors and the expected profile of specific complications.

Superficial nonampullary duodenal tumors as benign gastric outlet obstruction (GOO). Case report of Brunner's gland hyperplasia (BGH).

Algimantas Andziulis, Andrej Aleinikov, Romualdas Maskelis

National Cancer Center

Introduction. Feyrter classified the abnormal glandular proliferation in to the following three types: diffuse (type 1), nodular (type 2) and adenomatous (type 3) hyperplasia (1,2). Often mistake for a malignance is in nodular type cases. It accounts for 10.6% of benign tumors of the duodenum and rarely presents with any symptoms.

Presentation of case. A 39-year-old woman underwent gastroscopy due to epigastric discomfort, weight loss, nausea, and reflux symptoms, during which a flat tumor consisting of hyperplastic Brunner's glands was biopsied (this was confirmed histologically). Due to the large size of the flat tumor, a routine radiological examination is performed to evaluate the c/m leakage radiographically – gastric outflow obstruction GOO was confirmed.

Today, the patient underwent endoscopic mucosal resection, non-ESD, as ESD has a more large risk of duodenal perforation (4).

Discussion. On classification of this pathology and clinical evidence for the surgical treatment (1,3). Which surgical treatment preferring now?

Conclusion. We recommend endoscopy for the evaluation of patients with suspected gastroduodenal obstruction when radiologic studies are inconclusive or unrevealing or when endoscopy therapy is indicated.

Literaturae

1. Adenocarcinoma of the duodenum arising from Brunner's gland resected by partial duodenectomy: case report. Tetsuya Mochizuki, Nobuaki Fujikuni, Koichi Nakadoi, Masahiro Nakahara, Kazuaki Tanabe, Shuji Yonehara, Toshio Noriyuki.
2. Adenocarcinoma of the duodenum arising from Brunner's gland resected by partial duodenectomy: a case report. Tetsuya Mochizuki, Nobuaki Fujikuni, Koichi Nakadoi, Masahiro Nakahara, Kazuaki Tanabe, Shuji Yonehara, Toshio Noriyuki.
3. Brunner's Gland Hyperplasia: Treatment of Severe Diffuse Nodular Hyperplasia Mimicking a Malignancy on Pancreatic-Duodenal Area. Woong Chul Lee, Hyeon Woong Yang, Yun Jung Lee, Sung Hee Jung, Gi Young Choi, Hoon Go, Anna Kim, Sang Woo Cha
4. Endoscopic management of superficial nonampullary duodenal tumors: European Society of Gastrointestinal Endoscopy (ESGE) Guideline. 2021.

Core organizing team

Kristina Marcinkevičiūtė
Marius Kryžauskas
Žana Kibarova
Ivona Prišmont
Violeta Vitė

Scientific committee

Kristina Marcinkevičiūtė
Marius Kryžauskas
Augustinas Baušys
Matas Jakubauskas
Rokas Račkauskas
Mindaugas Kvietkauskas
Martynas Lukšta
Narimantas Evaldas Samalavičius
Algimantas Tamelis
Žilvinas Dambrauskas
Povilas Ignatavičius
Aistė Gulla
Igors Ivanovs
Haralds Plaudis
Arturs Ozolins
Juri Teras
Andrej Uksov
Žana Kibarova

Gold sponsor



Bronze sponsors



Exhibitors



Supported by



Lietuvos
mokslo
taryba

