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Abstracts

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P1.13 PREPARATION FOR SURGERY OF PATIENTS WITH AN CONCOMITANT DIAGNOSIS OF HYPERTENSION

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Introduction: Of particular importance is the prevention of postoperative complications in surgical patients. Patients with concomitant diagnoses often cause complications in the postoperative period. Long-term and adequate treatment of arterial hypertension allows not only to reduce blood pressure but also to significantly affect the likelihood of developing complications and, ultimately, to prolong the lives of patients with hypertension.

Methods: The study included a comprehensive examination of 211 surgical patients (104 men and 107 women), average age (59.3 ± 5.5) years with stage II GC. Patients were admitted to the hospital for planned surgical treatment: laparoscopic cholecystectomy - 49, hernioplasty - 72, fundoplication - 23, thyroidectomy - 67. Inclusion criteria for the study: age of patients from 40 to 65 years; verified hypertension stage II. Exclusion criteria: verified coronary artery disease; CHF stage 2B - 3; diabetes mellitus; hormonally active thyroid disease; kidney disease; symptomatic arterial hypertension; CNS diseases; cancer; clinically significant diseases that, in the opinion of the researcher, may directly or indirectly affect the quality of the study; patient refusal from the study. Patients were divided into groups depending on the average daily heart rate (ADHR). Group I included 68 patients with urine noradrenalin concentration in exceeds healthy subjects levels > 20%. The patients were given the β -blocker bisoprolol to the basic treatment (enalapril, atorvastatin, aspirin). The group II included 73 patients with noradrenalin concentration \leq 20%. The patients were given amlodipine with the basic treatment. The third group included the patients without additional preparation for surgery. The patients took the medications just in case of high blood pressure, not as daily drugs. A comprehensive dynamic examination of patients was performed at the beginning and in 6 months.

Results: Taking into account the significant ($p < 0.05$) dynamics of the levels of daily uroexcretion of adrenaline (-44.8%) and noradrenaline (-33.7%), it can be stated about the β -blocker bisoprolol corrective effect effectiveness on the activity of neurohumoral pressor systems. Daily urinary DOPA excretion at the end of treatment significantly increased in the group I&II of bisoprolol and amlodipine, which may indirectly indicate an effective comparative reduction in hemodynamic load in patients with stage II hypertension which using a β -blocker or CA-antagonist. When deciding on the appointment of individual antihypertensive treatment for patients with stage II hypertension in the presence of an excess of daily urinary excretion of noradrenaline of more than 20%, it is rational to add a β -blocker to the basic complex therapy. Postoperative complications were not observed in group I. The average duration of surgery was 12.3 min (average across groups) less than in group II, and 19.4 min less than in group III. Complications were observed in all groups: in group I: 1 patient (1.5%) had a postoperative hernia, in group II: 2 patients (2.74%): 1 - postoperative wound suppuration, 1 - COVID-19 pneumonia. In group III, 3 patients (4.29%) had intraoperative bleeding at the background of increased pressure. Also, 23 (32.86%) patients in group III had hypertensive crises in the postoperative period. Postoperative mortality was 0% in the three groups.

Conclusions: Surgical patients with stage II hypertension require additional therapy during the preparation for surgery, during and after surgery, and during follow-up. This will help reduce the duration of surgery, the number of postoperative complications, and the course of hypertension.

P1.14. Chirurgisches Management eines großen abdominellen Leiomyosarkom-Rezidivtumors bei Li-Fraumeni Syndrom

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Einleitung: Das Li-Fraumeni Syndrom, eine autosomal-dominant vererbte Keimbahnmutation im Tumorsuppressorgen p53, gilt als eines der aggressivsten Prädispositionssyndrome in der Krebsentstehung. Dabei kommt es oft schon in jungen Jahren zum Auftreten von Tumoren in verschiedensten Organsystemen. Zu den häufigsten Krebsarten gehören Weichteilsarkome, Osteosarkome, das Mammakarzinom, Hirntumore und das adrenokortikale Karzinom.

Methoden: Bei einer 39-jährigen Patientin wurde ein abdominelles, rasch größtenprogreredientes Rezidiv-Leiomyosarkom unter Miteinbeziehung des Colon ascendens, des Ileums, des Retroperitoneum sowie des Harnblasendachs und der Beckengefäße diagnostiziert. An Vorerkrankungen bestanden bereits ein Mammakarzinom beidseits, ein Bronchialkarzinom im Stadium IV sowie ein Leiomyosarkom der Adnexen. Es konnte eine lokale R0-Resektion des 30 cm im Durchmesser haltenden Tumors unter en-bloc Entfernung des Rechtscolons und zugehörigen Dünndarms sowie Retroperitoneums unter Schonung der mesenterialen Stammgefäße durchgeführt werden. Weiters wurde ein makroskopisch auffälliger Leberherd im Segment V entfernt. Histopathologisch zeigte sich ein high-grade Leiomyosarkom samt hepataler Metastase, jeweils R0-reseziert.

Resultate: Adjuvant erhielt die Patientin eine Systemtherapie mit Doxorubicin. Die für das fortgeschrittene Bronchialkarzinom wirksame Antikörpertherapie wurde fortgeführt. Der Karnovsky-Index beträgt postoperativ 90%, erste Nachsorgen zeigen kein Rezidiv des Leiomyosarkoms.

Schlussfolgerungen: Das Li-Fraumeni Syndrom führt oftmals schon im Kindes- und Jugendalter zum Auftreten von Tumoren. Eine genetische Testung soll den betroffenen Familien angeboten werden. Zur Früherkennung haben sich regelmäßige Vorsorgeuntersuchungen nach dem Torontoprotokoll etabliert.