muscle was split by means of coagulator and created a pocket in retromuscular space. Bottom-medial fibers were cut off from the edge-sternal articulation for up to 3.0 cm, and hemostasis. In the box implant is installed (anatomic, «Mentor» 350 ml). Drainage of Redon, the drainage was taken through the axillary fossa. The tunnel was taken in 3-row suture strands of single 3/0 4/0. Similarly, on the other side. Dermolipectomy anterior abdominal wall was perfomed. The navel is fixed in orthotopic position. The anterior abdominal wall wound layers of single strands were taken in 2/0 3/0 4/0 and shed 4/0. Drainage aspiration drains. Aseptic bandage. Compression bandages and linens.

Results and discussion: Serous-hemorrhagic discharge in the breast in the 1st day of about 50 ml, in the 2nd day of 30ml, in the 3rd day of 10 ml, drains are removed. Serous-hemorrhagic discharge in the anterior abdominal wall in the 1st day is about 100 ml, in the 2nd day is about 70ml, in the 3rd day to 40 ml, drains are removed. Sutures were removed on 14th day, healing by first intention. Full recovery of the patient has started by the end of the 2nd month.

Conclusions: The last follow up examination was in 13 months after the surgery. The aesthetic result satisfied the patient.

Key words: abdominoplasty, augmentation mammoplasty, transabdominal endoprosthesis.

EVALUATIONS OF EARLY POSTOPERATIVE COMPLICATIONS IN PATIENTS WITH INGUINAL HERNIAS

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Introduction: Inguinal hernia is a clinical and anatomical entity, very frequently encountered in surgical pathology structure, and the surgical treatment of it is always discussed in the special literature, both through the prism of surgical techniques used and through the prism of possible postoperative complications depending on the type of plasty. Currently, there is no consensus about the approaches towards the principles of surgical treatment of inguinal hernias, as well as a pertinent review of early postoperative complications depending on the type of surgical procedure.

Aim: Comparative analysis of early postoperative complications according to the methods of plasty of the inguinal canal in different types of hernias.

Materials and Methods: The study includes retrospective analysis of 94 patients examined and operated in aseptic surgery department SCM1, between 2009-2011, of which 6 patients with congenital inguinal hernias (6,38%), 21 patients with inguinal hernia (22,34%), 41 patients with direct inguinal hernias (43,61 %) , 26 patients with recurrent hernias (27,65%).

Results: Prefunicular hernioplastia techniques were performed in 9 (9,6 %) cases, to 35 (37,2%) patients were performed retrofunicular plastia and 50 (53,2%) cases – hernioplasty with synthetic mesh. In early postoperative period were registered the following complications: paresthesia (5), wound hematoma (3), acute urinary retention (3), wound suppuration (1), swelling of the scrotum (4). Patients with plasty using synthetic mesh show fewer early postoperative complications: paresthesia (2), hematoma (1), acute urinary retention (1), and swelling of the scrotum (1).

Conclusions: The incidence of early postoperative complications in plasty with synthetic mesh is significantly smaller versus the pre- and retrofunicular techniques with own tissue. The surgical cure of recurrent hernias is preferably using synthetic prostheses.

Key words: inguinal hernia, hernioplasty, postoperative complications.

SURGICAL TREATMENT FOR COLORECTAL LIVER METASTASIS

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Introduction: Liver is one of the most common sites of metastasis from colorectal cancer. Of all patients who undergo a curative resection for colorectal cancer, 25% will develop liver metastasis. Hepatic resection of colorectal liver metastasis results in improved survival. The aim of this study is to analyze the perioperative outcome and the prognostic factors for mortality and morbidity in liver metastasis.

Material and Methods: Between January 2009 and December 2010, 38 patients underwent surgical treatment with curative intent for colorectal liver metastases at 3-rd Surgical Clinic, Gastroenterology Institute, Cluj-Napoca hospital. A retrospective review of patients' characteristics and various histopathological and surgical factors was performed.

Results: Out of 38 patients, 14 (36.8%) were female and 24 (63.2%) were males. The overall mortality rate was 2.6% and the global morbidity was 13.2%. 76.3% of the tumors were located in one lobe, whereas 23.7% were located in both lobes. Major resections were performed in 5 cases, in 15 cases segmentectomy was the procedure of choice and metastasectomy (limited resection) was performed in 18 cases. Perioperative mortality and morbidity was not associated in our study with the intraoperative blood loss, extent of the resection, or localization of tumor (Chi square $p>0.05$ in all cases).

Conclusion: In our study we found that surgical resection of liver metastasis from colorectal cancer represents a safe procedure and should be the treatment of choice in such cases.

Key words: colorectal cancer, liver metastasis.

LIVER TUMORS IN CHILDREN

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Introduction: Liver tumors occupy a special position in oncology pathology in children due to their origin. Difficulties in this area are a subject to a number of factors such as delayed visit to the doctor, the occult clinical symptoms in this pathology, changing clinical manifestations, a wide range of pathologies that are manifested though similar clinical picture. Primary liver tumors in children have an incidence of 3% of cases and ranks 3rd place among abdominal tumors, after Wilms tumor and neuriblastoma. Liver tumors affect most commonly children of 0-5 years.

Aim: To demonstrate the data of personal observations in children with this pathology.

Material and methods: The National Center of Pediatric Surgery "Natalia Gheorghiu" 2004 trough 2011 received 21 children with tumors of liver. Distribution of children by age: up to a year (n=4), from 1 to 3 years of age (n=9), 4-7 years of age (n=4) and 4 children from 8 to 18 years of age. Separation for