

Staghorn kidney stones occur in 17-40% of all patients with nephrolithiasis and in 6-7% of cases among patients of urological profile. There are many ways to treat staghorn calculi, but open surgery remains the first choice, where are presented large stones, multiple stones and infected ones.

The aim of the study:

The aim is to improve results of surgical treatment of patients with staghorn calculi, highlighting the methods and concepts of contemporary surgical treatment of nephrolithiasis.

Scientific Significance. Open surgical treatment of staghorn nephrolithiasis remains a milestone in the treatment of nephrolithiasis. Being an invasive treatment, it is well tolerated by patients with the large stones, complicated and infected one with the failures of other existing methods.

Work Tasks: 1. Study of the pathogeny in staghorn nephrolithiasis. 2. Study of the existing methods and types of surgical treatment of staghorn calculi. 3. Examination of the own results in the study of patients with staghorn calculi.

Material and methods: The study was conducted between the years 2009 - 2011, the urology clinic of Clinical Hospital, there were 13 patients with staghorn nephrolithiasis performing nephrolithotomies. Age of patients ranged from 23 to 73 years, average age was 46.13 years. The study group allocation of patients according to sex was 4 (33.3%) males and 9(66.7%)-women. Roentgen-negative stones was 1 (7.7%) and X-ray-positive patients 12 (92.3%). According to kidney damage, have been assigned: Right 4 (30.7%), the left seven (53.8%), bilateral 2 patients (15.3%). The relative sizes of the stones ranged from 3 to 7 cm, with an average of 3.44 ± 0.9 cm. Multiple stones were present in 3 (20.3%) patients and unique 10 (77%).

In all patients undergoing surgery of staghorn nephrolithiasis was present chronic pyelonephritis on the affected side, the phase of overheating - 2 (15.3%) in remission - 3 (23.0%), the latent phase - 8(61.7 %) cases.

The group of patients described above underwent surgery: the anatrofic nephrolithotomy with refrigeration in 1 (7.7%) cases, the pielonephrolithotomy in 5 (38.5%) cases, radial nephrolithotomy with clamping the vascular foot in 3 (23.0%) cases, calicolithotomy - in 1 (7.7%) cases and nephrolithotomy without vascular clamping in 3 (23.0%). Clamping the renal artery with kidney refrigeration was used in 1 (7.7%) cases. Clamping the vascular foot (artery + vein) - 3 (23.0%) cases.

Conclusions: With bleeding and trauma and at the same time radical surgical methods remains the basic treatment of Staghorn Nephrolithiasis. Setting correct indications and patient selection based on pre-and intraoperative data storage, nephrolithotomy cause results are optimal for treatment of severe and complicated staghorn nephrolithiasis.

Classical surgery is currently a backup method, useful in complex cases where less aggressive alternative therapies have failed or could not be used.

CORRECTION OF POST-ECHINOCOCCECTOMY RESIDUAL CAVITIES IN HEPATIC HYDATIDOSIS IN CHILDREN

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Introduction: Correction of residual cavities is one of the most controversial issues in the surgery of the hepatic hydatid cyst in children. A great array of surgical technologies confirms that none of the proposed methods is “ideal” in resolving residual cavity in hepatic hydatidosis in children.

The purpose of the work was to concretize morphological peculiarities in the recurrent massive hydatid cyst in children with optimization of the method of capitonage used in post-echinococcectomy correction of the residual cavities in these clinical evolutionary forms of the disease.

Material and Methods: The study is based on a complex clinical and morphological analysis of 29 children aged 2 - 17 years treated surgically in the Department of Surgery of the National Scientific-Practical Centre of Pediatric Surgery "Natalia Gheorghiu" of SRIMCHC during 2008 - 2011 with massive hepatic hydatid cyst (n=16), complicated forms (n=8) and relapsing hydatidosis (n=5). Gender distribution of parasitic lesions showed prevailing affection in boys - 21 (%) versus females - 8 cases (%). Topographic study of hydatidosis revealed a predominant distribution in the right lobe of the liver in 17 (%) cases, left - in 8 (36%) cases, a bilateral affection being recorded in 4 cases.

Imaging examination results (abdominal echography, CT, liver scintigraphy) were confronted with the pathomorphological examination data, which included studies of the hydatid larval cyst and the determination of changes of the affected organ.

We used plastic material "LitAr" to seal the residual cavity subjected to capitonage which is a collagen-hydroxyapatite preparation. The preparation was used concurrently with the capitonage of the residual cavities, filling 2/3 of the volume of these spaces.

Results: Use of this plastic material has allowed us to obtain a stable hemostasis and biliary stasis in post-echinococcectomy residual cavities in all the cases. Time necessary for adequate sealing of residual cavities was 20-25 days. This time proved to be sufficient for triggering local reparative phenomena. Adverse reactions were recorded in 3 cases which manifested by: increase of body temperature, which were subsequently ceased.

Conclusions: The obtained results allow us to conclude that the method of staged capitonage "forward and back" in combination with filling of the residual cavities with plastic "Lit Ar" allow to improve the results of surgical treatment in hepatic hydatidosis in children.

Key words: hepatic hydatidosis, surgical treatment.

CORRECTION REACTION OF LIPID PEROXIDATION IN PREGNANT WOMEN WITH PYELONEPHRITIS

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Introduction: Pyelonephritis in pregnancy predominates in the structure of renal disease in the period of gestation. The significance of this pathology is caused by a high incidence of pregnant women, often relapsing, purulent, and complicated forms of the disease. The gestational pyelonephritis is a factor in perinatal pathology, maternal and perinatal mortality and the formation of the delayed pathology in the women's urinary tract (I.V. Mikhailov, 2005; M.A. Herraiz et al., 2005; S. Hazhir, 2007).

Materials: In our research we have examined 115 pregnant women with gestational pyelonephritis. Among them - 69 pregnant women are with initial acute pyelonephritis in the stage of serous inflammation, 46 - with chronic pyelonephritis in the stage of exacerbation. The control group consisted of 30 women with physiological pregnancy.

Pregnant women with acute pyelonephritis had an increase concentration of plasma MDA by 66.2% ($p \leq 0,05$), compared with pregnant control group, while the increase of this indicator in pregnant with