

To: Career Development Department

At Medical University - Varna

R E V I E W

To Assoc. Prof. Dr. Plamen Milchev Chernopolsky, DSc

In connection with the announced competition for the academic position of Professor, field of higher education 7. "Health and Sport" in the professional field 7.1. Medicine and scientific specialty "Surgery" for the needs of the Department of Surgical Diseases of the Faculty of Medicine, Clinic of Surgery at the University Hospital "St. Marina - EAD at M U - Varna.

By Prof. Dr. Rossen Evgeniev Madjov, DSc

Second |Department of Surgery, University Hospital "St. Marina";Department of Surgical Diseases, M U - Varna

1. Information about the procedure.

Following the decision of the Faculty of Sciences and the Academic Council of MU - Varna the competition for the position of "Professor" in the specialty "Surgery", Professional field 7.1. Medicine, field of higher education as published in State Gazette No. 15 / 21.02.2025.

By the decision of the Faculty of Medical Sciences (protocol No. 37/31.03.2025) and the Order of the Rector of MU - Varna (No. R-109-196 of 16.04.2025) I have been appointed as an internal member of the Scientific Jury for MU - Varna.

By Protocol No. 1 of 30.04.2025 of the meeting of the Scientific Jury I am appointed to prepare an official review.

Only one candidate - Assoc. Prof. Dr. Plamen Milchev Chernopolsky, DSc - has submitted the documents for participation in the competition for AP "Professor". I have received all necessary documents for the preparation of the review.

My review complies with the Law on the Development of Academic Staff in the Republic of Bulgaria. The Law on the Academic Staff of the University of Varna, the Regulations for its application and the Regulations of the MU - Varna.

2. Professional data of the candidate:

Assoc. Prof. Dr. Plamen Milchev Chernopolsky was born on 17.01.1980.

Graduated in medicine with excellent grades at MU - Varna in 2005 - Diploma № 6851/1998.

2006 - 2011 - Specialist in surgery at the Second Department of Surgery, University Hospital "St. Marina"

Since 2008 - appointed Assistant Professor at the Department of Surgical Diseases, Faculty of Medicine, Medical University - Varna.

2011 - acquired a specialty in surgery.

2012 - Master of Health Management - MU Varna

2015 - defended his dissertation thesis "Palliative interventions in malignant icterus", MU - Varna, for which he was awarded the Doctor of Surgery Diploma (№102 of 17.05.2013), in the scientific specialty 03.01.37 - "General Surgery".

2016 - Holds the position of Associate Professor of Surgery, at the MU-Varna (№0132/16.12.2016)

2023 (November) - Head of the Second Department of Surgery

2024 - Successfully defended his dissertation for the degree of Doctor of Science.

2024 - Head of the Board of Abdominal Surgery at MU-Varna

Assoc. Dr. Plamen Chernopolsky, DSc has numerous postgraduate qualifications and courses in leading European centers:

2017 - Chirurgia Generale e del Pancreas Policlinico "G.B. Rossi" Verona, Italy

2017 - 11-th European digestive surgery postgraduate course Budapest, Hungary

2017 - Laparoscopic suturing course Herceghalom, Hungary.

2020 - Department of Colorectal Surgery, Beaujon Hospital, Clichy, and University of Paris, France

2023 - Global Surgeon Summit Third Convention of Surgery Meril Academy, Gujarat, India

2023 - IASGO Pre-congress course - IOUS & ablations in liver tumors. Verona, Italy

2023 - International postgraduate course: "Hepatocellular carcinoma - multidisciplinary approach" - Military Medical Academy – Sofia, Bulgaria

2024 - Core Skills in Laparoscopic Surgery course – Surgical Skill Center, Ninewell Hospital, Dundee, Scotland

2024 - THD Endo-Anal, Endo-Rectal & Pelvic Floor Ultrasound Course Webinar – Rome, Italy

2024 - New perspectives in Hepatobiliary and Pancreatic surgery advanced course – IRCAD, Strasbourg

2025 - Balkans Gi Summit in Hepatobiliary&Gastic cancers Zagreb, Croatia

2025 - Emergency Surgery course (ESC) – Graz, Austria

Assoc. Prof. Dr. Plamen Chernopolsky, DSc is a member of:

- Bulgarian Surgical Society - member of the Board of Governors.
- Member of the editorial board of the journal “Surgery”
- Member of the Union of scientists in Bulgaria -Varna
- Bulgarian medical association
- IASGO (Int. Association of Surgeons, Gastroenterologists & Oncologists)
- European Digestive Surgery
- European Association for Endoscopic Surgery

Assoc. Dr. Plamen Chernopolsky, DSc is fluent in written and spoken English and French.

3. Evaluation of the quantitative and qualitative scientific indicators:

Scientific metrics (for participation in the competition for AD “Professor”)

• Dissertation for PhD	- 1
• Doctorof Sciences dissertation	- 1
• Publications in refereed and indexed in a world renowned database of scientific journals	- 23
• Publications in non-refereed scientific journals	- 19
• Participations in world and international congresses	- 24
• Participations in national congresses and conferences	- 26
Total	- 94

Dr. P. Chernopolsky has defended his dissertation thesis “Palliative interventions in malignant icterus”, Medical University - Varna, for which he has been awarded the Diploma for the PhD (№ 102/20.05.2015) in the scientific specialty 03.01.37 - “General surgery”.

Assoc. prof Chernopolsky successfully defended his dissertation thesis “Intra-abdominal abscesses” for the award of the degree of Doctor of Sciences. Diploma No. 636 dated 21.05.2024. The dissertation has been evaluated on merit by the

official reviewers, is of pronounced weight, and level, has a scientific and scientifically applied character.

Of the actual 42 publications for the participation in the competition of Assoc. Prof. Dr. Plamen Chernopolsky the distribution is accordingly:

- first author - 8 (19%)
- second author - 20 (48%)
- third / consecutive - 14 (33 %)

The publications in international medical journals are in:

Surgery, Gastroenterology and Oncology; Surgical Endoscopy; International Case Reports Journal; International Clinical and Medical Case Reports Journal; International Journal of Gastroenterology; Journal of IMAB-Annual Proceeding Scientific Papers; Trakia Journal of Sciencies, which has an important significance and contributes to the promotion of the achievements of Bulgarian surgeons worldwide.

The results of the candidate's scientific research have been reported at 50 scientific forums in Bulgaria and abroad.

4. Compliance with the minimum national requirements

According to the data from the Academic Report of Assoc. Prof. Dr. Plamen Chernopolsky, DSc prepared by the library of MU - Varna / №133 from 01.04.2025/ and the compliance with the minimum national criteria in Area 7. Health and Sport, Professional field 7.1 Medicine - Medical-clinical field - The total number of points in all indicators of the submitted reference significantly exceeds the criteria.

Thirteen of the scientific publications to meet the minimum national requirements for the AD "Professor" are indexed in world databases (Scopus, Web of Science) (D7.1-D7.13) - 272 points against the minimum requirement of 80 points for clinical disciplines, and 19 are in non-refereed peer-reviewed journals (D8. 1-D8.19) 103,54 pts. for a total of 375,54 pts. with a mandatory minimum for MU-Varna - 200 pts.

In indicator E / acquired scientific degree, training of trainees, postgraduate students and PhD students, acquired specialty - total indicators E13-E22 - 150 pts.

Citation:

The citations reflecting the scientific activity of the candidate for the position "Professor" according to the reference from the Medical Library - Varna /indicator

E 10-12 - with a list of citations of the works of Assoc. prof. Plamen Chernopolsky are 22 (195 p.)

The presented scientific production is absolutely sufficient in volume for participation in the competition and meets the criteria accepted at MU - Varna.

The prevailing weight are topics in the field of: biliary and pancreatic surgery, diseases of the small and large intestine, emergency surgery, gastric surgery, melanoma, neuroendocrine tumors, which corresponds to the main activity in the clinic where the candidate works.

5. Evaluation of contributions in scientific and applied activities:

The results of the research activity of Assoc. prof Chernopolsky, DSc have a pronounced scientific and applied character. The main directions of his diverse activity can be divided into several areas:

- **Treatment of patients with liver abscess (B4.6)** - Liver abscess and its complications are one of the common problems in surgical practice. The results of treatment of 26 pts with liver abscess were analyzed. Ultrasound was used to determine the number, size and location of abscesses and for possible percutaneous aspiration. Three types of drainage techniques were used: percutaneous drainage under US or CT guidance (with or without catheter placement) (9 pts), surgical drainage (16 pts), and drainage by ERCP (one). Early diagnosis and treatment is a crucial step in treatment. The correct choice of surgical tactics, good knowledge of the problem and anatomical features, and the availability of a highly qualified team are the main prerequisites for favorable therapeutic results. The article is of scientific and practical value.
- **Postcholecystectomy syndrome (B4.7, B4.9)** - Diagnostic and therapeutic strategies and treatment methods for patients with PCS are presented to optimize outcomes and reduce complications and mortality. The increase in the number of laparoscopic cholecystectomies worldwide has led to an increase in the number of patients with PCS, requiring a new approach to this problem. The most common biliary manifestations of PCS are: bile duct injury (BDI) and biliomas or choledocholithiasis, subtotal cholecystectomy and ductus cysticus remnant. Diagnosis and treatment of PCS require an interdisciplinary approach and should be performed in centers specialized in the treatment of biliary pathology.

- **Haemorrhagic cholecystitis (G 7.1)** - 2 cases of haemorrhagic cholecystitis found intraoperatively on the background of gallbladder cancer are presented. Hemobilia was first described in 1948. Risk factors include biliary neoplasia, systemic diseases, and coagulopathies. The intake of anticoagulants is often found. Haemobilia should be considered in patients with right upper abdominal quadrant pain, jaundice and GIT bleeding (Quinckie's triad).
- **Iatrogenic lesions in laparoscopic cholecystectomy (G 7.10)** - a series of 69 p. between 2001 and 2021 is presented. All patients underwent bile duct reconstructive surgery. A good knowledge of the anatomy and correct surgical technique are at the basis of prevention, early diagnosis and adequate correction.
- **Postoperative pyogenic liver abscesses - management strategy (G8.3)** - a series of 47 cases of POLA over a 15-year period (2001-2016) is presented. The association between biliragy and the formation of POLA is established - the presence of biliary strictures, ischaemia of the bilio-digestive anastomosis, infected bile, major liver resections. A treatment algorithm including percutaneous or surgical drainage combined with antibiotic treatment has been established.
- **A contemporary diagnostic and therapeutic approach for patients with biliodigestive fistulas and biliary ileus (G8.4).** The diagnostic and therapeutic approach in patients with bilio-digestive fistulas and biliary ileus is analyzed with a view to improving postoperative outcomes and reducing morbidity and mortality in this group of patients. 26 patients were hospitalized and operated. BDF and BI are a serious geriatric problem of modern biliary surgery and mostly in the emergency setting. The main cause of BDF is cholestasis combined with a destructive inflammatory process. Preoperative diagnosis remains very difficult due to the lack of specific clinical and laboratory indicators. The type of surgical intervention for BDF should be strictly individualized - depending on the etiology, localization of the fistula and the degree of alteration of the organs involved in its formation.
- **Complicated hepatic echinococcosis (G8.7).** A 12 yr period (2005-2017) with 121 pts with CHE was analyzed. Bilirrhagia in the postoperative period was found in 5 pts (4 males aged 25-62 and a female aged 15). All patients underwent open surgery with echinococcectomy. Communication between the cyst and the biliary tree was found in all. In one of the patients, a re-laparotomy was necessary.

- **A minimally invasive approach to the treatment of patients with pyogenic liver abscess (G8.8)** - a series of 36 p. treated by minimally invasive methods alone is presented. The main symptoms were found to be right subcostal pain and febrility in 97.2%, icterus and palpable mass in 30.6%. Percutaneous drainage was performed in 25 p, percutaneous aspiration in 6 and laparoscopic drainage in 6. The use of minimally invasive methods for the treatment of PLA is the method of choice, allowing a reduction in the number of open operations, a reduction in postoperative complications and a reduction in hospital stay.
- **Bilio- bronchial fistulas - treatment strategy and postoperative management (G8.11)** - a rare complication characterised by expectoration of bile. A series of 11 patients over a period of 9 years is presented, and all patients had a history of echinococcosis or were found to have it at hospitalization. The main symptoms on the chest and biliary side were identified. A management algorithm including one and two-stage access is presented, and the authors' opinion is that one-stage access in the thoracic and abdominal cavity - leads to a shortened healing period and simultaneous treatment of the problem and complications.
- **Fluorescence cholangiography (G8.13)** - a modern method allowing better visualization of the extrahepatic bile ducts (EHBD), a safe method with recommendation for routine use by international associations. Fluorescence cholangiography significantly improves safety during LC. Dissection in the Calot's triangle is a key point when performing LC - poor visualization of structures is a prerequisite for complications or conversion. Improvement of the method makes it routine and the gold standard in performing LC, but there are still insufficient randomized trials on the timing of its application versus surgical intervention.

Diseases of the small and large intestine:

- **Neuroendocrine tumors of the colon and rectum (B 4.8, G7.7)** - a retrospective cohort study of 32 patients (19 women and 13 men) diagnosed with NETs who underwent surgical interventions at the Second Department of surgery between 2010 and 2022 is presented, small bowel - 6 p., stomach - 4 p., pancreas - 7 p., adrenal glands - 2 p., liver metastases - 4 p. Histological type was: neuroendocrine tumor - 27, insulinoma - 3, pheochromocytoma - 2. Highly differentiated rectal tumors (< 2 cm) were indicated for endoscopic

resection. Tumors larger than 2 cm are suggested for surgical resection with a higher risk of distant metastasis. The best results in the treatment of NETs are achieved in highly specialized centers, with the involvement of endoscopists and surgeons.

- **Complicated diverticulosis of the colon (G7.4, G8.14)** - Complicated forms of diverticulitis may present with phlegmon, formed abscess, fistula, intestinal obstruction or perforation. Only 5% of pts develop symptoms of diverticulitis. Most inflammatory episodes are uncomplicated, but 15-20% of cases are complicated by a formed abscess. A retrospective analysis of patients with colonic diverticulosis was performed. Demographics, disease severity, surgical outcomes: time to intervention, passage recovery, nutrition, length of hospitalization, complications, reinterventions, and lethal outcome were analyzed. Diverticulitis is classified as complicated or uncomplicated based on: history, severity of clinical symptoms and imaging findings. Although there is a consensus for very mild and very severe forms of diverticulitis, the treatment of cases with moderate severity is often not evidence-based but relies on intuitive judgment and subjective recommendations. The recurrence rate in complicated diverticulitis with abscess requires clearer assessment for exacute treatment. Although the available data in the literature are limited, they do suggest that complicated diverticulitis with abscess is associated with a high likelihood of operative treatment, whereas a conservative approach may result in chronic or recurrent symptoms of diverticulitis.
- **Malignant colonic obstruction (G7.5)** - an analysis of the clinical characteristics, diagnostic and therapeutic procedures and outcome of patients with malignant colonic ileus was performed. Identify risk factors associated with complications and poor prognosis. Retrospective analysis of 676 p over a 20-year period. Operative intervention with radical resection was performed in 506 p. - 74.8% (in 24% extended intestinal resection). Palliative interventions were performed in 170 p. (25.2%) - tumor resection + stoma or stoma only. 32 p were treated conservatively. Algorithm for surgical treatment: in case of right-sided localization of the tumor process, radical surgical resection and primary anastomosis are preferred. Primary anastomosis in left-sided colonic ileus should be applied in strictly selected patients. The results suggest that in advanced obstruction and high-risk patients, Hartmann's operation should be preferred.

- **Intestinal intussusception in adults (G7.9, G7.11)** - a rare disease that differs significantly in etiology from the same disease in children. In adults, it accounts for about 5% of all cases of intussusception and is the cause of about 1% of all patients with intestinal obstruction. In all patients, underlying bowel disease was found to cause the intussusception - most commonly adenocarcinoma, large polyp, metastatic lesions. Both small bowel and large bowel intussusceptions were found in the 27 and 32 patient series presented, respectively. All underwent surgical intervention, resection with anastomosis in small bowel and resection with anastomosis or resection with colostomy in large bowel.
- **Small bowel tumours (G7.13, G8.12)** - benign small bowel tumours account for 3-6% and malignant tumours 1-3% of all GIT tumours. A series of 23 p over a period of 14 y was covered. The histological type of tumor was - adenocarcinoma (56.5%), GIST (17.4%), sarcoma - (9.3%), NET - (8.7%) and lymphoma - (8.1.%). Diagnosis of small bowel tumors is difficult due to atypical evolving clinical picture. The routine use of CT and MRI significantly improves the diagnosis of these tumors. Surgery is the only method allowing radical treatment. Chemotherapy is recommended for malignant tumors.
- **Intestinal fistulas (G8.6)** Most intestinal fistulas (75-80%) occur as a complication of previous abdominal surgery. Their spectrum ranges from a spontaneously closing colonic fistula to a significantly secreting enterocutaneous fistula requiring prolonged treatment, parenteral nutrition and complex reconstructive surgery. Twenty-six pts with bowel fistulas were hospitalized. Diagnosis was made using clinical symptomatology, physical status and imaging studies (ultrasound, CT and MRI). Surgical treatment performed in the patients included bowel resection followed by latero-lateral or end-in-end anastomosis, stoma removal and in some cases abdominal wall reconstruction with a flap.
- **Periappendicular abscesses (G8.15, G8.16).** Periappendicular abscesses belong to the group of complicated intra-abdominal infections. They are part of the non-visceral intra-abdominal abscesses and by their nature represent local, limited forms of secondary peritonitis. We presented 46 pts with periappendicular abscess for the period 2016-2020, with appendectomy and drainage performed. A treatment algorithm - source control and effective antimicrobial therapy was derived. According to the result of microbiological

examination and antimicrobial therapy with Cephalosporins - second and third generation, Carbapenems, Fluoroquinolones and Metronidazole for five days was done. Operative methods were validated in terms of adequacy and radicality, rehospitalizations, local and systemic complications.

Herniology

- **Choice of operative treatment for patients with postoperative hernias (G8.9).** The operative treatment of postoperative hernias (incisional ventral hernias) remains a challenge in the present state of modern surgery with a wide range of documented recurrences, which according to several authors reach an incidence of up to 45% of cases. The aim of this study was to summarize and analyze the results of different approaches in the surgical treatment of postoperative hernias over a 5-year period (2013-2017) 281 postoperative hernias were operated (93 men, 188 women), of which 38 recurrent hernias (men:women - 0.41-1). In the clinical picture of electively operated patients, the leading complaints were: varying severity, discomfort or intermittent pain in the defect area, upper dyspeptic syndrome. Reconstructive anterior abdominal wall surgeries for postoperative hernias markedly improve quality of life. When selecting a surgical technique, the surgeon should strive to individualize the approach, taking into account multiple factors related to age and comorbidities, plastic capabilities, and his or her own clinical experience.
- **Recurrent postoperative hernias (G8.10).** Recurrent postoperative hernias are a common problem in contemporary surgical practice, occurring in up to 40% of cases after transitional abdominoplasty, and the problem is related not only to the surgical technique and prosthetic materials used, but also to multiple patient-related predisposing factors. Over a 5-year period (2013-2017), 38 patients with recurrent postoperative hernias were operated on (male:female- 0.41-1), and more than one-third of the patients (14) were older than 70 years. The largest group of patients had recurrent hernia after primary biliary surgery, 5 after LH, 5 after open cholecystectomy and 1 after biliary peritonitis. They are a great challenge for the surgeon, as for 18% of the study group it was a consecutive (>2) anterior abdominal wall plasty. Reconstructive surgery of postoperative ventral hernias represents a significant and still debated issue in modern herniology with serious medical but also socioeconomic implications. Patients at higher risk for recurrence are

those with obesity, poor glycemic control, excess tissue defect size, and developing local complications during the early postoperative period.

Clinical cases, including rare pathologies:

- **Fellinosis of the spleen (B4.1)** - presents a rare case of a patient operated on for a splenic abscess. Anamnestic - evidence of a pet cat. Histological result - splenic abscess caused by *B. Bourgdorferi* - a rare pathology.
- **Frantz's tumour (B 4.2)** - three cases of an extremely rare pancreatic tumour operated in the clinic are presented. The history, clinical presentation, imaging methods, intraoperative findings and histological results are described. A review of the world literature is performed - an extremely rare type of pancreatic neoplasm. Recommendations for the treatment of this type of pathology are given.
- **Malignant melanoma (B4.3, G8.2)** - refers to patients admitted with clinical picture of small intestinal ileus, or bleeding from GIT, history of melanoma - underwent treatment, surgery, resection with subsequent anastomosis.
- **Abdominal actinomycosis (B 4.4)** - a casuistry in abdominal pathology is presented. Intramural gastric actinomycosis is an extremely rare clinical nosological entity and the initial source of infection is usually unknown. This chronic infection tends to mimic malignancy. When established clinically, it is a rather difficult diagnosis to make before obtaining a surgical specimen. Although the findings are nonspecific, actinomycosis should be included in the differential diagnosis when CT shows an infiltrative mass with unusual aggressiveness and dense enhancement with inhomogeneous contrast, especially in patients with leukocytosis, fever, or prolonged use of intrauterine contraceptives. Contribution of practical-applied nature - proposed diagnostic-treatment algorithm.
- **Small intestinal ileus at the site of trocar (B 4.10)** - a clinical case of ileus caused by 'insertion' of a small intestinal loop at the site of trocar from laparoscopic removal of a myomatous nodule a few days before is presented. The patient underwent emergency surgery. Resection and anastomosis was performed. The world literature is reviewed and attention is focused on the different type of pathology resulting from the massive introduction of laparoscopic surgery into surgical practice and the subsequent risks.

- **Heterotopic pancreas (G7.2) (G7.3) (G8.1)**, - cases in patients with localization in pyloro-antral part (causing obstruction) and ectopic pancreas in Meckel's diverticulum with picture of small intestinal ileus. The symptomatology, imaging studies performed, operative treatment are described and the world literature is reviewed.
- **Gastrointestinal stromal tumors (GIST), (G7.6, G7.8)** - tumors representing 80% of mesenchymal gastrointestinal tumors. A series of patients with this type of tumors for the periods 2003 - 2014 - 41 patients and 2003 - 2017 - 59 patients are presented. The outcome of this type of tumors is highly dependent on tumor size and mitotic activity.

Others:

- **Retroperitoneal soft-tissue sarcomas (G7.12)** - malignant tumours with a high recurrence rate, of which about 10-20% are localized in the retroperitoneum. An analysis of the treatment of 51 pts with primary or recurrent sarcoma was performed. Recommended aggressive surgery in all cases. Factors for good prognosis found - complete resection (en bloc) of tumor formation and low malignant potential.
- **Acute abdominal pain in elderly patients (G8.5)** - acute abdominal pain in elderly patients differs significantly from that in young patients. A series of 100 patients, 59 men and 41 women, was analysed for incidence of febrility, vomiting, leukocytosis and comorbidities. The diagnostic value of imaging studies was highlighted. The specific features of acute abdominal pain in the elderly due to mesenteric thrombosis, acute pancreatitis or acute appendicitis were identified.
- **Indications for surgical treatment of acute pancreatitis (G8.17)** - The need for surgical treatment of acute pancreatitis (AP) has been debated for more than 100 years. In recent years, the diagnostic and therapeutic strategy has changed dynamically according to the criteria and severity assessment systems (Ranson, APACHE II, Glasgow, Marshall). The persistence of multi-organ failure in the background of conservative treatment is considered an indication for surgical treatment. Today, it is almost universally accepted that surgical intervention should be undertaken at as late a stage as possible. The types of interventions performed are: open necrectomy and minimally invasive procedures and drainage. Complications include pancreatic fistulae

(50%), pancreatic insufficiency (exo- and endocrine), intestinal fistulae and prolonged hospitalization.

- **Primary secondary and tertiary peritonitis (G8.18)** - peritonitis is an acute inflammation of the peritoneum. Diffuse bacterial peritonitis is considered primary, in which there is no violation of the integrity of the hollow abdominal organ, the source of infection is extra-peritoneal - spontaneous bacterial, tuberculous, granulomatous peritonitis. Secondary - inflammatory or mechanical damage to the integrity of the GIT, it is divided into localized (abscess), diffuse and total. Tertiary - recurrent intra-abdominal infection in critically ill patients after surgical interventions, often resistant bacterial flora, occurs after primary or secondary peritonitis. Clinical stage analysis performed - first up to 24 hours, second 24-72 hours and third after 72 hours. Treatment recommendations given - complex - surgical, anti-shock, antibacterial therapy, adequate nutrition.
- **Elimination of the source of peritonitis (G8.19)** - any intervention aimed at eliminating the septic focus, removing necrotic tissue and restoring optimal anatomical function is defined as a source control action. Timing is an important detail - delayed intervention often results in increased morbidity or lethality. The basic principle is total source control as early as possible. A set of measures including 1. Sanitation and drainage; 2. Debridement and lavage; 3. Restoration of normal anatomy and function. Control is achieved by surgical and non-surgical (percutaneous puncture, evacuation and drainage under USG or CT control) procedures. Source eradication procedures according to anatomic localization - upper GIT, lower GIT, hepatobiliary system, pancreas, after abdominal trauma and small bowel abscesses are discussed. It has been found that the principles applied not only minimize risks to the patient, but favor circumstances for subsequent reconstruction and restoration of optimal quality of life.

6. Teaching and learning activities:

According to the reference provided by MU-Varna Assoc. prof. P. Chernopolsky has a teaching experience of 15 years 2 months and 22 days at the date of submission of the documents. He lectures, conducts seminars and exercises with medical students, postgraduate students and PhD students. He has participated in examination committees: - medical students; state examination in surgery;

colloquia of postgraduate students in surgery; PhD students in surgery; recognition of specialty in surgery.

He also trains graduate students, develops curricula and programs. Participates in academic, scientific and training councils, provides methodological assistance to peripheral medical institutions.

The teaching load of Assoc. Prof. Dr. Plamen Chernopolsky, according to the certificate submitted (No. 112-45 of 28.02.2025) by the Training Department of MU-Varna is:

School year	Lectures Bulgarian students	Lectures Foreign students	Seminars Bulgarian students	Seminars Foreign students	Total
2020 - 2021	6 t.h.	2 t.h.	94 t.h.	389 t.h..	491 t.h.
2021 - 2022	14 t.h.	2 t.h.	38 t.h..	306 t.h.	360 t.h..
2022 - 2023	6 t.h.	0 t.h.	0 t.h.	344 t.h.	350 t.h.
2023 - 2024	6 t.h.	0 t.h..	0 t.h.	349 t.h.	355 t.h.

i.e. his teaching workload meets all the criteria and is fully sufficient in the context of his participation in the current AP "Professor " competition.

7. Medical and diagnostic activity:

Dr. Plamen Chernopolsky has an AP "Associate Professor". He is the Head of the Board "Abdominal Surgery" at MF of MU - Varna, with a permanent position at the Second Department of Surgery at the University Hospital "St. Marina".

On the basis of an extract from the operative journals, a report on the operative activity of Assoc. Prof. Dr. Plamen Chernopolsky for the period 2022-2024 was prepared - a total of 1383 operative interventions, of which 1029 as an operator. The analysis shows that Assoc. prof. Chernopolsky has mainly performed surgical interventions of high and very high complexity, and has also performed intraoperative consultations.

Conclusion:

Dr. Plamen Chernopolsky, DSc is an established surgeon and lecturer with a total of 18 years and six months of experience in the specialty. From his scientific writings important practical and scientific contributions are derived based on the

long studied material of patients diagnosed and treated by him, surgical methods introduced, diagnostic algorithms and therapeutic management developed.

As the Head of the Board of Abdominal Surgery he participated in the adoption and approval of curricula and programs. He has experience in medical management - Head of the Second department of Surgery. He organizes and supervises the conduct of teaching activities and labor discipline. Monitors and actively supports the professional development of academic staff and all medical staff. There are interns, postgraduate and doctoral students under his supervision.

All the facts from the professional biography, scientific production, diagnostic-treatment and teaching activities of Assoc. Prof. Dr. Plamen Milchev Chernopolsky, DSc, fully complying with the legal requirements fully complying with the legal requirements in the Law on the Development of Academic Staff in the Republic of Bulgaria, the Regulations for its application, as well as the Regulations of the Medical University - Varna, give me enough categorical grounds to recommend to the Scientific Jury to vote positively and to award him the AP **“Professor”** in the scientific specialty ‘Surgery’ for the needs of the Department of Surgical Diseases of the Medical University - Varna, on the basis of the Second Department of Surgery at the University Hospital "St. Marina - Varna.

04.06.2025

Varna

Reviewer:..

Prof. Dr R. Madjov, DSc

Заличено на основание чл. 5,
§1, б. „В“ от Регламент (ЕС)
2016/679