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141. Evaluation of correlation and predictive value of pathologist's report and intraoperative clinical diagnosis in laparoscopic appendectomy

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Introduction: Nowadays laparoscopy is used frequently not only in elective surgery but also in abdominal emergencies, including acute appendicitis. Postoperative management is determined by surgeon's intraoperative assessment and histopathological diagnosis. However, those two reports may not always be corresponding.

Aim: The purpose of the study was to investigate correlation between surgeon's intraoperative description of the appendix and histopathologic diagnosis as well as their predictive values of postoperative clinical course.

Materials and Methods: The retrospective single-center study consisted of patients with histologically confirmed appendicitis who underwent laparoscopic appendectomy between January 2012 and December 2016. The severity of appendicitis was classified as uncomplicated (group A) and complicated (group B). The surgeon's assessment (SA) was compared with the histopathological report (HR) using the kappa coefficient. Postoperative clinical course was analyzed in relation to appendix classification in terms of postoperative complications, reoperations, length of hospital stay (LOS) and mortalities.

Results: Study group included 378 patients. Appendicitis was qualified as complicated in 31,22% and 37,04% of cases according to SA and HR, respectively. Kappa coefficient comparing surgeon's and pathologist's description showed moderate level of agreement (κ=0,472). The analysis revealed statistically significant differences between group A and B in LOS ($p<0,001$ for SA, $p<0,001$ for HR) and postoperative complications rate ($p=0,025$ for SA, $p<0,001$ for HR). In 3 cases (0,79%) neuroendocrine tumor (NET) was found in histological specimen.

Conclusions: Despite moderate correlation, both methods of appendicitis classification are useful in terms of predicting postoperative outcomes of laparoscopic appendectomy. Clinical significance of histological assessment may be greater due to possibility of detecting malignant lesions.

142. Does reduced left ventricular ejection fraction affect early and late outcomes after coronary artery bypass surgery?

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Introduction: There are many factors impacting survival outcomes after coronary artery bypass surgery (CABG) including left ventricle ejection fraction (LVEF).

Aim: The aim of this study is evaluation of early and late adverse events after CABG with regard to LVEF value.

Materials and methods: Out of 321 consecutive patients who were qualified to CABG according to the current guidelines in an experienced center, we selected and retrospectively analysed a group of 154 patients with available echocardiographic examination and 3-year follow-up data. A total of 115 patients with preserved LVEF ≥50% (M=58,58%) were assigned to group 1, 39 patients with reduced LVEF <50% (M=38,87%) were assigned to group 2.

Results: Low LVEF was present in 25,3% of all patients. Prevalence of common cardiovascular risk factors was similar in both groups, however patients with reduced LVEF were more likely to be males (70% vs 87%, $p=0,038$). Mean age was 64±9 years, 86% was previously diagnosed with hypertension, 42% with hyperlipidemia, 34% with type 2 diabetes mellitus, 10% with atrial fibrillation, 8% with chronic kidney disease, 17% with peripheral artery disease, 34% had a history of acute coronary syndrome, 7% - a stroke or transient ischemic attack, 16% underwent percutaneous coronary interventions. Overall in-hospital mortality was 4% (6 patients) and was higher in group 2 (10% vs 2%, $p<0,05$) as well as myocardial infarction (10% vs 3%, $p<0,05$). Frequency of reoperation was similar in both groups, there was no difference in other in-hospital adverse cardiovascular events. Overall mortality during the 3-year follow-up was 12% (19) and was higher in group 2 (23% vs 9%, $p<0,05$). Cox proportional hazards model revealed that low LVEF <50% was a negative predictive factor of mortality in 3-years follow-up (HR= 3,75, 95% CI: 1,5-9,4, $p<0,05$).

Conclusions: One of four patients undergoing CABG procedure has impaired LVEF. The risk of death within three years after surgery among these patients is almost 4-fold higher when compared to those with regular LVEF. This factor is also the cause of higher in-hospital mortality and acute myocardial infarction rate.

143. Obstetric patients' admissions to intensive care unit

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Introduction: About 1% of all obstetric patients need to be admitted to intensive care unit (ICU). Management of these patients requires a multidisciplinary approach.

Aim: The objective of this study was to examine obstetric admissions to ICU at Department of Obstetrics and Perinatology UJ CM over a 3-year period and to identify risk factors for the admissions.

Materials and methods: We retrospectively analysed 86 women admitted to ICU during pregnancy and up to 42 days postpartum between 1st January 2014 and 31st December 2016. Demographic data, past medical history, pregnancy, intrapartum and postpartum data, as well as indications for ICU admission were collected.

Results: Out of 9000 women who gave birth during the study period, 86 (0,95%) were admitted to ICU. The characteristics of the patients were: a median age of 32 years, in a single pregnancy (90,5%) , after caesarean delivery at median gestational age of 25+6 weeks, during second pregnancy(33,7%) and second delivery (41%). Most of them were admitted to ICU on the first day after delivery. 97,3% of the women received anesthesia. Hysterectomy was performed in 28,3% of the patients. Most common chronic diseases were hypertension (26%), hypothyroidism (15,3%), thrombocytopenia (15,3%),heart disease(10,6%), respiratory disease (9,4%) and diabetes (8,2%). Indications for the admission to ICU were: hypovolemic shock in 30,6% of cases, respiratory failure in 24,7% of cases and preeclampsia accounting for 15,3% of cases. 3 patients (3,48%) died during the stay at ICU, whereas for the other 83 patients (96,52%) the average stay at ICU was 4 days.

Conclusion: The main risk factors in our patient population were emergency cesarean section and chronic disease. Although obstetric conditions were responsible for most of the hospitalizations, there were also cases of anesthesiological complications. Therefore, both obstetricians and anesthesiologists should pay special attention to the patients likely to develop conditions requiring transfer to ICU.

144. Aspects of diagnostic and management of bilateral adrenal gland's lesions associated with primary aldosteronism

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Introduction: In the 21st century an absolute interest increased to the problem of diagnosis and treatment of different forms of primary aldosteronism (PA), as over the last 15 years it has been proved that syndrome PA circulated much more than previously thought, it accounts for 10-15% of all cases of hypertension.

Aim: to develop a differential approach to the diagnostic and treatment of patients with bilateral lesions of adrenal glands (AG) with PA.

Materials and Methods: During the period from 2014 to February 2017 year at the clinic have been screened and treated 13 patients with bilateral lesions of AG with PA. 8 (61.5%) women (38.5%) and 5 men. The average age of patients is about 57 ± 8.5 years. Adenomas of AG were diagnosed in 5 (38.5%) cases, hyperplasia of AG in 8 (61.5%). We measured the concentration of aldosterone, renin, AAR, ACTG, cortisol in plasma, levels of potassium and sodium, load samples, night dexamethasone suppression test, computer tomography and adrenal vein sampling (AVS). Surgical treatment is performed to 3 (23%) patients - in 2 cases (15.3%) it was laparoscopic adrenalectomy (LAE) and in 1 (7.7%) - laparoscopic resection of the adrenal gland (LRAG). For 2 (15.3%) patients was performed endovascular destruction of the AG (EVD). Conservative therapy including aldosterone antagonists was given to 7 (54%) patients.

Results: Indication for the application of surgical treatment or REVD was a gradient of lateralization rates 3:1 and more. If the gradient is below a specified value, the result was regarded as idiopathic aldosteronism (IA) and used aldosterone antagonists (verospiron, eplerenonum) with control of K+ concentration level. We think that with bilateral adenomas of AG, in case if there are no conditions for the resection of AG, it is necessary to perform LAE of more functionally active gland. It helps to stabilize blood pressure, with the rejection of antihypertensive drugs or reducing their dosage to achieve the normalization of hormonal status. REVD is used in cases of unilateral hyperplasia of AG with hypersecretion. In case of IA using of this method of treatment is not inappropriate, as the therapy has transit, which demonstrates in recurrence of aldosteronism, increasing blood pressure. We use EVD in management of IA to reduce the dosages of aldosterone antagonists drugs.

Conclusions: 1) The foundation for diagnostic of patients is AVS including counting of aldosterone-cortisol ratio, with a negative dexamethasone suppression test. 2) In the surgical treatment should be preferred LRAG with maintaining adrenal central vein. 3) In case of IA a therapy should begin using aldosterone antagonists with titration of dosage. If doses increase EVD should be used to reduce the dosage.