

șoarece. De ce anume șoarece? A fost remarcat faptul că forma și mișcarea unor mușchi, în special, a bicepsului se aseamănă cu forma și cu mișcarea șoarecilor. O astfel de analogie a fost făcută și în limba greacă: *mys* înseamnă și *mușchi* și *șoarece*, de la *mys*” provine și prefixul *my-/myo-*. În limba slavonă *mysi* înseamnă *șoarece*, dar *mysica* înseamnă *braț*. În limba germană *maus* înseamnă și *mușchi* și *șoarece* [7].

Cuvântul *pneumon* (plămân) [7] provine din verbul grecesc *pneo* și semnifică a sufla sau *a respira*. Acest verb este de origine indo-europeană *pleumon* (pulmon); *pleu*, „a înota”. Ambele variante *pleumon* și *pneumon* sunt cuvinte, care fac aluzie la ceva care plutește pe apă, pe un lichid. Plămânul mai este considerat *pod plutitor*, asociația fiind bazată pe faptul că aerul circulă prin plămâni și face ca plămânul „să plutească”.

*Artera carotidă* – „fiecare dintre cele două artere interne principale, dreapta și stânga, situate de o parte și de alta a gâtului” derivă din grecescul *karoun* „a ului, a adormi”. Această derivație are la bază o situație reală. În Grecia Antică jonglerii, în cadrul programului tip *show*, erau obligați să provoace somnul artificial la o capră prin presopunctura arterei carotide, apoi s-o readucă la starea normală [6].

Termenul derivă de la grecescul *aorta* [6], utilizat pentru prima dată de către Hipocrate. *Aorta* era definită ca „un conduct, lumenul căruia era umplut cu aer și de care atârnav plămânii”. Homer a comparat *aorta* cu o centură, de care era agățată o armă. Aristotel o considera o arteră mare, de care atârnav inima.

### Concluzii

Prezentul studiu confirmă, o dată în plus, caracterul greco-latin al termenilor medicali. Mitologia greco-latină este o sursă esențială în tentativa de a explica etimonul termenului. Cunoașterea procesului de „naștere” a acestuia oferă posibilitatea de a pătrunde în taina de „facere” a unui cuvânt specializat, utilizat în medicină, pentru că „puterea cuvintelor este legată de imaginile, pe care le evocă și este cu totul independentă de semnificația lor reală” (Gustave le Bon).

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## BOOK REVIEW

### Textbook “Management of perioperative pain”

Printed by “IMPRINT STAR”, Chisinau, 2012, 387 p.

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The anesthesiology of the third millennium is clearly distinguishable from the routine practiced in the second half of last century.

The beginnings of anesthesia as science and profession focused for a long time on the ultimate idea of the surgical patient's survival. The success of an anesthetic technique was measured through decades, depending on the outcome of surgery, discharge from hospital of the operated patient, in spite of co-morbidities accumulated during hospitalization or the fragility of his medical postoperative situation.

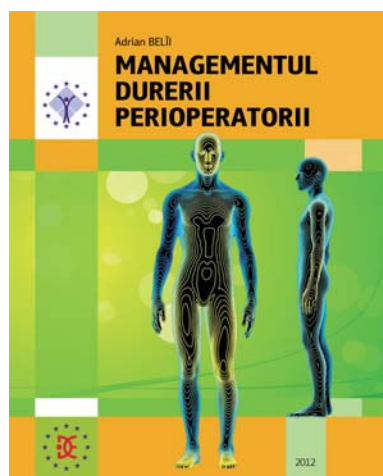
In the last decades of the past century, the concept of the surgical patient treatment experienced a continuous development, manifested by broadening the list of parameters that define the success of surgery. It's not just about preventing infection, respiratory depression or early diagnosis and immediate treatment of

perioperative shock, but it's also about the new nuances that are not less important.

One of the most obvious areas in this direction is the attitude of the surgical team to the perioperative pain.

In past decades, clinicians and researchers from the medical field have managed to break away from the old concept, according to which “pain does not kill”. Intensive experimental and clinical studies on large series of patients showed a negative influence of pain in general, and perioperative pain in particular, on the patient's situation and his satisfaction towards the surgical intervention. A patient in pain can not function at an acceptable level. His role in society and family becomes limited and the quality of his private life progressively deteriorates.

And if the situation with regard to chronic pain is like that, the negative influence of the acute pain becomes much more significant. The acute perioperative pain has undesirable con-



sequences on the body's homeostasis, unbalancing the cardiovascular system, favoring the occurrence of postoperative complications and seriously affecting the operated patient's psychology and his capacity to cooperate with the surgical team in order to shorten the acute postoperative period.

In this context the textbook should be analyzed – a textbook conceived, projected, edited and in a great measure

written by Dr. Adrian Belii, Associate Professor at the State University of Medicine and Pharmacy "Nicolae Testemitanu", Chair of Anesthesiology and Reanimatology "Valeriu Ghereg" from Chisinau.

Dr. Belii has focused the biggest part of his scientific, didactic and clinical activity on the research and treatment of pain, becoming today one of the most known experts in this field not only in his country but abroad as well.

The decision to publish a volume totally dedicated to perioperative pain comes as a culmination of his efforts so far towards the propagation of modern concepts about pain, concepts that do not leave space for neglecting the treatment of this clinical symptom, the most common and the most unpleasant of all clinical signs of disease.

The present monograph subsumes perfectly in the field of postoperative rehabilitation, the subject of another monograph, recently published by Dr. Belii and, in fact, can be considered as a continuation of it.

But this time Dr. Belii succeeded to create an extremely valuable list of contributors to this textbook: eminent doctors, researchers and teachers from France, Poland and the United States of America, along with several well-known anesthesiologists from the Republic of Moldova. They are all experts in the field, authors of publications of great scientific and practical value, which undertook to contribute to the editing of the monograph on treatment of perioperative pain, not only to minimize the perioperative suffering of the surgical patient, but also as an homage to the talent and scientific qualities of Dr. Adrian Belii.

The present monograph leaves no untreated subject, thus

becoming a fundamental textbook for anyone who would like to document and to broaden his or her own sphere of knowledge in the field of pain.

The first chapters deal with fundamental aspects of pain, anatomical, physiopathological and pharmacological, providing the reader with absolutely necessary elements for understanding the therapeutic concept, which is discussed in subsequent chapters of the textbook.

An interesting part, which also reveals a new attitude to the anesthetic act, apparently intended only to solve the problem of perioperative pain (but which has a significant influence on the immediate postoperative period) is the one that subsumes the treatment of postoperative pain in the modern method of "fast-track surgery and anesthesia". It's about substantial changes in surgical technique and especially the use of modern anesthetics with short action, which if not complemented by an effective method of postoperative analgesia, could create an unwanted vacuum in preventing postoperative surgical pain.

According to modern requirements to focus the theoretic education on the presentation of cases, the present monograph gives a special place to the presentation of clinical scenarios, covering almost all surgical contexts that are accompanied by pain: in obstetrics, intensive care, neurosurgery, same-day surgery etc.

Finally, it is worth mentioning the decision of the editor to add to the above mentioned chapters a final section that deals with topics from the field of organizing perioperative pain treatment, emphasizing both the importance and the place of the treatment of acute pain in the organizational model of any modern hospital. The idea of the *acute pain service* is as wise as difficult to implement because it requires a perfect cooperation of all involved in the treatment of acute pain patients (surgeons, nurses, administration), as well as allocation of special funds in order to create a situation that allows the institution to be named a Pain Free Hospital.

Dr. Adrian Belii, along with all contributors to the writing and publication of this monograph, deserve to be congratulated for the success of their efforts of writing and editing a significant work that will undoubtedly become a valuable tool in the hands of the clinician who works in the surgical environment.

In my humble opinion, the next step should be the translation of this monograph on the treatment of perioperative pain in other languages, for the simple reason that the merit of this volume goes beyond the territory where the Romanian language is spoken.

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## Monografia „Hepatoprotectoare entomologice”

Lexon-Prim (Tipografia Reclama), Chişinău, 2012, 312 p.

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Patologia ficatului constituie o problemă actuală pentru Republica Moldova datorită incidenţei crescute a morbidităţii şi mortalităţii populaţiei, inclusiv şi a celei apte de muncă. Progresele în hepatologie, îndeosebi în aspectul elucidării etiopatogenezei

afecţiunilor hepatice, au contribuit la revizuirea farmacoterapiei acestora prin prisma medicinei bazate pe dovezi şi personalizate. Odată cu succesele obţinute s-au evidenţiat un şir de domenii noi de studiu experimental şi clinic pentru optimizarea eficacităţii şi in-

Perioperative management of patients who have been exposed to long-term opioids, whether of therapeutic or recreational origin, is a challenging issue for anesthesiologists. Perioperative pain management in opioid-tolerant patients. True abusers should be promptly detected, while opioid users should not be wrongly labeled as addicted.