4(4.4%), cyst -(tumor-)ectomy + tubectomy - 1(1.1%), ovarectomy 1(1.1%) and contralateral ovary diathermocoagulation - 10(11.8%). Mean operation time was 29.3±1.1 min (95% CI:27.07-31.48), in gr. I this index was slightly lower than in gr. II - 27.9±1.1 min. (95% CI:25.79-30.18) vs. 33.1±2.6 min (95% CI:27.15-39.04), the difference is not statistically significant (NS). Intraoperative hemorrhage was 62.5±2.9 ml (95% CI:56.48-68.41), in gr. I this index is lower compared to gr. II - 59.6±2.8 ml (95% CI:53.98-65.28) vs. 70.8±8.3 ml (95% CI:53.40-88.12), the difference is not significant (NS). The morphological examination revealed: ovarian cysts - 57(62.6%) and benign tumors - 34(37.4%). Complications in the postoperative period were not found, average hospitalization - 4.5±0.2 days.

Conclusions. The results of laparoscopic surgery in case of benign ovarian mass in children and adolescents are comparable to mini invasive interventions in adult patients. In the case of large and giant ovarian mass it is rational to combine laparoscopy with extracorporeal cyst-(tumor-) ectomy.

Key words: laparoscopy, ovary, pediatric patients

DEPARTMENT OF TRAUMATOLOGY AND ORTHOPEDICS

182. SURGICAL EPISODE AND MANAGEMENT OF DEGLOVING SOFT TISSUE INJURIES OF THE LIMBS

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Introduction. Degloving soft tissue injuries are part of multiple and associated trauma, accompanied by haemorrhage and shock. In order to avoid flap necrosis and add a new skin donor area is important to recognize the problem and to manage properly those injuries.

Aim of the study. To study clinical presentation, management of soft tissue degloving injuries of the limbs, outcome and to propose a treatment protocol for varying degrees of severity.

Materials and methods. During the period of 2013-2017, 13 patients with different degrees of degloving injuries were examined and treated. The study group consisted of 4 males and 9 females. Average age was 58 years, with age limits 32-74 years. The injury was classified as pattern 1,2,3,4 (Arnez, Z.M. & Khan, U. 2010). In all cases the flap's viability was appreciated. All patients had treatment with washing, debridement; 5 patients with resection of avulsed flap and converting the flap to split-thickness graft (Krasovitov method), 2 cases - axial flaps, 2 cases - primary split-thickness graft, 3 cases flap was sutured to its original position.

Results. In study group were pattern 1 - 3 cases, pattern 2 - 2 cases, pattern 3 – 2 cases, pattern 4 - 5 cases. In 10 cases - stable patients with deemed unviable flaps who underwent primary plastic surgery. In 1 case - stable patient with non-viable flaps (late admission) who underwent resection of avulsed flap and negative pressure therapy followed by plastic surgery. In 1 case an unstable patient received staged surgical treatment.

Conclusions. In treatment and determination of surgery's timing the active surgical tactic with carrying out autodermoplasty in first 4-6 hours has priority.

Key words: degloving injures, Krasovitov, management

183. SURGICAL MANAGEMENT OF DUPUYTREN'S DISEASE

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