Results. The cases have been considered: 3 boys and 5 girls at the age of 3-11 years; 50% of patients have been hospitalized urgently with the clinic of acute abdomen. 6 children had a pain abdominal syndrome of various intensity and at 2 – tumor mass in the abdomen was found accidentally. The necessary information to diagnose lymphangiomas have been provided by the clinical and instrumental examination, and the histopathology.
Conclusions. Clinical symptoms in diagnostics of an abdominal limfangioma are nonspecific. Pain and the increased abdomen are the most common complaint. Ecografia, CT with angiography are used to detect any abdominal cystic formations and to exclude other cystic formations of parenchymal organs or ovaries at girls. The results of the surgical treatment of abdominal lymphomas are encouraging.
Key words: Malformations, lymphangioma, diagnosis

ADENOMATOZA PULMONARĂ CHISTICĂ BILATERALĂ LA UN NOU-NĂSCUT (BOALA CHIN-TANG)

GUDUMAC E[1], BERNIC J[1], LIVȘIȚ I[1], MANIUC A[2]

[1]*Catedra de chirurgie, ortopedie și anesteziologie pediatrică, USMF ,,Nicolae Testemițanu”,* [2]*Centrul Național Științifico-Practic de Chirurgia Pediatrică ,,Natalia Gheorghiu”, Institutul Mamei și Copilului, Chișinău, Republica Moldova*

Introducere. Adenomatoză pulmonară chistică este întîlnită cu o prevalență de aproximativ 0,2% din malformațiile congenitale pulmonare. Aceste formațiuni sunt asociate cu alte anomalii congenitale (defect septal atrial, hipoplazia pulmonară, etc).

Cazul nostru este a unui nou/născut, ce a fost internat în CNȘP „Academician Natalia Gheorghiu”, Im și C pentru detresa respiratorie, cianoză, deplasarea cordului și vaselor majore a mediastinului. Aspectul radiologic și ale CT cu vazografie a prezentat multiple imagini aerice a lobilor superiori pe dreapta și stînga. Aspectul clinic și cel imagistic a sugerat diagnosticul de adenomatoză pulmonară cu compresiunea celor alți lobi pulmonari. Diagnosticul diferențial s-a efectuat cu emfizemul malformativ gigant, leziunile buloase în stafilococele pleuro/pulmonare.
S-a intervenit chirurgical, s-a practicat exereza chisturilor de tip mucinos și o rezecție atipică a lobului superior pe dreapta. Evoluție postoperatorie cu reexpansiunea pulmonară completă, dar cu persistența pierderilor aerice ce au impus menținerea drenajului pleural peste 10 zile.
Concluzii. Diagnosticul antenatal, precoce postnatal permite de a interveni chirurgical precoce.
Cuvinte cheie: adenomatoză, malformații, diagnostic,

BILATERAL CYSTIC PULMONARY ADENOMATOSIS AT A NEWBORN (CHIN TANG'S DISEASE).

GUDUMAC E[1], BERNIC J[1], LIVȘIȚ I[1], MANIUC A[2]

[1]*Department of pediatric surgery, orthopedics and anesthesiology, State Medical and Pharmaceutical University ,,Nicolae Testemitanu”,* [2]*National Scientific and Practical Center of Pediatric Surgery ,,Natalia Gheorghiu", Mother and Child Institute, Chisinau, Republic of Moldova*

Introduction. Cystic pulmonary adenomatosis occurs in about 0,2% of congenital pulmonary malformations. These formations are associated with other congenital anomalies (atrial septal defect, pulmonary hypoplasia, etc).
We present the case of a newborn, who was delivered at NSPC „Academician Natalia Gheorghiu”, MandCI with signs of respiratory distress syndrome, cyanosis, cardiac and large vessels of the mediastinum dislocation. X-ray and CT angiography revealed multiple aircraft formation located in the right and left upper lobes. The clinical data and imaging suggested the diagnosis of cystic pulmonary adenomatosis with compression of the other pulmonary lobes. Differential diagnosis was performed with emphysema malformation giant, bullous lesions in staphylococcus lung- pleural.
The newborn was surgically operated, it was practiced an excision of mucinous cysts and an atypical resection of the upper lobe of the right lung. The postoperative evolution was complete pulmonary smoothing, but with persistent air leakage losses that required pleural drainage maintenance over 10 days.
Conclusions. A prenatal and an early postnatal diagnosis allows to early surgical intervention.
Key words: adenomatosis, diagnosis, treatment