

Using more often methods for screening for the colorectal formations for asymptomatic patients between 40-60 years, attesting express stool occult bleeding, FOB test, sigmoidoscopy looming, FCS prophylactic chromoendoscopy, NBI colonoscopy, allows to detect early colon polyps and have excised them to prevent colorectal cancer development.

Key Words: colorectal polyps, screening, electroexcision with diatermocoagulation, electrofragmentation, mucosectomy.

150. COARCTATION OF THE AORTA IN CHILDREN – IS THERE A CURE?

O. Harsan, I. Branea, O.A. Fodor, L.A. Coman

Scientific adviser: Amalia Fagarasan, MD, PhD, Associate Professor, University of Medicine and Pharmacy Targu Mures, Romania

Coarctation of the Aorta (CoA) is one of the Congenital Heart Defects (CHD) that can lead to heart failure in neonates or be asymptomatic in older children. The clinical outcome depends on the severity of the narrowing as much as the Associated lesions.

Our purpose was to follow-up on the evolutionary course of the different types of CoA We analysed clinical and echocardiographical data from patients admitted in the Cardiology III Children Clinic during 2008- 2015 and consulted the intraoperative notes o assess the intervention type. From the 131 patients diagnosed with CoA, 65% male and 35% female, with a median age range from 1 month to 1 year, 34 % were patent ductus arteriosus-dependent (PDA), while 66 % were not, 9% of the 131 had simple CoA while 91% had Associated lesions. The data analysis was performed with Microsoft Excel Patients with postoperative recoarctation had a mean residual gradient of 59 as opposed to 24 in patients who did not develop recoarctation. From the 44 who had a PDA dependent CoA, 14 developed arterial hypertension, 16 pulmonary hypertension and 33 had valvular disease postoperatively with a mean residual gradient of 31. From the 65 patients with non PDA dependent CoA, 55 developed valvular disease, 41 arterial hypertension, 14 pulmonary hypertension, 44 left ventricular hypertrophy, 7 had dilated cardiomyopathy, 6 congestive heart failure with a mean residual gradient of 24. The type of intervention performed had small impact on the mean residual gradient. Our conclusions are that a high mean residual gradient can predict a possible recoarctation and the evolution is influenced by the PDA dependance of the CoA.

Keywords: coarctation, PDA, CHD