

Във връзка с конкурс за заемане на академична длъжност „Професор“ в област на висшето образование 7. „Здравеопазване и спорт“, професионално направление 7.1. „Медицина“, научна специалност „Обща хирургия“ за нуждите на Катедра „Пропедевтика на хирургическите болести“, Факултет „Медицина“, за нуждите на Клиниката по онкологична хирургия на УМБАЛ „Г. Странски“ – ЕАД, Плевен, обявен в ДВ бр.18/28.02.2020.

Хабилитационен труд - реферирани статии

1. **Dimitrov D., K. Zhou, M. Karamanliev, J. Joncheva, W. Yang , L. Ran , G. Gorchev, Ch. Jin , S.Tomov, V. Georgiev , J. Zhang , Y. Ma , H. Zhu , N. Stanislavova. Introducing clinical protocol for ultrasound-guided high-intensity focused ultrasound ablation of uterine fibroids in patients in Europe, provided from experienced Chinese center-prospective comparative. Biomedical Research. 2018; 29 (17): 3378-3384 – SJR – 0.151 – 4.3m., ISSN 0970-938X – Scopus**

Introduction: This study aims to determine whether the Chinese clinical protocol, ultrasound guided high-intensity focused ultrasound (USgHIFU) combined with real-time monitoring using a contrast enhanced ultrasound (CEUS), also applies well in European patients with uterine fibroids. Methods: Seventy-five patients with 87 nodules of uterine fibroids from China and Bulgaria were treated with USgHIFU from April 2015 to July 2016, in the study. In Group A (Bulgarian) 26 (33 nodules) patients and in group B (Chinese) 49 (54 nodules) patients were included in the study. The same clinical procedure of USgHIFU treatment as well as a follow-up was performed on patients from China and Bulgaria. The general characteristics of the patients, the USgHIFU treatment and evaluation parameters, including; complications, fibroid size, tumor volume, subcutaneous fat size, non-perfused volume (NPV) and shrinkage process, were comparatively studied in Chinese and Bulgarian patients. Results: There were no significant differences in clinical parameters of Chinese and Bulgarian patients with uterine fibroids, such as vertical, left-right and anterior-posterior size, treatment time, USgHIFU time. After USgHIFU treatment, no complications were recorded in both groups. On the 6th and 12th month after USgHIFU, fibroid nodules shrunk and the NPV was statistically significant compared to NPV before USgHIFU, but there were no statistically significant differences. Conclusions: The initial results of our study showed that CEUS clinical protocol for real time monitoring of efficacy and quality of the USgHIFU for uterine fibroid treatment that had been used in Chinese centers may also be applicable for European patients.

2. **Jingqi Wang, Zhang Lu, Zhang Jun, Ma Yuhong, Yang Wei, Ran Lifeng, Jin Chengbing, D. Dimitrov, Zhu Hui, and Zhou Kun. Clinical Usefulness of the Microbubble Contrast Agent SonoVue in Enhancing the Effects of High-Intensity Focused Ultrasound for the Treatment of Adenomyosis. Journal of Ultrasound in Medicine. 2018; 37(12): 2811-2819.– IF-1.718 – 6m., ISSN 0278-4297; eISSN:1550-9613 – Scopus, Web of Science**

Objective—To evaluate the clinical usefulness of the microbubble contrast agent SonoVue in enhancing high-intensity focused ultrasound (HIFU) for the treatment of adenomyosis.

Methods—A total of 102 patients with adenomyosis, assessed from August 2015 to April 2017, were randomly divided into 1-minute (A) and 10-minute (B) groups, respectively. In groups A and B, HIFU started 1 minute and 10 minutes, respectively, after SonoVue injection. All patients underwent a magnetic resonance imaging scan before and after HIFU treatment.

Results—The occurrence rates of massive gray scale change, nonperfused volume, and fractional ablation were similar in both groups ($P > .05$). Meanwhile, sonication time to massive gray scale change was reduced in group A compared with group B ($P < .05$). In addition, mean power, total energy, and energy efficiency factor were lower in group A than group B (all $P < .05$). The incidence rates of most perioperative and all postoperative adverse events were similar in both groups ($P > .05$). The incidence rates of pain in the treated region, leg pain, and sciatic or buttock pain during HIFU were substantially lower in group A than group B ($P < .05$).

Conclusions—Overall, starting HIFU sonication at 1 minute after SonoVue injection enhances HIFU ablation by cavitation and heating and is safe. Early massive gray scale change, lower total energy, and reduced mean power are potential safety factors.

3. **Huang Lihui, Kun Zhou, Jun Zhang, Yuhong Ma, Wei Yang, Lifeng Ran, Chengbing Jin, D. Dimitrov, Hui Zhu. Efficacy and safety of high-intensity focused ultrasound ablation for hepatocellular carcinoma by changing the acoustic environment: microbubble contrast agent (SonoVue) and transcatheter arterial chemoembolization. International Journal of Hyperthermia. 2019;36(1):244-52. 1-9. IF 3.589 – 6.7m., ISSN: 0265-6736; eISSN: 1464-5157 – Web of Science**

Objective: To compare efficacy and safety of microbubble contrast agent (SonoVue) and transcatheter arterial chemoembolization (TACE) in combination with high-intensity focused ultrasound (HIFU) for treatment of patients with hepatocellular carcinoma (HCC).

Methods: According to our inclusion criteria, we retrospectively reviewed 52 patients with HCCs, and divided them into SonoVue group and TACE group. Tumors were examined by enhanced magnetic resonance imaging. Change of lesions, alpha-fetoprotein values, hepatic and renal function were measured pre- and postoperatively. Then, adverse events were observed and clinical follow-up was performed.

Results: Clinical efficacy and the majority of treatment parameters were similar, except for time and energy required for the first massive grey-scale changes in

SonoVue group, which were significantly lower than those in TACE group ($p < .05$). For adverse events, only rate of fever (3.85%) in SonoVue group was significantly lower than that in TACE group (50.00%, $p < .05$). The 'diagnosis and treatment cycle' in SonoVue group (11.5 ± 2.9) was remarkably shorter than TACE group (22.7 ± 6.3 , $p < .05$). Energy efficiency factor was positively correlated with distance from the deepest layer of lesion to the hepatic capsule or to the abdominal wall in SonoVue group, while that was negatively correlated with iodized oil deposition in TACE group.

Conclusion: Using microbubble (SonoVue) in HIFU procedure has a similar therapeutic effect compared with TACE, and does not increase the risk of treatment. It might present a new strategy in clinical treatment, especially for patients with a smaller diameter of HCC.

4. Dimitrov D, Karamanliev M, Ivanov T, Stanislavova N, Deliyski T, Tomov S. Efficiency of training courses in laparoscopic surgery for medical students. J of IMAB. 2019;25(3):2644-2648. SJR – 0.104 – 10m., ISSN 1312-773X – Web of Science

Purpose: In recent decades, laparoscopic surgery (LS) has become a standard in the treatment of many diseases and is increasingly preferred by patients, therefore the need for specific training. In Bulgaria, there is a lack of regular real-time minimally invasive surgery training for students and young doctors specializing in surgical specialities.

Aim: Our aim is to evaluate the influence and efficiency of extra-curricular laparoscopic surgery courses organized at Medical University of Pleven, Bulgaria and the need for similar courses in medical students' training.

Methods: Anonymous poll in Google forms was sent at least 1 year after the completion of the training course to all of the 60 participants in the courses from 2013 to 2016.

Results: 43% of respondents have become surgical residents at the time they answered the poll. 56% responded that their participation in the training course helped them in the choice of speciality. 72% of respondents believe that after completing the training course, they felt more confident during laparoscopic surgery. According to 65.2%, the learning objectives have been fully achieved.

Conclusions: Starting the LS learning curve in medical school through an additional course is an effective and necessary approach for the rapid and harmonious growth of young surgeons.

5. Dimitrov D. Laparoscopic splenectomy for solitary splenic metastasis in patients with previous open surgery – case series. Int J Surg Case Rep. 2019 Oct 28;65:83-86 – SJR 0.263 - 60m.; ISSN 2210-2612 – Scopus, Web of Science

Introduction: Solitary splenic metastases are a rare entity.

Presentation of case: We report two consecutive cases of solitary splenic metastases from ovarian and rectal cancer which were completely removed by laparoscopic splenectomy in patients with previous open surgery. The operative time was 165–200 min. The blood loss was 25–100 ml. There were no intra and postoperative complications.

Conclusion: Laparoscopic splenectomy for solitary splenic metastases seems safe and feasible with short recovery period even in patients with previous open surgery. More research in the area is needed

6. **Guoa Xiaoyin, Hui Z., Kun Zhou,b, Chengbing Jin, Yang Yang, Jun, Zhang, Wei Yang, Lifeng Ran, D. Dimitrov.** *Effects on peripancreatic arterial and venous blood vessels of high-intensity focused ultrasound (HIFU) treatment in pancreatic cancer. Oncol Lett. 2020 Jun; 19(6):3839–3850, IF-1.871, 6.7m., ISSN 1792-1074; eISSN 1792-1082 – Scopus, Web of Science*

Aim: The present study aimed to evaluate the safety of high-intensity focused ultrasound (HIFU) treatment on peripancreatic arterial and venous blood vessels in patients with pancreatic cancer.

Methods: This trial included 15 patients with pancreatic cancer (9 females and 6 males; age, 39-81 years; median age, 62 years). All patients underwent preoperative computed tomography (CT) or magnetic resonance imaging (MRI) and color Doppler flow imaging (CDFI) to assess the vascular hemodynamics of peripancreatic arterial and venous blood vessels pre-treatment. These patients were re-examined within 1 week post-HIFU treatment. Then, vascular adverse events were observed and followed up clinically.

Results: Prior to HIFU treatment, vessel involvement was recorded in 13 patients, including tumor lesions invading 19 veins and 14 arteries, which refers to the growth of pancreatic tumor lesions surrounding blood vessels, or tumor growth into blood vessels. In addition, 9 veins and 13 arteries were 0.05).

Conclusion: Overall, HIFU demonstrated no negative effects on peripancreatic arterial and venous blood vessels in patients with pancreatic cancer, even with tumor lesions wrapped in blood vessels. In addition, no complications of vascular stenosis and vascular adverse events were observed in the present study.

7. **Karamanliev M., Ivanov Ts., Gorchev G., Tomov S., Deliyski T., Dimitrov D..** *Novel Application of the EK Glove Port for Single Incision Diverting Sigmoid Loop Colostomy in Advanced Rectal Cancer. JSLS. 2020 Volume 24 (2) e2020.00001- IF 1.654 – 10m., ISSN:1086-8089; eISSN:1938-3797 – Scopus*

Background and Objectives: In patients with obstructing rectal cancers who require intestinal diversion before neoadjuvant therapy, minimizing diversion-related recovery and instituting early chemoradiation are critical to optimizing outcomes.

Methods: A novel, simple, safe, and inexpensive technique was developed for single-port laparoscopic diverting sigmoid loop colostomy in a low-resource environment.

Results: Ten consecutive patients with locally advanced rectal cancer underwent single-port, diverting sigmoid loop colostomy using a novel application of the EK glove port. Operative time averaged 59.5 min (range 40 –75 min). There were no conversions to multiport laparoscopy or open surgery. There were no intraoperative or early postoperative surgical complications. All patients started chemoradiation therapy within 1 week of diverting colostomy. No surgical reinterventions were required.

Conclusion: Single-port laparoscopic diverting sigmoid loop colostomy utilizing an EK glove port is a novel, technically simple, safe, and cost-effective procedure,

especially applicable to patients with obstructing rectal cancer who receive care in a low resource environment.

8. Collaborative EuroSurg (D. Dimitrov). Safety and efficacy of non-steroidal anti-inflammatory drugs to reduce ileus after colorectal surgery. *Br J Surg.* 2020 Jan;107(2):e161-e169 – 0.03m. IF-5.572, ISSN: 0007-1323; eISSN: 1365-2168 – Scopus, Web of Science

Background: Ileus is common after elective colorectal surgery, and is associated with increased adverse events and prolonged hospital stay. The aim was to assess the role of non-steroidal anti-inflammatory drugs (NSAIDs) for reducing ileus after surgery.

Methods: A prospective multicentre cohort study was delivered by an international, student- and trainee-led collaborative group. Adult patients undergoing elective colorectal resection between January and April 2018 were included. The primary outcome was time to gastrointestinal recovery, measured using a composite measure of bowel function and tolerance to oral intake. The impact of NSAIDs was explored using Cox regression analyses, including the results of a centre-specific survey of compliance to enhanced recovery principles. Secondary safety outcomes included anastomotic leak rate and acute kidney injury.

Results: A total of 4164 patients were included, with a median age of 68 (i.q.r. 57–75) years (54.9 per cent men). Some 1153 (27.7 per cent) received NSAIDs on postoperative days 1–3, of whom 1061 (92.0 per cent) received non-selective cyclooxygenase inhibitors. After adjustment for baseline differences, the mean time to gastrointestinal recovery did not differ significantly between patients who received NSAIDs and those who did not (4.6 versus 4.8 days; hazard ratio 1.04, 95 per cent c.i. 0.96 to 1.12; $P = 0.360$). There were no significant differences in anastomotic leak rate (5.4 versus 4.6 per cent; $P = 0.349$) or acute kidney injury (14.3 versus 13.8 per cent; $P = 0.666$) between the groups. Significantly fewer patients receiving NSAIDs required strong opioid analgesia (35.3 versus 56.7 per cent; $P < 0.001$).

Conclusion: NSAIDs did not reduce the time for gastrointestinal recovery after colorectal surgery, but they were safe and associated with reduced postoperative opioid requirement.

9. Lorenzon L., CORSiCA Study – EYSAC (D. Dimitrov). Global variation in the long-term outcomes of ypT0 rectal cancers. *Eur J Surg Oncol.* 2020;Vol 46 (3):P420-428 0.6 m. IF 3.379; ISSN:0748-7983; eISSN:1532-2157 – Scopus

Background: Colorectal cancer mortality presents world-wide variation. In rectal cancers presenting a complete/nearly-complete tumor response (ypT0/ypTis)

following neoadjuvant treatment, the features correlated to nodal metastases and relapses still need to be defined.

Methods: An international cohort study enrolling ypTo/ypTis rectal cancers surgically treated from 2012 to 2017 was conducted. A propensity matching was used to balance nodal-positive and nodal-negative patients and statistical analyses were performed to investigate survivals, using a bootstrap model for internal validation. The features correlated with nodal metastasis were studied. Countries with participating centers were ranked using the World Bank (WBI), Human Development (HDI) and Global Gender Gap (GGG) indexes to compare survivals.

Results: 680 ypTo/ypTis from 52 European, Australian, Indian and American Institutions were analyzed. Mean follow-up was of 30.4 months. 96.5% were treated with total mesorectal excision, 7.2% were nodalpositive and 8.8% relapsed. Distal cancers (HR 0.71 95%CI: 0.56-0.91) and nodal metastasis and nodal metastasis (HR 3.85 95%CI:1.12e13.19) correlated with worse DFS, whereas a younger age was of borderline significance (HR 0.95 95%CI:0.91e0.99). The bootstrap analysis validated the model on 5000 repetitions. A short-course radiotherapy (OR 0.18 95%CI:0.09e0.37) correlated with the occurrence of nodal metastasis. Those countries classified in the low/medium-WBI, medium-HDI and lower-GGG ranks documented worse DFS curves (respectively $p < 0.0001$, $p < 0.0001$ and $p 0.0002$). However, the clinical stages were similar and patients from medium-HDI countries received more adjuvant chemotherapy than the others ($p < 0.0001$).

Conclusion: Sub-groups at risk for relapses and nodal metastasis were identified. A global variation exists also when benchmarking a rectal cancer complete regression.

10. Collaborative EuroSurg (D. Dimitrov). Safety of hospital discharge before return of bowel function after elective colorectal surgery. Br J Surg. 2020 Apr;107(5):552-559. 0.03m. IF-5.572 ISSN: 0007-1323; eISSN: 1365-2168 – Scopus, Web of Science

Background: Ileus is common after colorectal surgery and is associated with an increased risk of postoperative complications. Identifying features of normal bowel recovery and the appropriateness for hospital discharge is challenging. This study explored the safety of hospital discharge before the return of bowel function.

Methods: A prospective, multicentre cohort study was undertaken across an international collaborative network. Adult patients undergoing elective colorectal resection between January and April 2018 were included. The main outcome of interest was readmission to hospital within 30 days of surgery. The impact of discharge timing according to the return of bowel function was explored using

multivariable regression analysis. Other outcomes were postoperative complications within 30 days of surgery, measured using the Clavien–Dindo classification system.

Results: A total of 3288 patients were included in the analysis, of whom 301 (9.2 per cent) were discharged before the return of bowel function. The median duration of hospital stay for patients discharged before and after return of bowel function was 5 (i.q.r. 4–7) and 7 (6–8) days respectively ($P < 0.001$). There were no significant differences in rates of readmission between these groups (6.6 versus 8.0 per cent; $P = 0.499$), and this remained the case after multivariable adjustment for baseline differences (odds ratio 0.90, 95 per cent c.i. 0.55 to 1.46; $P = 0.659$). Rates of postoperative complications were also similar in those discharged before versus after return of bowel function (minor: 34.7 versus 39.5 per cent; major 3.3 versus 3.4 per cent; $P = 0.110$).

Conclusion: Discharge before return of bowel function after elective colorectal surgery appears to be safe in appropriately selected patients.

Показател Г

1. Gincheva D, D. Dimitrov, G. Gorchev, S. Tomov Opportunities of HIFU technology for treatment fibroids diseases such as non-invasive and alternative method of surgery. Akusherstvo i ginekologiya. 2015; 54(7):26-30. (SIR 2014: 0,119) – 15m. ISSN 0324-0959 Scopus

Резюме: Концепциите за медицинско лечение непрекъснато се развиват и усъвършенстват. Такава възможност предоставя лечението с Високоинтезивен Фокусиран Ултразвук (HIFU). До момента в Европа и Азия повече от 10 000 пациентки с миомиса били успешно третирани с HIFU технологията. Това е напълно неинвазивна технология за екстракорпорална термоаблация на доброкачествени и злокачествени тумори. Околните здрави тъкани не се увреждат.

Основната индикация за HIFU- аблация в ХАЙФУ центъра в Плевен е миомата на матката. Тя е най-често срещаният солиден тумор в женският таз и е водеща причина за хистеректомия. Методите на лечение са хистеректомия, миомектомия или емболизация на маточните артерии. Чрез HIFU-методиката се предоставя възможност за неинвазивна терапия на миомната болест.

2. Tsvetanova K., Dimitrov D., Feradova H., Nanev V., Ivanov Ts., Dimitrov T. A rare case of a trans-stomal hernia, combined with

***undiagnosed mediastinal lymphadenopathy in a patient with rectal cancer. Journal of Biomedical and Clinical Research*2015; Vol 8(1): 81–85 – 5m. ISSN 1313-6917**

Abstract: Colon cancer is one of the most common malignant diseases with high grade of malignancy and mortality at high rate. Approximately one million people are diagnosed with colorectal cancer each year. Metastases affect mostly the liver, followed by the lungs. Here is a rare case of a patient with rectal cancer without disease progression or recurrence who underwent surgery due to a trans-stomal hernia, combined with high transstomal fistula of the ileum. Acute respiratory failure developed in the postoperative period and led to fatal deterioration as a result of enlarged metastatic mediastinal lymph nodes, which was very difficult to diagnose.

3. ***Ivanov Ts, Dimitrov D, Deliyski T, Iliev S. Filipov E. Feradova H, Nedyalkov K. Analysis and anthropometric study of port placement in robotic rectal cancer surgery. Scripta Scientifica Medica* 2015; vol. 47, Suppl (1):14-19 – 4.3m. ISSN 0582-3250**

Abstract: Robotic surgery is an innovative, minimally invasive technique, which has already proved its advantages in the operative-technical field by providing ergonomics, three dimensional (3D) visualization of the operative field, more precise dissection in narrow spaces, etc. The additional time needed for docking of the console and collision (internal and external) between the robotic hands is a part of the specific difficulties related to this type of surgery. The aim of this study was to analyze the position of ports and their efficiency in robotic rectal surgery based on our initial experience with this type of surgery in the University Hospital of Pleven- Bulgaria as well as to seek for additional anatomical landmarks to improve the work process. The initial experience with robotic rectal resections for rectal cancer revealed that the recommended distance of 8 cm between the ports doesn't provide sufficient efficacy. Additional topography anatomical landmarks are required for personalized preoperative planning of port positions and enhanced effectiveness of the robotic system in rectal cancer treatment. Further studies in this field are necessary.

4. ***Deliyski T, Ivanov Ts, Dimitrov D, Iliev S. Filipov E. Feradova H, Nedyalkov K. Robotic surgery in the treatment of rectal cancer - implementation in Bulgaria and early clinical results. Scripta Scientifica Medica* 2015;vol. 47, Suppl. (1):32-35 – 4.3 m. ISSN 0582-3250**

The **aim** of our study was to present the initial results after implementation of robotassisted rectal resection for rectal cancer in Bulgaria.

Methods: In the period of 09.04.2014 to 04.10.2015 the first robot-assisted rectal resections for rectal cancer in Bulgaria were performed in the University Hospital "G. Stranski" Pleven by teams of the Department of Surgical Oncology and the Department of Suppurative-septic Surgery and Coloproctology. The DaVinci S and DaVinci Si Robotic systems were used in all 9 of the operations. All patients had clinically, endoscopically and histologically verified rectal adenocarcinoma.

Results: In all surgeries 5 trocars were used- 1 for the robotic camera, 3 for the robotic hands and 1 for an additional conventional laparoscopic instrument. There was no need for the placement of additional trocars. There was no case of conversion

to conventional surgery. In all cases negative resection margins were registered (proximal, distal and circumferential). The average number of harvested lymph nodes was 6.9. Pathological evaluation of the quality of TME was performed in all cases. The mean hospital stay was 6.4 days. In one patient postoperative bleeding occurred 24 hours after surgery.

Conclusion: The initial results of this study for robotic surgery in rectal cancer are encouraging and comparable to those in literature by other authors highly experienced in minimally invasive surgery. Further research is needed for evaluation of the late oncologic results and economic effects.

5. **Dobromir D. Dimitrov, Martin P. Karamanliev, Tashko S. Deliyski, Anislav V. Gabarski, Petar P. Vatov, Ruzha O. Gencheva, Chavdar M. Ivanov, Savelina L. Popovska, Genoveva B. Valcheva, Vasil D. Nanev, Tsvetomir M. Ivanov, Hyuliya E. Feradova, Ivelina U. Petrova. Diagnostic value of tru-cut biopsy in diagnosis of breast lesions. Journal of Biomedical and Clinical Research. 2016 Dec 1;9(2):126-9. – 2.3m. ISSN 1313-6917**

Abstract: Breast cancer is the most common cancer in women worldwide. The standard for detecting it includes clinical exam, mammography and fine-needle aspiration cytology. Our aim was to establish the role of the tru-cut biopsy in the diagnosis of malignant breast lesions. We provide a two-year retrospective clinical study defining 98.67% sensitivity, 100% specificity, 100% positive predictive value, 80% negative predictive value and an overall diagnostic accuracy of 98.73%. In 89.1% of the malignant lesions, the sample was adequate to define the receptor status. Therefore, tru-cut biopsy is an easy, cheap, safe and accurate alternative to fine-needle aspiration cytology in the diagnosis of breast lesions.

6. **Dobromir D. Dimitrov, Tsvetomir M. Ivanov, Tashko S. Deliyski, Sergey Iliev, Emil T. Filipov, Martin P. Karamanliev, Tatqna D. Betova, Savelina L. Popovska, Nataliya P. Chilingirova, Izabela P. Georgieva, Slavcho T. Tomov, Grigor A. Gortchev. Macroscopic assessment of total mesorectal excision quality after robotic assisted rectal resection due to rectal cancer in Bulgaria- a prospective trial. Journal of Biomedical and Clinical Research 2017;10(2):130-134 – 2.5m. ISSN 1313-6917**

Abstract: Total mesorectal excision (TME) is a standard surgical procedure for rectal cancer. Robotic surgery has the potential to minimize the disadvantages of laparoscopic rectal resection. Circumferential margin and macroscopic quality assessment of the resected specimen are the major prognostic factors for local recurrence of the disease. The aim of this study was to research the macroscopic assessment of the quality of TME after robotic-assisted rectal resections for rectal cancer performed in a single center. Data was prospectively collected about macroscopic assessment of the quality of TME in thirteen patients after robotic-assisted rectal resections for rectal cancer between 09.04.2014 and 31.12.2016. After all robotic TMEs, a pathologist made macroscopic assessment of the completeness of the mesorectal excision. The quality of TME was complete in 12 cases and nearly complete in one case. The circumferential and distal resection margins were negative

in all cases. The mean number of harvested lymph nodes was nine. This study indicated that using robotic surgery for rectal cancer does not lead to worsening the quality of TME. Further studies in this field are necessary.

7. **Angel Yordanov, Martin Karamanliev, Dobromir Dimitrov and Tsvetomir Ivanov. Synchronous Primary Cervical Cancer and Follicular Lymphoma- A Case Report. JOJ Case Stud.2017;4(2) JOJCS.MS.ID.555635 – 7.5m. ISSN: 2476-1370**

Abstract: Double synchronous primary cancers of gynecological cancers are a relatively common event. However, synchronous primary genital and extragenital cancers are a rare event. We report a case with synchronous primary cervical cancer and non-hodgin lymphoma-follicular lymphoma. Recently, a 43-year-old women presented with abnormal uterine bleeding was found to have a T1bpN1Mx cervical cancer and a inguinal lymphomegaly presentation of follicular lymphoma. We present this case with a brief review of references.

8. **Angel Yordanov, Borislava Dimitrova, Polina Vasileva, Dobromir Dimitrov and Stanislav Slavchev. A Rare Case of Vaginal Leiomyosarcoma. J Tumor Med Prev. 2017; 2(1): JTMP.MS.ID.555576 – 6m. ISSN 2575-890X**

Introduction: Vaginal Leiomyosarcoma is a rare condition and there is no standard for its treatment. Only 140 cases of this disease have been reported during the past 40 years. Case report: We report one case of a 35 year old woman with vaginal Leiomyosarcoma. Results: After a surgery no further treatment was done. There is no evidence of disease for the last forty months.

Conclusion: Vaginal Leiomyosarcoma is an extremely rare disease, which is the reason of the lack of standard treatment. This is why every case of this tumor has to be reported to add more to our understanding of this disease.

9. **М. Караманлиев, Д. Димитров, Ц. Иванов, Н. Станиславова, П. Вѣтов, А. Габѣрски, Ч. Иванов, М. Аноар, З. Василева. Оценка на влиянието и ефективността на специализирано обучение по лапароскопска хирургия върху студенти по медицина, както и нуждата от подобни курсове. Усложнения на конвенционалната, лапароскопската и роботизираната хирургия. Експертиза при хирургични случаи, достигащи до съдебната практика 31 Май-2 Юни, 2017;110-115 – 3.3 т. ISBN- 978-954-756-209-3**

Вѣведение: През последните десетилетия лапароскопската хирургия (ЛХ) се превърна в стандарт при лечението на редица заболявания. Все по-широкото приложение на тази техника води и до нужда от специфично обучени . Съвременните тенденции в медицинското образование ускоряват този процес чрез основи поставени още в студентските години на бъдещи специализанти по хирургия.

Цел: Целта ни е да оценим влиянието и ефективността на извънучебни курсове по лапароскопска хирургия за студенти по медицина с насоченост върху

обучителната крива на младите лекари, както и нуждата от подобни курсове при обучението на студенти по медицина.

Материали и методи: За периода от 2013 до 2016 в Медицински Университет-Плевен бяха организирани няколко обучителни курса по ЛХ за българо- и англоговорящи студенти. Във всичките издания на курса взеха участие общо 60 студенти от 4-ти до 6-ти курс. Общата продължителност на курсовете беше два дни с първи ден - теоретична подготовка и сесия "live surgery", втори ден - практически занятия върху виртуални и бокстренажори. До участие се допускаха максимум 10 студенти след предварително отсяване. Ефективността и влиянието на курса беше оценен чрез анонимни анкети в Google forms, включващи 17 въпроса попълнени от участниците след различен период на време от приключване на курса.

Резултати: От взелите участие в обучителните курсове студенти, 52% са мъже и 48% жени. От тях общо 43 % са се реализирали като специализанти по хирургия, като 56 % от тях са отговорили, че участието им в обучителните курсове им е помогнало при избора на специалност. 72% от участниците смятат, че след преминаването през обучителните курсове се чувстват по-уверени по време на лапароскопските операции, а 87 % смятат, че участието им в курсовете е било полезно за тях.

Дискусия: Хармонично развитие на съвременните хирурзи е свързано с овладяване на конвенционалната хирургия, паралелно с това и на всички постижения на ЛХ. Това изисква правилен обучителен подход, който да осигури по-лесна обучителна крива за младите лекари. От нашите резултати е видно, че 72% са се чувствали уверени и подготвени за ЛХ след участието си в обучителните курсове.

Извод: Започване на обучителната крива по ЛХ в студентските години чрез допълнителен курс е ефективен и нужен подход за бързото и хармонично израстване на младите хирурзи.

10. **Ив. Петрова, Д. Димитров, М. Караманлиев, А. Габарски, П. Вътов, Р. Генчева, Ч. Иванов, С. Поповска, Г. Вълчева, В. Нанев, Ц. Иванов, Х. Ферадова, Т. Делийски.** *Дебелоиглена режеща биопсия при лезии в млечната жлеза – клинична ефективност и усложнения. Усложнения на конвенционалната, лапароскопската и роботизираната хирургия. Експертиза при хирургични случаи, достигащи до съдебната практика 31 Май-2 Юни, 2017;348-353 – 2.3т. ISBN-978-954-756-209-3*

Увод: Дебелоиглената режеща биопсия е стандартен метод при диагностиката на рака на млечната жлеза. Тя поставя диагнозата и дава информация относно вида на карцинома и неговия рецепторен и HER2 статус, което определя понататъшното поведение.

Цел: Поставихме си за цел да проучим ефективността на дебелоиглената режеща биопсия и усложненията, които настъпват след дебелоиглена режеща биопсия. Материали и методи: Направихме ретроспективен анализ на всички пациентки, със суспектни за малигнени лезии в гърдата, на които е взета дебелоиглена режеща биопсия в клиниката по 104 Онкологична хирургия към УМБАЛ „Георги Странски“ – гр. Плевен за периода от януари 2014г. до

декември 2015г. В проучваният период са взети общо 79 дебелоиглени режещи биопсии на пациентки, на които след това е осъществено радикално оперативно лечение. Използвана е автоматична 18 G - игла. Дебелоиглената режеща биопсия е взета под мануален или ехографски контрол, с инфилтрация на 1 % Лидокаин и малък, до 3мм разрез.

Резултати: Резултатите показаха, че дебелоиглената режеща биопсия има 98,73% диагностична точност, 98,6% чувствителност, 100% специфичност, 100% позитивна предиктивна стойност. По отношение на усложненията бяха регистрирани леки усложнения като: 3.79% хематоми, 1.27 % инфекции, 10.12 % следоперативно кървене, 34.94 % следоперативна болка. Сериозно усложнения бяха регистрирани при един случай с пневмоторакс или 1.27%.

Изводи: Дебелоиглената режеща биопсия е ефективен, високо специфичен и чувствителен метод за диагностика на рак на млечната жлеза, при който рядко се отчитат съществени следоперативни усложнения. Сравнена с отворената биопсия е по-безопасен, икономически по-изгоден метод, с по-малък болничен престой, по-малка следоперативна болка и усложнения.

11. Katia S. Kovacheva, Zornitsa B. Kamburova, Savelina L. Popovska, Dobromir D. Dimitrov, Ivan N. Ivanov, Maria N. Simeonova, Tashko S. Deliyski. Prevalence of five BRCA1/2 mutations in Bulgarian breast cancer patients. J Biomed Clin Res 2018; Vol. 11 (2):123-127 – 4.3m. ISSN 1313-6917

Abstract: Detection of mutations in breast cancer 1 (BRCA1) and breast cancer 2 (BRCA2) gene is an effective method of early diagnosis and prevention of breast cancer (BC). The mutational spectrum of both genes in Bulgarian population has not been studied in depth. The aim of this study was to investigate the prevalence of five deleterious BRCA1/2 point mutations in high-risk BC women, selected according to the National Comprehensive Cancer Network (NCCN) Guidelines including early age of onset, triple-negative BC and family history of breast or ovarian cancer. The prevalence of two BRCA1 mutations (C61G and 5382insC) and three BRCA2 mutations (6079del4, 9326insA and 9908delA) was evaluated in 80 females with BC, obtained from the Cancer Registry of University Hospital – Pleven. Genetic testing was performed by direct DNA sequencing. One deleterious mutation (5382insC in exon20 in BRCA1) was been found in two patients (2.5%). Both women were diagnosed with BC before age 45. The prevalence of BRCA mutations established in our study was lower than the one found in another preliminary study on Bulgarian population. We concluded that this discrepancy was due to the genetic heterogeneity of the population and the specific mutational spectrum of the BC patients from the Pleven region.

12. Tsvetomir M. Ivanov, Tsvetko H. Tsvetkov, Dobromir D. Dimitrov, Martin P. Karamanliev, Azhar Khan, Tashko S. Deliyski, Yordan D. Popov. Metastatic colon cancer in a pregnant woman: a case report. J Biomed Clin Res 2018; Vol. 11 (2):155-157 – 4.3m. ISSN 1313-6917

Abstract: Colorectal cancer in pregnant women is rare and represents a diagnostic and therapeutic challenge for clinicians. We present a case of a 38-year-old pregnant

woman, diagnosed with colorectal cancer and liver metastases during the 29th week of gestation. After clinical evaluation and making the diagnosis, the patient underwent an emergency cesarean section (C-section) and bypass anastomosis between the transverse colon and sigmoid colon. The babies were born healthy without any complications. After recovery, the mother started treatment with chemotherapy, but two months later she died due to the spread of the disease. Cancer during pregnancy is always a challenge for diagnosis and treatment.

13. *Dimitrov Dobromir. Role of C-Reactive protein in early detection of anastomotic leak in patients undergoing elective colorectal resection surgery with primary anastomosis. Scripta Scientifica Medica 2019;51 suppl. 1:11-14 – 30m. ISSN 0582-3250*

Introduction: Despite improvements in surgical technique and perioperative care anastomotic leaks (AL) are still present, causing increased morbidity, mortality, length of stay and costs. AIM: The aim of this article is to study the role of c-reactive protein in early detection of anastomotic leak in the studied group.

Materials and methods: Prospective study in the period January 2017 - December 2018 of all patients undergoing elective colorectal surgery for cancer with primary colonic anastomosis in the Clinic of Surgical Oncology, Dr. G. Stranski University Hospital – Pleven was conducted. All patients were treated according to the ERAS protocols for colorectal surgery. The incidence of anastomotic leaks, changes in CRP and leukocyte (WBC) levels were studied.

Results: A total of 201 patients were subjected to colonic resection in the Clinic for the study period. In 123 of the interventions an intestinal anastomosis was performed and this is the group of interest. Fifty-two of all interventions were minimally invasive. Anastomotic leak was found in 7 cases (5.7%), of which 2 patients were conservatively treated, and 5 patients were reoperated. All patients with anastomotic insufficiency had serum levels of CRP above 130 mg/L. In five patients we found CRP levels above 130 mg/L without anastomotic leak. There were no patients with anastomotic insufficiency with CRP levels below 130 mg/L. The positive predictive value for these levels of CRP was 58.33% and the negative predictive value - 100%. In 85.7% of the patients with AL leukocyte (WBC) levels were in normal range at the time of AL detection. CONCLUSION: CRP is an early marker with excellent negative predictive value for the development of anastomotic leak after colorectal surgery

14. *Karamanliev M., D. Dimitrov. Transanal total mesorectal excision (TATME) – literature review. J Biomed Clin Res novam – 15m. ISSN 1313-6917*

Abstract: Total mesorectal excision (TME) has become the golden standard for rectal cancer since Heald introduced it. Transanal total mesorectal excision (TaTME) is an innovative surgical technique for rectal cancer. A nonsystematic literature review on the articles on TaTME in the PubMed and Scopus database was performed. 'TaTME' and 'transanal total mesorectal excision' keywords were used. The search was restricted to English articles only, more than 25 patients analyzed and followed-up. Fourteen articles were identified, most of them from Europe and China. Of them, 8 were original studies, 6 systematic reviews and meta-analyses. TaTME is safe and efficient in experienced hands. It could be superior to laTME in regard to

perioperative complications. Its advantages in oncological outcomes over laTME are to be proven in structured randomized clinical trials (RCTs).

- 15. Vasileva PP., A.D. Yordanov, V. I. Mazneykova, A. L. Ruseva, D. D. Dimitrov.** *A case report of influence of free tyrosine kinase/placental growth factor (SFLT-1/PLGF) ratio test for preeclampsia on clinical decision making in screening positive women. J Biomed Clin Res. 2019;Vol 12(2):162-165, – 6m. ISSN 1313-6917*

Abstract: Preeclampsia (PE) is characterized by hypertension and proteinuria after the 20th gestational week (GW). It is a significant cause of maternal and fetal perinatal morbidity and mortality during pregnancy. There is increasing evidence suggesting that PE is due to an impaired balance between maternal placental angiogenic and antiangiogenic factors that harm maternal vascular endothelium. The study aimed to assess the clinical and financial aspects of introducing into practice the soluble fms-like tyrosine kinase (sFlt1) to placental growth factor (PlGF) ratio test to improve the management of preeclampsia and adverse pregnancy outcome, intrauterine growth retardation, iatrogenic prematurity, and placental abruption. We report a case study in which we used the sFlt-1/PlGF ratio in the management of a high-risk pregnancy. Unnecessary hospitalization was avoided, and the patient was managed appropriately

- 16. Йончева Й., Г. Горчев, Д. Димитров.** *Лечение на пациентка с миомна болест посредством Фокусирана Ултразвукова Хирургия – Клиничен случай. Акушерство и гинекология. 2019;Бр. 3:46-49 -10м. ISSN 0324-0959*

Резюме: Фокусираната ултразвукова хирургия (ФУХ) навлезе в клиничната гинекологична практика през последните 10 години. При нея не се използват скалпели, игли и няма необходимост от инвазия. Ето защо тя е изключително щадяща за пациентите. Целта ни е да представим клиничен случай на пациентка с миомна болест подложена на ФУХ посредством ХАЙФУ. В този казус показваме краткосрочния резултат, който е много добър терапевтичен отговор, оценен чрез ЯМР и сертифицирана анкета за оценка на качеството на живот (КЖ). При 43г. пациентка с клинични, ехографски и ЯМР данни за миома на матката доказващи възел по задна маточна стена с размери 73x71x74мм (125мл) е осъществена ФУХ. Пациентка е изписана на следващият ден. На контролния ЯМР на малък таз, 45 дни след процедурата миомния възел е с 25% редукция и над 90 % некроза. Качеството на живот на пациентката (КЖ) е проследено и оценено като подобро след процедурата посредством използването на въпросник за качеството на живота, свързан със здравето.

Представения клиничен казус е много добър пример за терапевтичните възможности на ФУХ при миомна болест. Бъдещи проспективни проучвания в тази област са необходими.

Abstract: Focused ultrasound surgery (FUS) is taking part of the clinical gynecological practice over the last 10 years. It does not use scalpels, needles, and there is no need for invasion. This is why it is extremely gentle for the patients. Our

aim is to present a clinical case about a patient with uterine fibroid who underwent FUS with HIFU therapy. We show that the short term effect is associated with very good therapeutic response, assessed with MRI and certified questionnaire about the Quality of life assessment. 43 years old patient with clinical, ultrasound and MRI data for uterine fibroid, proving fibroid on the posterior uterine wall with size 73x71x74mm (125ml) was treated with FUS. The patient is discharged on the next day. At the control MRI of the pelvis after 45 days we found that the fibroid reduced its volume by 25% and had over 90% necrosis. The Quality of life of the patient was assessed by using Uterine Fibroid Symptom and Health Related Quality-of-Life Questionnaire.

The presented clinical case is a good example for the therapeutic possibilities of FUS in patients with uterine fibroids. Future prospective investigations in this area are needed.

17. *Dimitrov Dobromir. Evaluation of chronic groin pain rates after TEP hernioplasty – a single center study. J Biomed Clin Res. 2019;Vol 12(2):153-156 –30m. ISSN 1313-6917*

Abstract: Total extraperitoneal hernioplasty (TEP) has become increasingly used by surgeons. The TEP procedure is technically more challenging due to space constraints and has a higher learning curve. Chronic groin pain after inguinal hernia repair has become the dominant outcome investigated rather than recurrence. We aimed to evaluate the rate of chronic groin pain after TEP inguinal hernia repair performed at the Department of Surgical Oncology in G. Stranski University Hospital – Pleven. The procedures performed totaled 36. There was one conversion, and the patient was excluded from the study because the procedure performed was not laparoscopic. Distribution according to inguinal hernia type was: 41.7% - indirect hernia (15), 36.1% - direct hernia (13), 13.9% combined (5), and 8.3% femoral (3). Twenty-eight of the patients (80%) had preoperative pain. Two of the patients with chronic groin pain had had their meshes fixed with tacks (14.3% from the tack group p=0.7). Our study showed that the TEP procedure is a safe, feasible operation with minimal risk for complications. rate, which correlates with the literature review data.

18. *Димитров Д., Н. Станиславова, Д. Ангелов. Влияние на фокусираната ултразвукова хирургия на проходимостта на магистралните абдоминални съдове при пациенти с локално авансирал рак на панкреаса. Рентгенология и Радиология. 2019;58(3):212-219 – 10 m. ISSN 0486-400X*

Въведение: Карциномът на панкреаса е 5-ти по честота злокачествен тумор в България. Фокусирана ултразвукова хирургия(ФУХ) чрез използването на високо интензивен фокусиран ултразвук е неинвазивна процедура, която може да се използва в комплексният подход за лечение при пациенти с авансирал рак на панкреаса. Целта ни е да проучим до каква степен лечението с ФУХ, при пациенти с авансирал рак на панкреаса оказва влияние и по какъв начин на ангажираните от тумора магистрални абдоминални съдове.

Материал и методи: За периода от 15.01.2016 до 01.07.2018 година, 18 пациенти с локално авансирал рак на панкреаса- III/IV-ти стадий са селектирани за палиативно лечение, чрез ФУХ. При всички пациенти преди и след

процедурата за оценка на съдовото ангажиране от тумора е осъществена компютърната томография на коремни органи на 128- срезов компютърен томограф- Siemens Somatom Perspective с интравенозен контраст. В нашето проучване използваме стандартизирана система за класификация, оценяваща ангажирането на съдовете от тумора по 5- степенна скала.

Резултати: Резултатите от това проучване показват, че ангажирането до определена степен(0, 1- ва и 2-ра степен) на магистралните абдоминални съдове от тумора, не са контраиндикация за извършване на ФУХ. След процедурата, не се наблюдава влошаване на съдовото ангажиране и редуциране на лумена на съда, при нито един от изследваните пациенти. На 3 и 6 месец след ФУХ, въпреки агресивността на панкреасния карцином се наблюдава стационариране на състоянието или подобрене в степента на ангажиране на магистралните абдоминални съдове.

Заклучение: ФУХ в нашето проучване показва сериозна сигурност за проходимостта на съдовете в областта ангажирани от авансиралите случаи на рак на панкреаса.

19. Иванов Ц., Н. Станиславова, Д. Ангелов, Д. Димитров. Ангиографски протокол за предоперативно планиране на минимално инвазивна колоректална хирургия. Рентгенология и Радиология. 2019;58(4):281-286 –7.5m. ISSN 0486-400X

Въведение: Минимално инвазивната хирургия (МИХ) е вече стандартен метод за хирургичното лечение на колоректален карцином(КРК), доказателствата за чийто ползи идват от големи мултицентрови рандомизирани проучвания. МИХ обаче е технически по-трудна в сравнение със конвенционалната отворена хирургия(ОХ), което налага внимателно предоперативно планиране на хирургичната тактика.

Материал и методи: Извършихме проспективно проучване за период от Януари 2017 до Септември 2018, обхващащо 20 пациенти с КРК при които е извършена минимално инвазивна радикална хирургия. При всички пациенти хирургичната тактика е планирана предоперативно чрез мезентериална компютърна томографска ангиография(КТМАГ). Предоперативно е проучена индивидуалната анатомия на горна мезентериална артерия и вена, както и на долна мезентериална артерия и едноименната вена.

Резултати: Артерия илеоколика е установена при всички 20 пациенти в проучването,, като в 55% тя преминава вентрално на горна мезентериална вена. За разлика от нея, артерия колика дextrа е намерена само при трима от изследваните пациенти. Спрямо анатомичните модели на долна мезентериална артерия, последната е групирана в три групи, като най-честият вариант, установен в проучването е тип С, при който артерия колика синистра и сигмовидните артерии са независими един от друг клонове, намерен при 10 от изследваните пациенти.

Заклучение: КТМАГ е неинвазивен , бърз и точен метод за предоперативна оценка на индивидуалната съдова анатомия на колона и ректума, която може да се използва за предоперативно планиране на МИХ при пациенти с КРК. Допълнителни проучвания за клиничните ползи от приложението на метода са необходими.

20. **Dimitrov D, Feradova H, Marinova M, Kun Z. Ultrasound ablation in advanced pancreatic cancer patients – what should be the next step? *Pancreas Open J.* 2015; 1(1): 7-8. – 7.5 m. ISSN: 2471-142X**

Abstract: In our centers, we have used USgHIFU device for non-invasive ablation of advanced PC. In our daily practice, we have seen that the patients treated with USgHIFU and simultaneous chemotherapy experienced significant and lasting reduction of pain intensity and tumor volume regression over time. Hence, patients' quality of life was improved which emphasizes the clinical benefit of USgHIFU. But we still don't have results from prospective or retrospective multi-center studies. Case-control or cohort largescale studies are also missing. Hereby, we would like to emphasize on the acute necessity for large-scale prospective randomized and multi-center clinical trials to evaluate the safety, clinical and long-term efficacy of USgHIFU treatment especially regarding overall survival with or without simultaneous chemotherapy in the patients with advanced PC. After this step up on the evidence based medicine stairs, more physicians and patients should be involved and the position of HIFU in future algorithms for the management of locally advanced pancreatic cancer can be defined.

21. **Dimitrov D. Giant Retroperitoneal dedifferentiated liposarcoma a case report. *J Biomed Clin Res.* 2020 in press. –30m. ISSN 1313-6917**

Abstract: Retroperitoneal soft tissue sarcomas are a relatively rare entity with rates of less than 1% of all malignancies. Surgical treatment of these tumors is challenging. We present a case of 70-yearold patient who underwent radical surgery at the department of Surgical Oncology at University Hospital “Dr. G. Stranski” Pleven for giant dedifferentiated liposarcoma. The patient presented with cachexia, anemia, dull abdominal pain and huge abdominal mass. After ultrasound and CT the tumor was assessed as resectable. The removed tumor mass weighted 5,7 kg. Nowadays complete resection of these tumors remains the most important predictive factor for local recurrence and overall survival.

Показател Е

1. **Т. Делийски, Е. Димитров, Н. Колев, С. Тодоров, М. Драганова, Д. Димитров, К. Тотев, П. Маринова, К. Цветанова, Г. Маркова, П. Гергова, С. Дюлгерова, А. Чифлигарска, М. Енчев, В. Нанев, Г. Вълчева, И. Петрова, Ц. Иванов, Н. Ковачев, А. Димитрова, Н. Нешовска, А. Симеонова, И. Геаоргиева, Р. Рашева, К. Радева. Оперативна, обща и специална хирургия. Хирургични грижи. Издателски център МУ Плевен:2017; 9-511**

Резюме: Настоящият учебник представя съвременните виждания и стратегии в областта на сестринските хирургични грижи и базата на която те стъпват –

оперативната, общата и специалната хирургия. В нашата страна въпросите, свързани със специалистите по здравни грижи са особено динамични, тъй като успоредно със следването на световните и европейски постижения в практичен аспект, на моменти те трябва бързо да се адаптират към новосъздадени промени в администрирането на тяхната дейност в съответствие на европейските стандарти. Във всеки случай обаче пред тях се разкриват нови и нови възможности за професионална реализация като незаменима част на екипите, извършващи медицинските дейности, в това число и най-високо технологичните. За да се постигне всичко това, става неизбежна необходимостта от задълбочено изучаване на същностната характеристика и съвременните тенденции в отделните медицински дисциплини, една от които е хирургията. При подбора на материала на учебника авторският екип се е постарал да бъде обхванат в сравнително малък обем голямото тематично многообразие на хирургията и то да бъде представено в максимално сбит изказ, без от това да страда задълбочеността на информацията, от която тези специалисти се нуждаят и заслужават да им бъде предоставена. Някоя от разискваните теми няма претенции за пълна изчерпателност, още повече, че когато хирургията като клинична дисциплина е адресирана до специалистите по здравни грижи е трудно да се намери най-точният баланс между краткото, обширното и изчерпателното повествование. На фона на тази липса на формални правила за писане на учебник по хирургия за специалисти по здравни грижи, авторският екип е избрал по своя преценка, някои от темите да бъдат по-обширни, а други - в близък до компендиумите формат. С „предимство“ за по-голяма обширност са темите, които в настоящия момент имат по-голям акцент за специалистите по здравни грижи. Това са оперативната техника и онкологията като новоткрити специалности за сестри в нашата страна. Други по-разширени теми са раните с голямата динамичност на стратегиите на третирането им както и новите технологии с бързото си внедряване в практиката, има и въпроси, които поради голямото разнообразие на клинични прояви и терапевтични стратегии е трудно да бъдат побрани в компендиум. Такива са заболяванията на щитовидната и на млечната жлеза. По традиция в учебниците по хирургия за специалисти по здравни грижи присъстват и урологичните и травматологичните въпроси. Представени са и тук. С „предимство“ за по-конспекторен вид на представянето са темите от по-тесните специалности – съдова хирургия, гръдна хирургия и неврохирургия. Разчита се, че интересувашите се могат да открият актуална информация в специализираната по направленията литература. Най-трудно беше взето решението, как да бъдат представени грижите за хирургичните пациенти. Възприе се тактиката те да съпътстват отделните хирургични теми. Така се постига по-добро преливане между често трудно отграничимите дейности на лекарите и на медицинските специалисти. Трудно е на авторския екип да прецени до каква степен учебникът ще бъде от полза на обучаващите се студенти и на желаещите да актуализират познанията си работещи вече кадри. Надяваме се обаче, че прелиствайки страниците, читателите, ще се убедят в нашето голямо уважение към труда на специалистите по здравни грижи. Нека когато откриват различия между своите виждания и написаното тук, не търсят сгрешилия, а доразвият тезата в полза на усъвършенстването. Не случайно често в книгата се използва изразът „Вариант на подход по този въпрос са следните препоръки:“. Така показваме че освен следването на общоприетите съвременни принципи представяме и варианти на виждания на отделни колективи.

2. Национален експертен борд (Д. Димитров). Поведение при Карцином на гърдата, версия 2.2018-Клинично ръководство основано на доказателства. Варна, МОРЕ:2018

Въведение: Настоящото ръководство е втора, напълно обновена, версия на консенсусното становище на Национален експертен борд МОРЕ 2013. 1 Дело е на мултидисциплинарен екип, включващ експерти в областта на карцином на гърда от десет медицински специалности и техни национални браншови организации: Българско хирургическо дружество, Българско онкологично дружество, Гилдия на лъчетерапевтите в България, Българска асоциация по радиология, Българско дружество по нуклеарна медицина, Българско дружество по патология, Българско дружество по генетика на човека, Българско медицинско сдружение по хематология, Дружество на психолозите в България и Българска Асоциация по физикална медицина и рехабилитация. Нуждата от национално ръководство за поведение при карцином на гърда и от периодичното му осъвременяване е обусловена от клиничната му актуалност за световната и българската онкология. При пациенти от женски пол той се класира на първо място, характеризирайки се с висока годишна заболяемост (в Европейски съюз – 144.9/100 000, Европа – 128.8/100 000, в България – 98.8/100 000) и смъртност (в Европейски съюз – 32.9/100 000, Европа – 32.7/100 000, в България – 33.3/100 000).² Цел на ръководството е да представи съвременни алгоритми за клинично поведение при карцином на гърда в есенциална форма, адаптирана за медицинската практика в България. Ръководството е предназначено за всички медицински специалности в България, които се занимават с различни направления на поведение при карцином на гърда: хирурзи, лъчетерапевти, радиолози, нуклеарни медици, патолози, медицински генетици, медицински онколози, хематолози, психолози, физикални medici, общопрактикуващи лекари, фармацевти и медицински сестри.

Методи: Ръководството за клинично поведение при карцином на гърда е основано на доказателства и е структурирано в осем раздела. Всеки от тях е съставен най-малко от двама експерти, съдържа резюмиран литературен обзор върху съответния проблем и изцяло се позовава на медицина, основана на доказателства. В края на всеки раздел са дефинирани препоръки, описани с четири степени на препоръчителност (А, В, С и D) според Оксфордския център за медицина, основана на доказателства (CEBM)³, и към тях са добавени акценти за добра практика.