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### **FACULTY OF STOMATOLOGY** STOMATOLOGY STUDY PROGRAM 0911.1 CHAIR OF SURGERY No.5

#### **APPROVED**

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At the Committee meeting on quality assessment at the assembly of the Faculty of Stomatology and curricular evaluation of the Faculty of Minutes No. 6 from 20.02.2018 Stomatology

Minutes No. 3 from 16.02.2018

Committee president, Phd, MD, associate professor

Elena Stepco

The dean of Faculty, PhD, MD, associate professor

Sergiu Ciobanu

**APPROVED** 

At the meeting of the Chair of Surgery No.5 Minutes No. 2 from 26.10.2017 Head of the Surgery Chair No.5 Habilitated doctor, university professor

Alin Bour

**CURRICULUM DISCIPLINE: SURGICAL DISEASES** 

Integrated studies Course type: mandatory discipline



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### I. PRELIMINARIES

• General presentation of the discipline: the place and role of the discipline in formation of the specific skills of the professional training program/specialty.

The necessity and utility of the Surgical Diseases course for students of faculty of stomatology is due to the fact that a dentist is frequently confronted with surgical problems, especially in the neighboring anatomical regions - cervical, thoracic, including mediastinum. In addition, the dentist should posses knowledge of surgical diseases, which improve professional development and allows to perform first aid in surgical emergencies.

• The aim (mission) of the curriculum in the professional training.

The mission of the curriculum - the studying of etiopathogenesis, clinical picture and treatment principles of surgical diseases; the formation of clinical thinking skills and the formation of practical skills, the ability to provide first aid in surgical emergencies.

• Language of study: Romanian, English.

• Beneficiaries: 3rd and 4th year students, Faculty of Stomatology.

### II.DISCIPLINE ADMINISTRATION

Discipline code		S.06.O.067/ S.07.O.082	
Discipline name		Surgical Diseases	
Responsible for disc	cipline	Alin Bour - habilitated doct	tor, university professor
Year	3/4	Semesters	6/7
Total hours including	:		60/60
Lectures	17/10	Practical courses	17/16
Seminars	17/9	Individual work	9/25
Form of exam evaluation	C/E	Number of credits	2/2

### III.THE TRAINING OBJECTIVES OF THE DISCIPLINE

### At the level of knowledge and understanding:

To know the definition, objectives and tasks of Surgical Disease;

To know the anatomical and topographical peculiarities of Surgical Disease area;

To understand the communication methods with the patients and collect the anamnesis;



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To know the modalities of data registering in patient medical records;

To know the steps and peculiarities of clinical examination;

To know the options and particularities of paraclinical investigations;

To know the etiopathogenetic mechanisms of the main surgical pathologies;

To understand the correlation between etiology, pathogenesis and clinical picture of the surgical pathology;

To know the particularities of the onset and evolution of various surgical pathologies;

To perform the differential diagnosis of the most widespread surgical pathologies;

To know the main methods of instrumental and laboratory diagnosis of surgical pathologies;

To know the treatment principles of the most common surgical pathologies;

To know the methods of prophylaxis of acute and chronic pathologies of the abdominal organs.

### At the level of application

To be able to collect patient data and anamnesis (subjective examination);

To distinguish the problems that appear during communication process and be able to solve them;

To perform a clinical examination of a patient;

To be able to diagnose the surgical emergencies;

To be able to establish the clinical diagnosis by laboratory and instrumental tests results;

To solve the clinical situation problems by multilateral and critical points of view;

To be able to apply the couse - effect principle;

To be able to argue the own opinion;

To be able to describe the surgeon and nurse actions during surgical procedures.

### At the level of integration

To appreciate the importance of Surgical Disease in Medicine;

To interpret clinical medicine problems;

To find the interconnection between Surgical Disease and other basic medical sciences;

To impliment and integrate the knowledge from Surgical Disease into dental practice;

To be prepared for evaluations and autoevaluations of knowledge in this area of activity;

To assimilate the new achievements in clinical objects.

### IV. PRECONDITIONS AND EXIGENCIES

Surgical diseases course is a part of medicine, which is studied after acquiring knowledge from theoretical medical objects: anatomy, physiology, pharmacology, pathological anatomy and physiology. Moreover, knowledges acquired in general surgery will allow future dentists to have a wider and more flexible vision in treatment of dental pathologies. The lack of knowledges of a doctor in basic elements of surgery and surgical rules can lead to serious consequences for patient, family and society.

### V.THEMES AND ORIENTATIVE DISTRIBUTION OF HOURS

No	THEME	1	Number	of hou	rs
		Practic e	Semin ars	Cours	Individ ual work
1.	Examination of the pacient with surgical patology	1	1	0	1
2.	Closed and opened trauma of the abdomen. Mechanism of trauma,	1	1	2	1



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	classification, clinical picture, diagnosis, treatment.				
	Thromboembolism. Acute pulmonary thromboembolism. Mesenteric artery thrombosis. Etiopathogenesis, clinical picture, diagnosis, treatment.	1	1	1	1
	The acute ischemia of lower extremity. Etiology, pathogenesis, clinical picture, diagnosis, treatment.	1	1	0	2
	Acute appendicitis: etiology, classification, clinical picture. Essential features of acute appendicitis in children, adults, pregnant women. Essential features of acute appendicitis depending on localization of appendix. Differential diagnosis and treatment.	1	1	0	1
•	Complications of acute appendicitis: infiltrate, abscess, pilephlebitis, local and general peritonitis. Pathogenesis. Clinical picture. Diagnosis. Treatment.	1	1.	0	1
•	Intestinal occlusion. Classification. Etiology and patogenesis Diagnosis. Clinical picture of the intestinal occlusion depending on localization and etiological factors. Differential diagnosis and treatment.	1	1	0	1
3.	Clinical picture and diagnosis of gastric and duodenal ulcers. Etiology and patogenesis. Clinical picture. Diagnosis. Absolute and relative indications for surgery in gastric and duodenal ulcers. Types of surgeries in gastric and duodenal ulcers.	1	1	2	2
).	Complications of gastric and duodenal ulcers. Perforation, bleeding, penetration, stenosis and malignancy. Forest endoscopic classification. Clasification of bleeding depended on loss of blood. Clinical picture. Diagnosis. Treatment.	1	1	2	2
10.	Disorder of the arterial system. Obliterative arterial disease. Leriche's syndrome. Obliterated endarteritis. Etiology, pathogenesis, clinical picture. Treatment.	1	1	2	2
11.	Venous disorders. Varicose disease of lower limbs. Functional issues in varicose disease of lower limb. Thrombophlebitis of deep and superficial veins. Etiology. Clinical picture. Diagnosis. Treatment.	1	1	2	2
12	Abdominal wall hernia. Definition. Etiology. Classification. Elements of hernia. Clinical picture of uncomplicated hernias. Treatment. Steps of surgery. Complications.	1	1	2	2
13.	Acute cholecystitis. Etiopathogenesis. Clinical picture. Diagnosis. Differential diagnosis of acute cholecystitis. Treatment. Complications.	1	1	2	2
14.	Peritonitis. Definition. Etiopathogenesis. Classification. Clinical picture.	1	1	2	2
15.	Peritonitis. Diagnosis and treatment of peritonitis. Local peritonitis.	2	1	2	2
16.	Acute pancreatitis. Etiopathogenesis. Classification. Clinical picture. Treatment.	2	1	2	2
17.	Examination of the surgical pacient.	3	2	0	2
18.	The semiology of the acute abdomen.	3	2	2	2

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19.	Cholelythiasis. Complications of cholelythiasis (mechanical, infectious, degenerative). Mechanical jaundice. Clinical picture. Methods of examination. Differential diagnosis. Treatment.	3	2	2	2
20.	The surgical pathology of the thyroid gland.	3	2	2	2
21.	Practical skills.	3	2	0	0
	Total hours	33	26	27	34

### VI. REFERENCE OBJECTIVES AND CONTENT UNITS

REFER	ENT	OR	JECTIVE.	2

and etiology of abdominal trauma

### Theme (chapter) 1. Trauma of the abdomen

# To define the epidemiology, frequency

- To know classification, clinical picture. diagnosis and treatment of abdominal trauma.
- To demonstrate clinical abilities in assessment of patients with abdominal trauma.
- To apply the acquired knowledge into optimization of surgical treatment.

#### **CONTENT UNITS**

Epidemiology and etiology of abdominal trauma.

Classification of abdominal trauma: isolated, multiple, associated, combined.

Clinical picture, paraclinical investigations and treatment of abdominal trauma.

Possibilities of optimization of surgical treatment.

Iatrogenic trauma. Medical errors in abdominal trauma assessment.

### Theme (chapter) 2. Surgical pathology of peripheral vessels.

- To define criteria of somatic vascular disease, acute and chronic vasopathological disorders.
- To know the international classifications of surgical pathologies of peripheral vessels.
- To analyze the clinical causes of surgical pathology of peripheral vessels.
- To apply the acquired knowledge into optimization of diagnostis and treatment methods

General features of vascular disease. Classification of surgical disorders of peripheral vessels.

Atherosclerotic obliterative arterial disease. Obliterant endarteritis.

Thrombosis and arterial emboli. Definition. Etiology and pathogenesis. Diagnosis. Differential diagnosis. Principles of conservative and surgical treatment.

Discussion of case studies in patients with surgical pathology of peripheral vessels.

Practical applications of the diagnosis and treatment tactics in surgical pathologies of peripheral vessels.

Varicose disease of lower limbs. Functional issuess in varicose disease of lower limb. Diagnosis. Clinical picture Treatment. Complications of varicose disease.

Post - thrombophlebitic syndrome. Clinical picture.



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EFERENT OBJECTIVES	CONTENT UNITS
	Classification. Treatment.
	Thrombophlebitis of superficial veins. Etiology. Clinical picture. Treatment.

- To define criteria for acute surgical abdomen.
- To know the pathophysiological disorders, the clinical picture and international classifications of acute surgical pathologies of the peritoneal cavity.
- To analyze the clinical causes of acute surgical pathology of the peritoneal cavity (acute appendicitis, acute cholecystitis, intestinal occlusion, complicated gastroduodenal ulcer,etc).
- To apply the acquired knowledge for the optimization of diagnosis and treatment methods in patients with acute abdomen.

General features of acute abdomen (acute appendicitis, acute cholecystitis, intestinal obstruction, complicated gastroduodenal ulcer with perforation or haemorrhage, peritonitis).

Semiology of acute inflammatory diseases of the abdominal cavity.

Semiology of an organ perforation into the abdominal cavity.

Semiology of acute intestinal occlusion.

Semiology of gastrointestinal haemorrhage, abdominal trauma.

Discussion of case studies in patients with acute abdomen.

Practical applications of diagnostic tactics in the acute abdomen.

Analysis of surgical tactics depending on the pathology which caused the acute abdomen.

### Theme (chapter) 4. Abdominal hernia:

- To define the notion of hernia.
- To know the predisposing and contributing factors, the semiology and the principles of surgical treatment of hernia.
- To demonstrate clinical diagnostic and differential diagnosis skills in uncomplicated and complicated hernias.
- To apply the acquired knowledge for the optimization of diagnosis and treatment of hernias.

Abdominal hernias: definition, etiopathogenesis.

The predisposing and contributing factors to hernias.

Classification, clinical picture, treatment principles of abdominal hernias.

Discussion of case studies in patients with internal and external hernias.

Irreducible and strangulated hernia. Clinical picture, principles of treatment. Analysis of surgical tactics according to hernia topography, age, presence of concomitant pathologies, elapsed time since the onset of strangulation.

Possibilities of optimization of the surgical treatment



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REFERENT OBJECTIVES	CONTENT UNITS	
	in different types of hernia.	
	in different types of nerma.	

### Theme (chapter) 5. Ulcer disease of stomach and duodenum.

- To define the main criteria of ulcer disease of stomach and duodenum.
- To know the international classifications of somatic disorders of uncomplicated and complicated ulcer disease.
- To analyze the causes of occurrence and methods of treatment of the peptic ulcer disease.
- To apply the gained knowledge into optimization of the conservative and surgical treatment of stomach and duodenal ulcer disease.

- Clinical picture and diagnosis of the stomach and duodenum ulcer disease.
- Differential diagnosis of gastric and duodenal ulcer.
- Types of surgeries in stomach and duodenum ulcer disease.
- Complications of the stomach and duodenum ulcer disease.
- Stomach and duodenum perforated ulcer. Clinical picture. Diagnosis. Treatment.
- Gastro-intestinal ulcerous hemorrhages. Clinical picture. Diagnosis. Treatment.
- Ulcerous stenosis. Diagnosis. Treatment.
- Penetration of the gastric and duodenal ulcer. Clinical picture. Treatment.
- Endoscopic classification of gastrointestinal ulcerative hemorrhage (by Forest).
- Operated stomach disease, classification. Methods of diagnosis. Treatment.
- Discussion of case studies in peptic ulcer disease of stomach and duodenum.
- Possibilities of optimization of conservative and surgical treatment in stomach and duodenum peptic ulcer disease.

### Theme (chapter) 6. Biliary lithiasis. The mechanical jaundice

- To define the main criteria of biliary lithiasis, acute cholecystitis, coledocolithiasis, colangitis.
- To know the causes and signs of the Charcot triad and Reynold's pentad.
- To analyze clinical, instrumental and laboratory data of biliary lithiasis, acute cholecystitis, coledocolithiasis and colangitis.
- To apply the acquired knowledge in case studies upon biliary lithiasis, acute cholecystitis, choledocoliyhiasis and colangitis.
- To make optimal decisions about surgical acting in case of biliary lithiasis, acute cholecystitis, choledocolithiasis and colangitis.

- General characteristics of biliary lithiasis, acute cholecystitis, choledocholithiasis, colangitis.
- Chronic cholecystitis. Etiology. Clinical picture and diagnosis. Complications. Treatment.
- Acute calculous cholecystitis. Etiology. Clinical forms. Clinical picture and diagnosis. Treatment.
- Choledocholithiasis. Angiocholitis. Etiology. Clinical picture and diagnosis. Treatment. Charcho syndrome.
- Strictures of gall bladder and PDM. Internal billiodigestive fistulas. Clinical picture and diagnosis.
- Choledocholithiasis, colangitis case studies.
- Possibilities of optimization of surgical treatment in



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REFERENT OBJECTIVES	CONTENT UNITS
	biliary lithiasis, acute cholecystitis, choledocholithiasis and colangitis.
Theme (chapter) 7. Surgical nathology of	f the thyroid gland

### . Surgical pathology of the thyroid gland.

- To define the basic clinical criteria of simple goiter, acute and chronic tyreoiditis, Bazedov's disease, thyroid gland cancer.
- To know the main strategies for optimizing the surgical act.
- Demonstrate the ability to analyze the causes of simple goiter, acute and chronic tyreoiditis, Bazedov's disease, thyroid gland cancer.
- To apply the knowledge gained for the analysis of case studies.
- To integrate optimal decisions in surgical treatment of the thyroid gland.

Thyroid gland anatomy.

Inflammatory impairments of thyroid gland – thyroiditis (strumitis). Clinical picture. Treatment.

Goiter: definition, classification, methods of diagnosis.

Thyrotoxic goiter. Diagnosis. Clinical picture. Treatment. Prophylaxis.

Indications for surgical treatment of goiter, types of surgery, early and late complications.

Cancer of thyroid gland. Differential diagnosis. Clinical picture. Treatment.

Strategies for optimization of surgeries in thyroid gland pathologies.

Bazedov's disease, goiters, acute and chronic tyreoiditis - case studies.

### Theme (chapter) 8. Acute appendicitis

- To define the clinical symptoms of acute appendicitis.
- To know the main treatment principles in acute appendicitis.
- To demonstrate clinical, instumental and laboratory analytical skills in patient with acute appendicitis.
- To integrate the knowledge about acute appendicitis in medical field, focusing on vigilance.

Acute appendicitis: etiology, classification, clinical picture. Kocher, Sitcovschi, Bartomie-Mihelson, Voscresenschi, Rowzing, Coup -1, Coup -2 symptoms. Dieulafoy triad. The evolutive and postoperative complications of acute appendicitis.Clinical picture. Diagnosis.

Differential diagnosis of acute appendicitis.

Essential features of acute appendicitis in children, adults, pregnant women.

Essential features of appendicitis depending on localization of appendix.

Treatment of acute appendicitis and its complications. Indications and contraindications of appendectomy. Types of apendectomy.

Acute appendicitis - case studies

Acute appendicitis - aspects of pre-hospital diagnosis



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Page 9/13 REFERENT OBJECTIVES **CONTENT UNITS** and practical recommendations. Theme (chapter) 9. The intestinal occlusion • To define clinical symptoms of intestinal Intestinal occlusion. Classification. Diagnosis. occlusion. • To know the principles of instrumental Mechanical intestinal occlusion. Clinical picture. Vahl, diagnosis and treatment of intestinal occlusion. Shlange, Obuhov Hospital, Tege Mantfel. Spascocucotchi, Kenig symptoms. High and low To demonstrate the clinical, instumental and mechanical intestinal obstruction. laboratory analytical skills in the patient with Diagnosis. Treatment of mechanical intestinal intestinal occlusion. occlusion. To analyze radiological and clinical case studies in patients with intestinal occlusion. Dynamic intestinal occlusion. Clinical picture. To integrate the knowledge about intestinal Diagnosis. Treatment. occlusion in medical field, focusing on vigilance. Twisted loop of the bowel (volvulus). Clinical picture. Diagnosis. Treatment. Radiological signs of intestinal obstruction. Schwartz sign. Laparotomy, adhesiolysis, resection of intestine. Case studies (radiological and clinical) of intestinal obstruction. The intestinal obstruction - pre-hospital diagnosis and practical recommendations. Theme (chapter) 10. Peritonitis • To define clinical symptoms of peritonitis. Peritonitis. Definition. Classification. Diagnosis. • To know the classification of peritonitis, Clinical picture of purulent diffuse peritonitis pathophysiological disorders in toxic and (reactive, toxic, terminal stages). terminal periods of peritonitis. • To know principles of clinical and Treatment of purulent diffuse peritonitis (local and instrumental diagnosis of peritonitis. general treatment). • To demonstrate clinical, instumental and laboratory analytical skills in peritonitis. Localized peritonitis. Clinical picture. • To integrate knowledge about peritonitis in Diagnosis. Treatment. medical field. Case studies (radiological and clinical) of patient with peritonitis.

Peritonitis - pre-hospital diagnosis and practical

recommendations.



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# VII. PROFESSIONAL (specific (Sc)), TRANSVERSAL (Tc) COMPETENCES AND FINALITIES OF STUDY

### PROFESSIONAL COMPETENCES (SPECIFIC) (SC)

- SC1. Knowing, understanding and working with theoretical and practical ground of surgical disease.
- SC2. Knowing and interpretation of clinical and paraclinical examination data of patients with surgical diseases. Knowing the steps in preparing surgeon and patient to surgery.
- SC3. Elaboration of a diagnosis and treatment plan for surgical pathologies and selection of an appropriate surgical procedures. Completion of medical records in various surgical diseases.
- SC4. Using of medical techniques, laboratory and instrumental investigations, digital technologies for solving each case of surgery pathologies.
- SC5. Planning and manage of promotional health activities and prophylactic measures for improvement of individual and community health.
- SC6. Demonstration and application of acquired knowledge in clinical and paraclinical assessment of the patient. Selection and argumentation of communication techniques, data collection and patient preparing for surgery. Promoting of the principles of tolerance and compassion to patients.

### TRANSVERSAL COMPETENCES (TC)

- TC1: Applying professional standards of assessment, acting according to professional ethics, as well as the provisions of the legislation. Promotion of logical reasoning, practical applicability, assessment and self-assessment in making decisions.
- TC2: Performing activities and exercising the roles specific to teamwork in surgery department. Promoting the spirit of initiative, dialogue, cooperation, positive attitude, respect for others, empathy, altruism and continuous improvement of own activity.
- TC3: Systematically assessing of personal skills, role and expectations by applying self-assessments for on learned processes, acquired skills and professional needs, effective usage of language skills, knowledge in informational technologies, research and communication skills, in order to perform qualified services and adaptation to the dynamics of health policy requirements and personal and professional development.

#### FINALITIES OF STUDY

The student at the end of the course will be able:

- 1. To establish the clinical, instrumental and laboratory diagnosis of surgical diseases included in the curriculum.
- 2. To know surgical tactics in acute and pathologies included in the curriculum.
- 3. To know the components of a successful surgical act.
- 4. To know the qualities and optimal behavior for the successful practice of medicine.
- 5. To identify the common mistakes encountered during the doctor and patient relationship (RIP DR PT).
- 6. To make optimal decisions for helping patients in critical situations.
- 7. To apply surgical methods in professional activity and day by day life.



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VIII. STUDENT INDIVIDUAL WORK

No.	The expected product	Implementation strategies	Assessment criteria	Implemen- tation terms
1.	Working with informational sources	Reading the lecture notes or the material from book upon the subject. Reflecting on the topic questions. Knowing and selection of additional information sources upon the topic. Reading the text carefully and describing the essential content. Wording the generalizations and conclusions regarding the importance of the theme / subject.	The ability to extract the essentials. Interpretative skills. The ability to analyze and communicate the accumulated material.	During the semester
2.	Paper report	Analysis of relevant sources on the topic of the paper.  Analysis, systematization and synthesis of information on the proposed theme.  Composition of the report according to the requirements and presentation to the chair.	The quality of systematization and analysis of the informations obtained by self activity.  Concordance between information and the proposed theme.	During the semester
3.	Case study analysis	Choice and description of the case study. Analysis of the causes in the case study. Prognosis of the investigated case. Deduction of the expected case outcome.	Analysis, synthesis, generalization of obtained data by investigation.  Formation of an algorithm of knowledge based on the obtained conclusions.	During the semester

## IX. METHODOLOGICAL SUGGESTIONS FOR TEACHING-LEARNING-ASSESSMENT

### ✓ Teaching and learning used methods

Interview, interactive lecture, group discussion, debate, brainstorming, team working, individual study, working with textbook and text, case study, problem solving, role play, clinical exam simulation, mini-research, comparative analysis.

# ✓ Methods of assessment (including the method of final mark calculation)

Current: front and / or individual control via:

- (a) the application of docimological tests,
- (b) solving problems / exercises,(c) analysis of case studies



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(d) playing role plays upon discussed topics.

(e) control work

Final: Exam

### Methods of assessment

In the third year of study, semester 6, students learn Surgical Diseases during 17 weeks. In each practical work, the student answers or assess knowledge using the tests. At the end of the 6th semester the student is evaluated by colocvium. The result of the colloquium is admitted or not admitted verdict. For the admission the student must obtain an annual score not less than 5.1.

In the 4th year of study, semester 7, students continue studying Surgical Diseases with a 5 days module. At the end of the module, the student must submit a medical records, being appreciated with a mark. On the last day of the module, students undergo practical examination at the patient (practical skills) as a part of the exam.

Final grade of the exam consists of 4 components: annual mark (the average of the 3rd and 4th year mark) (coefficient 0.3), oral test (coefficient 0.3), multiple-choice test (coefficient 0.2), practical skills (coefficient 0.2).

Assessment of knowledge is appreciated with grades from 1.0 to 10 without decimals, as follows:

### The mode of rounding the final grades

Intermediary grid of grades (average of annual grade, exam grades)	National scoring system	Equivalent ECTS	
1,00-3,00	2	F	
3,01-4,99	4	FX	
5,00	5	E	
5,01-5,50	5,5		
5,51-6,0	6		
6,01-6,50	6,5	D	
6,51-7,00	7	D	
7,01-7,50	7,5	C	
7,51-8,00	8		
8,01-8,50	8,5	В	
8,51-9,00	9		
9,01-9,50	9,5	A	
9,51-10,0	10		

The average of annual mark and the scores of all the final examination are expressed in numbers according to the scoring scale and the final grade obtained is expressed in two decimal digits and transferred to the report card.

Non attendance at the colloquium/exam without reason is recorded as "absent" and it is equivalent to 0 (zero). The student is entitled to 2 repeated claims in case of unsuccessful exam.

#### X.RECOMMENDED BIBLIOGRAPHY:

- A. mandatory:
- 1. The course of lectures of Surgery Chair Nr.5.



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2. A. Bour, A.Leşco. Surgery lecture notes/ Text book for practical classes in surgical pathology, Medicina, 2008. Page: 4-47, 74-99, 112-128, 133-144

3. Gh. Ghidirim, E. Gutu, Gh. Rojnoveanu. Textbook for students and residents. Surgical Pathology. Chisinau. Publishing Center Medicina, 2006, page 5 – 147.

### - B. additional:

1. Oxfort text book of General Surgery (from university electronic library).