

INTRAOPERATIVE DIAGNOSIS OF MIRIZZI SYNDROME

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Introduction. Mirizzi syndrome is a seldom seen illness marked by blockage of the common bile duct or common hepatic duct due to external compression from many impacted gallstones or a single massive impacted gallstone in Hartman's pouch. Incidence increases to 0.3-5% in individuals receiving cholecystectomy between the fourth and seventh decade of life

Aim of the study. This article hopes to bring more awareness and understanding about the Mirizzi syndrome. Also, this study aims to discuss the surgical interventions used to treat the Mirizzi syndrome.

Materials and methods. We are presenting 2 groups of patients who received cholecystectomy in 2013 and 2016. Out of the total amount of patients who received cholecystectomy, Mirizzi syndrome was diagnosed in 18 patients in 2013 and 2 patients in 2016.

Results and discussion. All patients had laparotomy, hepaticojejunal anastomosis due to total destruction of the hepaticocholedochus walls. However, one patient developed a purulent inflammatory condition and required plastic surgery. None had fatal complications.

The conventional treatment for Mirizzi syndrome is surgical intervention, specifically cholecystectomy. ERCP can serve as a temporary therapy for individuals with cholangitis while waiting for surgical intervention. Patients with PCMS who have already had cholecystectomy typically receive treatment by endoscopic intervention.

Conclusion. Mirizzi syndrome is a rare condition that is easily ignored. Early treatment can prevent serious consequences such as cholecystodochal fistulas, acute cholangitis, and severe sepsis.

CLINICAL AND ECHOCARDIOGRAPHIC FEATURES OF PATIENTS WITH SINGLE-CHAMBER AND DUAL-CHAMBER PACEMAKERS

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Introduction. Cardiac pacing is the established treatment for high-grade atrioventricular (AV) block, but the appropriate pacing mode remains the subject of debate. Single-chamber ventricular pacing prevents bradycardia and