

importance in the treatment of rhinosinusal inflammatory pathology. The bibliographic used databases were the following: Cochrane, PubMed, and Medline.

Results. A placebo-controlled randomized trial of bone marrow-derived mesenchymal cells (MSC) [Prochymal; Osiris Therapeutics Inc] in patients with moderate to severe chronic obstructive broncho-pneumopathy (COBP) in the United States has proved safe and with no acute infusion-related toxicity and no attributed mortality or serious adverse reactions during a two-year monitoring period. Another randomised controlled study on 24 patients has shown that the administration of marrow-derived mononuclear stem cells is feasible and safe in ischemic stroke. Cell therapy combined with physiotherapy has led to improvement of the clinical scores and the functional imaging (fMRI) after 8 weeks, as compared to only physiotherapy, and changes have lasted up to 24 weeks. Stem cells perform a "Trojan Horse" type of action in the affected nervous tissue, by stimulating the repair mechanisms, which leads to behavioural recovery after a stroke. A laboratory research has shown that adipose tissue-derived stem cells (ADSCs) may provide a clinical option for the repair of vocal folds mucous injuries. Danilov L. (2016) proposed a new method for local immunocorrection (with autologous mononuclear cells) in the conservative complex treatment of compensated chronic tonsillitis in children, which proved to be very efficient through its positive clinical effect, the normalisation of body's pre-immune resistance; the obvious drop-down of the high index of allergic reactions, and of the levels of specific cell sensitivity to the antigens of streptococcus, pneumococcus; the increase of the total content of lymphocytes, as well as the level and functional activity of T and B lymphocytes; increase in the efficiency of the cytokine profile and reduction of pro-inflammatory cytokines (TNF- α , IL-8, IL-1 β), as well as and the increase of the serum concentrations of anti-inflammatory cytokines (IL-4).

Conclusion. The researches presented in this review strongly support the further investigation of the cell therapy methods for the treatment of chronic otorhinolaryngology pathologies.

Key words: recurrent and chronic rhinosinusitis, cell therapy, immunologic marker

125. NASAL PERMEABILITY IN CHILDREN WITH CHRONIC HYPERTROPHIC RHINITIS

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Introduction. Chronic hypertrophic rhinitis represents a current and a major problem in otorhinolaryngology, with a frequency of 16-25% of the population in different countries, with a growing prevalence and accounting for about half of the pathology of patients, which is addressed to the Otorhinolaryngologist. Among the methods of diagnosis of chronic hypertrophic rhinitis one of the most representative is acoustic rhinometry. Acoustic rhinometry is a very effective and easy method to determine the degree of nasal obstruction. This method was described by Jackson in 1977 and was first applied by Hilberg (1986) and provides for the writing of nasal fossil geometry. Acoustic rhinometry allows non-invasive evaluation of nasal permeability to be applied to children. Therefore we considered it appropriate to conduct a literature review on the methods of diagnosis of chronic hypertrophic rhinitis.

Aim of the study. To perform a detailed analysis of the contemporary literature data for the diagnosis of acoustic rhinometry in chronic hypertrophic rhinitis.

Materials and methods. We have carried out a successive analysis of the bibliographic data of recent years presented in the specialized periodical literature on the Internet and Medline. We have selected scientific papers published in our country and abroad, which refer best to the issues that we approached in this study. As a method of study we used the analysis of the theoretical

principles of the rhinomanometry method and the appreciation of its practical effectiveness in patients with nasal obstruction in chronic hypertrophic rhinitis.

Results. Acoustic rhinometry is a sound-based technique used to measure the surface and volume of the nasal cavity. It was validated by computerized tomography and magnetic resonance imaging. Acoustic rhinometry requires minimal patient co-operation and can be used in adults, children and infants. It is used by practitioners to diagnose and evaluate therapeutic responses in conditions such as rhinitis and to measure nasal dimensions during allergen challenge testing. Acoustic rhinometry also provides a visual reflection of the nasal response to therapy, which may be useful in enhancing prescription medication.

Conclusions. Following studies, acoustic rhinometry has been shown to be an objective method of Exploring nasal permeability that allows for: differentiation of anatomical defects and it is beneficial and useful to be applied for the assessment of the minimum cross sectional area and volume in patients with pre- and post-treatment hypertrophic chronic rhinitis.

Key words: chronic hypertrophic rhinitis, acoustic rhinometry

SURGERY SECTION I

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126. BILIO-DIGESTIVE FISTULA – A SEVERE EVOLUTIVE COMPLICATION OF BILIARY LITHIASIS

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Introduction. Bilio-digestive fistula is referring to mechanical complications of cholelithiasis, representing abnormal communication between biliary and gastrointestinal tracts.

Aim of the study. Analyzing the experience in diagnosis and treatment of patients with bilio-digestive fistula as evolutive complication of biliary lithiasis.

Materials and methods. Retrospective study included 12 patients with bilio-digestive fistula, aged between 63 years and 78 years, diagnosed and treated in Municipal Hospital "Sf. Arhanghel Mihail" (Chisinau) from 1997 till 2017.

Results. Referred complication was more common in female patients – 8 (66.66%). There were four cases of incomplete fistula and 6 cases of complete fistula with signs of acute intestinal obstruction (Bouveret syndrome). Depending on anatomical criteria there were 8 cases of cholecysto-duodenal fistula, and 2 cases of cholecysto-gastric fistula. The duration of gallstone disease history varied from 9 years to 15 years. Diagnostic tools included the abdominal X-ray exam, which revealed the presence of air in bile ducts – in 5 cases, and Kloiber sign – in 4 cases. Transabdominal ultrasound exam was performed in all patients, highlighting the presence of stones in the gallbladder in 4 cases, all with incomplete fistula. Surgical treatment was different for complete and incomplete fistula. Postoperative morbidity rate reached 16.66% (complications occurred in 2 cases).

Conclusions. Abdominal X-ray exam remains the most informative in the diagnosis of complete bilio-digestive fistula. Incomplete fistula requires a differential diagnosis with bilio-biliary fistula. The treatment should be differentiated, adapted to the peculiarities of the case.

Key words: bilio-digestive fistula, biliary lithiasis, surgery.

127. TREATMENT OPTIONS IN SLIDING INGUINAL HERNIA.