

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: Adherential 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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