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, adeziolysis.

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

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Background. Traumatic diaphragmatic hernia in children is rarely reported, with an incidence ranging from 0.08% to 8%, and the death rate ranges from 16.6% to 33.3%. Diagnostic difficulties are found in 50-70% of cases. Late manifestation of traumatic lesions of the diaphragm is well studied in adults, as opposed to children. In this context we present the following clinical case.

Case report. Patient S., 4 years old, was transferred to our institution from a district hospital with suspicion to a paraesophageal hiatal hernia, but a destructive pulmonary process with pulmonary abscess formation was not excluded. The anamnesis allowed to specify that two weeks before hospitalization the child fell, hitting the chair, the accident was overlooked by the mother. The clinical examination revealed the serious general condition, conditioned by the presence of signs of exicosis, stable hemodynamics. Palpator - painful abdomen all over the surface, predominantly in the epigastric region and in the left hypochondriac region. Laboratory examination revealed anemia and neutrophil leukocytosis. The thoracic and abdominal radiography, performed by emergency in the clinic, showed the transdiaphragmatic positioning of the intestinal handles in the left hemithorax, the diaphragmatic hernia having comparatively larger dimensions. The diagnostic of certainty was established with the help of thoracic CT with dynamic contrast in angiographic regime. Surgery was performed, intraoperatively, a defect of the left hemidiaphragm was detected at the level of fusion of the anterior part of the tendon with the muscular part, through which the intrathoracic hernia omentum, the colon and the small intestine handles. After the organs were repositioned, the integrity of the diaphragm was restored with non-absorbable interrupted sutures and consolidation with a biodegradable acellular biological graft fragment by equine pericardium (Bioteck Heart).

Conclusions. The results of the histological examination indicate that the mechanism of development of the diaphragmatic defect in children may occur as a result of a contusional tissue injury and the subsequent disjunction of the resident hemidiaphragmatic tissue. Therefore, preoperative diagnosis of HDT in young children is quite difficult, with chest angiographic CT with dynamic contrast being an effective method in establishing the diagnosis with certainty. The primary repair, with the application of non-absorbable sutures and the concomitant use of the acellular pericardial graft for consolidation, represents an effective option in the surgical reconstruction of traumatic diaphragmatic defects.

Key words: biologic graft, traumatic diaphragmatic hernia.

8. MEDICAL TREATMENT IN ACUTE MEDIASTINITIS BY PERFORATION OF THE ESOPHAGUS: CLINICAL CASE

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Background. Mediastinitis is the inflammation of the soft tissues of mediastinum. The main causes of mediastinitis are infections caused by heart surgery. Within the iatrogenic etiology the perforation of the esophagus predominates - 85% of cases. The incidence of esophageal perforation is most often due to the inflammatory response of mediators from the stomach, pleura and adjacent tissues. Mortality is due to acute mediastinitis, pneumonia, empyema, polymicrobial sepsis and MODS (Multiple Organ Dysfunction Syndrome). The treatment of