

anastomosis and colecystectomy. In one case (0,83%) was made chistopancreato-jejuno anastomosis with colecisto-jejuno anastomosis on Omega loop, and 2 cases (1,65%) had benefit from another types of anastomosis. Caudal pancreatic resection with pancreatico-jejunal derivation and splenectomy was made to 1 patient (0,83 %). The postoperative complications rate were 26 (21,48%) cases –group I - 16 (29,62%), group II -10 (14,92%), early 21(17,35%) cases - group I -14 (25,92%), group II -7 (10,44%) with an average of hospitalizing days of 15,73 days – group I (21,11 days), group II (11,40 days); late 5 (4,1%) - group I – 2 (1,65%), group II – 3 (2,5%). These difficulties in postoperative evolution necessitated urgent conservative therapeutic maneuvers and just in 5 (23,80%) cases – group I -3 (21,42%) cases, group II - 2 (28,57%) cases, clinical situation determinate surgical reintervention. It was necessary a surgical reintervention of internal derivation at distance to 25,51% cases. From a total of 25 reinterventions: 12% – all from group I – had benefit of external drainage, 4% – from group I - of miniinvasive drainage, and the rest of 84% had benefit of chistojejuno anastomosis on isolated Roux loop in “Y”. It has to be mentioned that any of cysto-jejuno anastomosis on isolated Roux loop (50 made as first surgical step and 21 as reintervention) had not developed postoperative fistulas and had proved permeable at ERCP and MRI control. At 1 year from surgical intervention, 71 (72,45%) patients - group I – 29 (76,3%), group II -42 (48,33%), took back their previous activities, having an active job. 19 (19,2%) patients - group I -7 (26,92%), group II -12 (20,0%), renounced to some activities which necessitated intense physical effort, and 5 (5,1%) patients - group I -2 (2,63%), group II -3 (6,67%), renounced completely to all previous activities. From 13 (10,75%) - group I - 6 (15,8%), group II - 7 (11,66%) persons with handicap, preoperatively integrated in invalidation financial help, postoperatively just 5 (5%) persons -group I -2 (25%), group II - 3 (5%) maintained this state, 3 (3%) - group I -2 (5,26%), group II -1 (1,66%) having a relatively normal life, and 5 (5%) - group I – 2 (5,26%), group II – 3 (5%) lost this state, regaining their work capacity, being not invalid anymore. Satisfaction was reached in 94,9% patients, just 1,02% patients being unsatisfied with their actual state. Postoperative mortality reported on a period of 12 month was 3,3%.

Conclusions: The analysis of precocious and late results after interventions of cysto-jejunal decompression derivation made us to consider these operations being elective in the decompression of the pancreatic pseudocyst and in the reestablishment of the pancreatic juice flux in digestive tract, allowing a good socio-professional reintegration, but with an attentive monitoring of the patients.

Key words: pancreatic pseudocyst, surgical treatment

99. THE CONTEMPORARY SURGICAL TREATMENT OF HYPERTROPHIED ADENOIDS at CHILDREN

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Introduction: Modern technologies make it possible to improve the quality of medical surgery. Adenoidectomy under endoscopic control provides full view of the surgical field. This surgical intervention gives the possibility to completely remove lymphoid tissue in the nasopharynx with minimal traumatic effect. It also makes it possible to detect simultaneously and correct concomitant pathologies of adjacent structures.

Purpose and objectives: Studying literature assessing the effectiveness of different types of adenoidectomy in children.

Material and methods: The study was conducted based on available literature, published treaties on diseases studied and materials offered by Internet service MedLine.

Results: Adenoidectomy is considered one of the most commonly performed procedures ENT surgical world, being himself made or in combination with other procedures, the number of interventions goes from 65 to 10000 children in the UK and from 50 to 10000 children in the U.S.A.(van den Akker et al., 2004). Adenoidectomy, although it seems to be a very simple surgical procedure, while not devoid of complications. Modern technologies in medicine, implemented over

several years, facilitating improvement in the quality of surgery and ENT. Adenoidectomy in endoscopic control provides full view of the field operator. It gives the possibility complete removal of lymphoid tissue in the nasopharynx with minimal traumatic effect. Also in the nasopharyngeal endoscopy can perform simultaneous correction pathology of adjacent structures.

This literature study was designed to evaluate the efficacy elimination adenoids transoral endoscopic control, and not about the superiority this method over other methods. To solve this problem we must study randomized controlled trial to compare different methods of removing adenoids. Since adenoids has no capsule, precise removal of hypertrophied adenoids has always been difficult to achieve with any surgical technique .

Conclusions: 1. Nasopharynx is an anatomical structure, difficult to see with the naked eye which requires technologies and modern equipment.

2. Traditional adenoidectomy, frequently leads to relapse by virtue integral to achieving the array of surgical children.

3. Endoscopic adenoidectomy is a surgical method of perspective ENT contemporary.

Keywords: nasopharynx, adenoidectomy, endoscopy.

100. CONTEMPORARY DIAGNOSIS AND TREATMENT OF CARDIA ACHALASIA

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Introduction. Incomplete elucidation of the etiology and pathogenesis of achalasia of the esophagus requires different opinions on diagnostic and treatment of the disease.

Aims. Evaluation of diagnostic methods of the esophagus achalasia.

Material and methods. The study included 22 patients with various stages of esophagus achalasia: St.II-10 (45%), St.III-9 (40%), St.III-IV-1 (5%), St.IV-2 (10%) treated at IMSP SCR, Thoracic Surgery Department between 01.01.2012 and 31.12.2013. To asses the morpho-functional state of the esophagus the following diagnosis methods were used: barium contrast radiography of the esophagus and stomach, thorax radiography, FGDs and histopathological examination.

Results. Conservativetreatment was indicated in 5(22,7%) cases, surgery was performed in 17(77,3%), 14 patients (82,5) were performed extramucous Heller cardiomyotomy with fundaplication Dor, 1(5,9%) case – Heller-Dor laparoscopy, 1(5,9%) case Heller-Dor with hiatal hernioplasty and 1(5,9%) case Heller-Neissen.

Concluzions. The methods of choice in diagnosis of the esophagus achalasia are barium contrast of the esophagus, esophagoscopy. Conservative treatment is indicated in patients with achalasia of the esophagus in stage one or in presence of contraindications for surgery. The method of choice in the treatment of esophagus achalasia is extra mucous cardiomyotomy with laparoscopic video Heller-Dor indicated in stage II-IV.

101. CLINICAL STUDY: ETIOPATHOGENESIS, DIAGNOSIS AND EVOLUTION OF LUNG ABSCESS

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Introduction: Lung abscess is a common form of lung parenchymal suppuration morphologically characterized by foci of suppurative inflammation and destruction of microbial etiology evolving to cavity and necrosis . Besides the causative factors and the mechanism of production, an important role in pathogenesis are criminalizing both viral etiology of pneumonia as