

failure, of which 20-30% at the patients with systolic heart failure. 10% of all patients with sleep apnea syndrome, registered at the study of sleep laboratories, present central type of apnea. (PSG) is the most informative and base method in diagnosis of sleep apnea, fact confirmed by practice. The best method of treatment has proved CPAP-therapy (continuous positive airway pressure). In the modern treatment is used auto-CPAP-therapy witch allows automatic recording and dosing of the inspired air flow.

Conclusion: We determined the following aspects:

- 1) The central type of sleep apnea syndrome is very dangerous to patients lifes caused by the mechanism of production and more complications after hypoxia
- 2) Polysomnography represents the screening of the central type of sleep apnea syndrome
- 3) Auto-CPAP-therapy and CPAP-therapy are the most effective methods of treatment

Keywords: sleep apnea syndrome

79. RETROSPECTIVE STUDY CONCERNING THE RISK FACTORS, CAUSES, TYPE OF BIRTH INDICATIONS AND COMPARATIVE ANALYSIS OF COMPLICATIONS IN CASE OF BREECH PRESENTATION OF SINGLE FETUS AT TERM

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Introduction: For 3-4% of pregnancies, the fetus will be in breech presentation at term. For most of these women, the approach to delivery is controversial.

Purpose and objectives:

- Identifying the causes that may lead to a higher rate of pregnancies with breech babies at term;
- Highlighting the most frequent complications during pregnancy with breech presented babies;
- Comparing natural delivery with caesarian birth and concluding witch way is safer for these particular cases.

Materials and methods: The study is based on 46 pregnant women out of 1777, which is the total number of births for 2013 at the *PI Municipal Maternity Nb.2*. We did a retrospective trial, based on their clinical observation sheets, in order to determine which are the most common causes that may lead to this form of presentation and what the evolution of the pregnancy was. Also, we compared the policy of planned caesarean section with a policy of planned vaginal delivery and the complications occurred during and 5 days after birth for selected breech-presentation pregnancies.

Results:Data was received for 46 women out of a total of 1777 women, which represents 2.6%. 84.78% women assigned caesarian section, among which 15.38% were planned (66.67% - primiparous and 33.33% multiparous) and 84.62% were emergencies (63.63% - primiparous, 36.37% - multiparous). 15.22% assigned planned vaginal birth (42.86% - primiparous, 57.14% - multiparous). Out of the total number of breech births cases, 60.87% were primiparous, and 39.13% were multiparous. The identified complications during and after natural birth were: dynamic dystocia (hypokinetic and hypotonic) – 14.29% and hemorrhage – 14.29%; during and after caesarian delivery there has been one case with complication (hemorrhage) -2.56%. Out of the most common causes described in literature, the following causes have been revealed in our study: bicornate uterus - 2.17%, oligoamnios- 4.35%, hidramnios - 2.17%, fetal-placental insufficiency - 4.35%, macrosome fetus - 6.52%. The relative risk – the risk to develop complications during natural birth is 28,5 times higher than that for caesarian section.

Conclusion:

- The most common conditions that led to breech presentation at term are: bicornate uterus, oligoamnios, hidramnios, fetal-placental insufficiency and macrosomy;
- The most frequent complications during delivery are dynamic dystocia and hemorrhage, both in case of vaginal delivery;
- These results led us to the conclusion that planned caesarean section is safer than planned vaginal birth for fetus at term in breech presentation;

• There were no differences between groups in terms of maternal mortality or serious maternal morbidity;

Keywords: Breech presentation; risk factors; caesarian section; natural delivery

80. MODS IN CHILDREN AFTER CARDIAC SURGERY WITH EXTRACORPOREAL CIRCULATION

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Introduction: Cardiac surgery with extracorporeal circulation (ECC) is associated with systemic inflammatory response (SIRS) that can evolve up to multiple organ dysfunction syndrome (MODS) and death. Children are at increased risk of developing MODS, due to the particularities related to ECC and immature organ systems. The mortality is directly correlated to the number of failed organ systems: 30-40% if one organ system fails, 50-60% if two organ systems fail and 80-100% when three or more organ systems fail.

Purpose and Objectives: Determination of incidence and mortality of MODS in children after cardiac surgery and particularity analysis of the organ insufficiencies.

Materials and Methods: From 421 children undergoing various cardiac surgeries during the period 2010-2013, treated in the department of cardiac Intensive Care of Republican Clinical Hospital Chisinau, were selected 16 (3.8%) children who developed MODS background of SIRS, with or without subsequent association of sepsis. The diagnosis was confirmed by clinical and explorative complex criteria.

Results: Average age of patients was 21.95 months, of which: under 1 year - 8 (50%), from 1 to 3 years - 6 (37.5%), from 3 to 6 years - 2 (12.5%) children, respectively. There was a predominance of girls (10 girls versus 6 boys). Respiratory failure was developed in 15 (93.7%) patients. The average duration of artificial ventilation was 8.87 +/- 6.95 days, statistical significant difference between the duration of artificial ventilation in patients treated and died were not been determined. Malabsorption syndrome, paresis associated with intestinal failure was determined in 12 (75%) patients. The renal system was involved in 14 (87.5%) patients, 7 (43.75%) show signs of acute kidney injury, and 6 (37.5%) develop acute renal failure. Cerebral insufficiency was found to be in 9 (56.25%) patients, systemic intravascular coagulation syndrome in 5 (31.25%) patients. In 5 (31.25%) patients with MODS the sepsis was associated, confirmed by positive blood cultures and procalcitonin >10 ng/ml.

Conclusions: Mortality of children with MODS was the 37.5% (6 children) correlated to the number of affected systems, often developed into respiratory failure, gastrointestinal, cerebral and renal. Statistical differences between ECC duration and aorta clamping in deceased patients and MODS treated were not been determined.

Keywords: children, MODS, cardiac surgery

81. SCREENING FOR RONCOPATHY OF POPULATION FROM CENTRAL REGIONS OF RM

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Introduction: The well known fact is that healthy dream is the necessary component of human emotional part. The dream's quality is influenced by the number of reasons, of which the most important is derangement of passing of air flow through the narrowed respiratory airways which leads to the phenomenon called "Roncopathy". The problem of this phenomenon and the association with it of sleep apnea remains an actual problem not only at otorhinolaryngology domain, and has a lot of consequences which influence the everyday life quality, needs the involvement of specialists from