

сердной перегородки.

Результаты исследований совпали с литературными данными о редкой распространенности и трудности прижизненной диагностики неосложненных АСВ. Вместе с тем, поиск признаков изменений синусов аорты при ультразвуковом исследовании в случае расширения ее восходящего отдела (часто максимальной норме для конкретного возраста и площади поверхности тела) приводит к выявлению аномалий.

Врожденные АСВ относятся к малым аномалиям сердца и встречаются в сочетании с другими проявлениями отклонений развития внутрисердечных структур,

которые визуализируются при эхокардиографии.

Прижизненная и посмертная статистика показала преобладание аневризм некоронарного синуса Вальсальвы с/без прорыва у мужчин среднего возраста.

Больные с АСВ подлежат диспансерному наблюдению. Регулярный ультразвуковой контроль за состоянием сердца, ограничение физических нагрузок, коррекция факторов, провоцирующих гемодинамическую нагрузку на корень аорты позволят предупредить серьезные осложнения. В случае появления признаков разрыва аневризмы синуса Вальсальвы необходимо безотлагательное оперативное лечение.

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#### THE SUMMARY

#### PREVALENCE AND CLINICAL VALUE ANEURYSMS OF SINUS VALSALVA

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Prevalence an aneurysme of sinus Valsalva is investigated according to lifetime ultrasonic diagnostics and autopsy et symptoms clinicales. Rare (0,004 %) revealing an aneurysms of sinus Valsalva a method of an echocardiography in comparison with results autopsy (4,26 %) specify difficulties of lifetime diagnostics and necessity of search of anomaly in case of revealing the initial or secondary reasons of its development.

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## THE ROLE OF FASCIOTOMY IN THE REDUCTION OF ISCHEMIA IN PERIPHERAL ARTERIAL TRAUMA

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**Introduction:** In each case with important vascular injury one of the crucial problems to be solved is the installation of compartment syndrome.

**Material and Methods:** From August 1999-March 2005 we treated 77 patients with important arterial injuries of the limbs. From the study were excluded patients with arterial injuries that do not menaced limb vitality. 72 patients were males, 5 females.

The range in the age was from 13 to 65 years old. In 62 patients the injury was in the inferior limbs and in other 15 the injury was in superior limbs. The injuries were causality of shotguns in 55 cases, knives and other sharp objects in 17 cases, road incidents in 4 cases, and jatrogenic in 2 cases.

We performed fasciotomy in 29 cases. All of them were in the legs. In the cases we performed fasciotomy complexity of trauma was 93 %. The rest of the cases had a complexity of 15 %. Mean time of admission in our department from the moment of trauma was 16.5 h in the fasciotomy group and 6.5 h in non fasciotomy group. In the cases with fasciotomy one of the rivascularization procedures was performed in

85 % of patients. Rivascularization of the limbs were performed in 100 % of cases treated without fasciotomy. For evidencing statistical differences we used Mann-Whitney test.

**Results:** In the cases treated with fasciotomy 26 patients did well versus 32 in non fasciotomy group. Amputation in different levels were performed in 3 cases in fasciotomy group and 1 patient in the other one. Neuropathy was installed in 2 patients with fasciotomy versus 1 patient without fasciotomy. Muscular necrosis suffered 3 patients with fasciotomy. Mean duration of hospital stay was 19 days in the group with fasciotomy and 10 days in the other group.

**Discussion:** Judging from the trauma complexity and time of admission in our department we see statistical differences between two groups [ $p < 0.05$ ]. Thereby, theoretically, even in the number of amputation we would have statistical differences. In fact this did not happen. We saw statistical differences between two groups only in duration of stay in hospital.

#### Conclusion:

1-Fasciotomy is as well important as the rivascularisation procedure is, making it more effective and reducing sequels of compartment syndrome

2-Time, complexity and anatomic region that arterial trauma is associated, are important factors in the decision of performing or not fasciotomy.

3-When compartment syndrome is installed long incisions should be done

4-The possibility of installation of compartment syndrome in upper limbs is less than in the inferior ones.