

authors prefer posterior anal sphincter myectomy, and some prefer excision of the aganglionic segment and pull-through reconstruction.

Case report. Here, we present the case of 1-year-old Moldavian boy born with anal atresia (with fistula in situ), low placed and small external ears, three-articular thumbs and overlapping fingers of the legs. Anoplasty was performed at 2-months-old without complications. Further was installed persistent constipation. Imagistic, functional and histological investigations revealed Ultrashort-Segment HD with left megadolichocolon. We performed abdominoperineal resection of left colon by Swenson-Pellerin with coloanal anastomosis. After 6 months postoperatively symptoms of colonic retention or dyssinergic defecation are absent. A karyotype research demonstrated only a normal male chromosome constitution (46XY) with a dense site ADN gh(+)_{18q}, but molecular gene-testing actually cannot be executed in Moldova, and the TBS was established phenotypically in base of major symptoms triad.

Conclusions. Association of Ultrashort Segment HD with TBS doesn't influence the surgical tactic of HD, but represents an interest in treatment, functional and social rehabilitation and staged correction of concomitant malformations.

Key words: Hirschsprung disease, Townes-Brocks syndrome

5. RADIOLOGICAL AND CLINICAL CONFLICTS IN A CASE OF TRANSPOSITION OF THE GREAT ARTERIES WITH MULTIPLE ASSOCIATED COMORBIDITIES

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Background. Transposition of the great arteries is an embryological misplacement of the Aorta and the trunk of the Pulmonary Artery, in which the Aorta rises from the right ventricle, while the pulmonary trunk continues the left ventricle, thus creating two parallel vascular systems. This situation is not compatible with life in the absence of a communication between the two systems (e.g. Ventricular septum and/or atrial septum defect, persistence of the arterial duct etc.) which will allow the mixing of oxygen-rich blood with deoxygenated blood. In order for the patients to survive, this congenital heart disease has to be treated as soon as possible. In some circumstances the surgery can be post-poned by using prostaglandines to keep the arterial duct open. Considering this information, we decided to look upon a case of TGA with multiple comorbidities and evaluate the role of radiologic and ultrasound(US) investigations in decisions regarding the tempos of the multidisciplinary surgical interventions.

Case report. We will present the case of a newborn female, prenatally diagnosed with TGA, who was transferred from another clinic, where an ileostomy was performed, to temporarily treat her inability to feed. She associated a diaphragmal hernia, metabolic uncompensated acidosis, anemia, elevated respiratory rate, fever and decrease of SpO₂. She was treated with PGE₁ prior to the surgical interventions which took place in our clinic. After her admission paraclinics confirmed the TGA and diaphragmal hernia through repeated radiographies, and identified the need of closing the ileostomy and reconstructing the digestive tract, due to the presence of peritonitis seen during ultrasound investigations. The patient has undergone a complex multidisciplinary surgical intervention, with the aim of simultaneously fixing all the cardiac and digestive abnormalities through toracotomy aswell as laparotomy. The decision of

such an intervention was taken upon evaluating the results of imagistic investigations in a multidisciplinary team.

Conclusions. Deciding upon the tempos and complexity of surgical interventions in fragile patients require great team communication and decision making, using all the information available. Thus, radiologic investigations tend to be the centre of these decisions with the amount of information they provide and help guide the surgical team.

Key words: transposition of the great arteries, diaphragmal hernia, ileostomy

6. BOWEL OBSTRUCTION SECONDARY TO ADHESIONS IN CHILDREN: CASE REPORT

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Background. Adherent bowel occlusion is the most common disease and is characterized by the formation, during the postoperative period, of non-physiological fibrotic bridges between the human, small intestine, large intestine, abdominal wall and other intra-abdominal viscera. The development of postoperative peritoneal adhesions is an almost inevitable consequence of abdominal surgery and is a major cause of morbidity and mortality. The incidence of pathology, reported in various studies, is 90-95% after laparotomies and even 97% following pelvic gynecological surgery. Analyzing the specialized literature, it can be concluded that the diagnosis and the medical-surgical treatment is based on the correct use of the diagnostic algorithm, but which must be individualized in each case even in case of association of complications. We retrospectively followed a patient with adhesive bowel occlusion. The given patient posed the problem of diagnosis and later of postoperative evolution.

Case report. The patient, aged 17, was admitted to emergency surgery for abdominal pain, nausea, vomiting with food and ball content, abdominal meteorism. The patient underwent an appendectomy 3 years ago, and then a surgical reintervention: upper median laparotomy, adesiolysis, partial omentotomy, mesenteric lymphotropic therapy, abdominal cavity lavage and drainage related to: Adherent bowel occlusion. The patient is undergoing conservative drug treatment with the administration of anti-adhesive dressings.

Conclusions. Adherent bowel occlusion is a current problem, and the pathophysiological mechanism as well as the means of prevention and treatment require further studies. All patients undergoing classic or laparoscopic abdominal surgery have a high risk of developing postoperative peritoneal adhesions and their complications.

Key words: intestinal occlusion, peritoneal adhesion, adesiolysis.

7. CLINICAL-MORPHOLOGICAL AND TREATMENT ASPECTS IN TRAUMATIC DIAPHRAGMATIC HERNIA IN CHILDREN

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