

Pre-traumatic VAS score was calculated retrospectively and showed an average of 89.7 (62-100). The VAS score calculated 9 months postoperative was 74.8 (18-100).

On admission, 11 patients were found with neurological deficit (Frankel / ASIA D). The neurological deficit regressed in 10 patients (Frankel / ASIA E), one patient still presents minor problems with the pelvic organ functioning.

Radiological results: Consolidation was observed radiographically in all of the cases in AF + PSF group. A case of pseudoarthrosis accompanied by the damage of the construction was found in the group of PSF.

Complications: early complications requiring revision surgery occurred in 3 cases, late complications presented in one case.

Conclusions: using combined approach allows higher stability of the affected segment during the postoperative period and minimum risk of degradation of this construction. Both variants of surgical corrections of traumatic deformities of the dorsal-lumbar spine ensured the achievement of good clinical results with no statistical difference between them.

Keywords: posterior screw fixation, anterior fusion

62. SURGICAL TREATMENT OF PEDIATRIC BURN INJURIES

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Introduction: Management of burned children is a critical and complicated piece in the overall care of the burned child. The basic method of intensive treatment of patients with very deep burns is an immediate correction of hemodynamic disorders, detoxication, brushing or scraping debridement, topical antimicrobial agents and the use of early excision and skin grafting.

Materials and Methods: The treatment of deep burn injuries in children up to 18 years are characterized by high social importance. Burn wound or surgical wound can be treated as "clean" and according to this processing is performed primary surgical – necrectomy which applied early after trauma. Primary goal is to prevent infectious complications in wound. Of the 156 participant children 76 had been operated in the Institute of Mother and Child and Intensive Care Unit in Chisinau. They were divided into three groups depending on the surgical procedures applied in each case: (1) Early excision and autografting of burn wounds- 29 (38,3%); (2) Wound dressing and autografting after Escher separation 47 (61,71 %).

Results: (1) Early excision and autografting of burn wounds: tangential and fascial. Excision was indicated in 16 patients with intermediate burns when lesions were not infected. Principle of tangential excision - removal of eschar sequential thin layers until viable tissue is reached. Conceptually, the intervention seems simple, but in practice requires experience and good technical condition. Fascial excision is performed for very deep burns, full thickness burns on large areas, life threatening, or infected burns (full thickness or intermediate). This group included 20 patients with deep burns gr. III B, IV. (2) Wound dressing and autografting after eschar separation. The objectives of this early period after trauma methods are: the removal of eschar, which is a cause of infectious complications of wounds, and the preparation for dermoplasty or autografting.

Conclusions: The research revealed that the evaluation of risk factors and complication depend on medical and surgical methods (necrectomy early or late) within 7 days after trauma. Surgery becomes mandatory for recovery and decrease risk of purulent septic complications and monitoring of predictive factors.

Keywords: burns, surgical treatment, pediatric