

## MEDICAL CORRECTION OF TERMINAL UVEAL GLAUCOMA

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**Introduction:** Terminal painful no compensated glaucoma of uveal genesis often requires retrobulbar blockade with ethyl alcohol or, in case of ineffective treatment, enucleation of the eyeball.

**Objective:** To work out medical therapy of terminal uveal glaucoma.

**Materials and methods:** 11 patients with uveal painful terminal glaucoma have been under our observation. We succeeded in elimination of the painful syndrome and in saving of the eyeball, exclusively, by means of medical treatment.

The age of patients was from 54 to 65, 7 women and 4 men. The patients were afflicted with unilateral terminal painful uveal glaucoma. Sharpness of eyesight on the eyes was 0 (zero). Before treatment intraocular pressure (IOP) was  $47 \pm 4.3$  mm t/g.

Routine ophthalmological examinations including USD of both eyes were performed. The patients received the following medical preparations: cycloplegic drugs (atropine 1/three times a day); topical corticosteroids (dexametasone 0.1four time); topical  $\beta$ -blookers (thymol 0.5% twice a day); on the background of general anti-inflammatory therapy.

**Results:** After conducted therapy painful syndrome was arrested, IOP reduced to  $28 \pm 2.6$  mm tlg ( $p < 0.05$ ). The patients got recommendations to drop cycloplegic drugs corticosteroids and  $\beta$ -blookers after discharge from the hospital constantly. Further examination 6 months later demonstrated stability of the results obtained. The eyes were quiet; pains were absent, IOP-within the norm up to subcompensated level ( $27 \pm 1.9$  mm tlg). There were no indications for surgery.

**Conclusions:** In case of painful terminal uveal glaucoma the introduced complex of anti-inflammatory and hypotensive therapy results in organ-saving effect. The above mentioned therapy is advisable to use in case of pain of any genesis in a blind eye (except oncopathology), which will likely exclude enucleation.

**Key words:** uveal painful terminal glaucoma, medical therapy.

## OTITIS MEDIA FORMS IN CHILDREN WITH UPPER RESPIRATORY INFECTION

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**Introduction:** The upper respiratory infection is highly prevalent among young children and often results in otitis media. The incidence and characteristics of otitis media complicating URI has not been studied in Moldova.

**Objectives:** To evaluate the prevalence, the clinical features and particularities of diagnostics of otitis media in children with upper respiratory infection.

**Methods:** We performed a prospective study of 50 children (age range from 6 months to 7 years) with upper respiratory infection. We collected anamnesis data and performed the routine otorhinolar-

ngologic examination including anterior rhinoscopy, oropharyngoscopy and otoscopy. 100 ears of 50 children were examined by optic and pneumatic otoscopy, using the scheme of detailed description. Electroacoustic examination of middle ear including tympanometry and reflex-audiometry was obtained, analyzed and compared with otoscopy data. Diagnostics was made according to the Algorithm of diagnostics. Repeated tests were performed in 10 days and in a month after the clinical recovery.

**Results:** Otolgia was registered in 7 from 50 examined children and disappeared during first 3 days in all children. Impedance audiometry was the method of reference. The analyses of anamnesis and otoscopy data were on the basis of differential diagnosis between otitis media forms. We detected otitis media in the majority of examined ears (82 %). Otitis media with effusion was diagnosed in 56 % of cases, acute otitis media – in 18 %, recurrent otitis media – in 3 %, adhesive otitis media – in 1 % of ears.

The majority cases of otitis media were registered in younger children (first 5 years of life). We analyzed the clinical course of otitis media. Inadequate reaction to sounds and to sleeping disturbances, were the most frequent signs of otitis media. We registered the persistence of otitis media in 80 % of cases in 10 days of clinical recovery and in 40 % in a month. The majority of children with persistent otitis media were younger than 3 years of life.

**Conclusions:** The prevalence of otitis media in children with upper respiratory infection is high. The otalgia is not the sign of reference in otitis media. The complex of anamnesis data analyses, otoscopy and impedance audiometry is necessary for diagnostics and differential diagnostics of otitis media forms. Children of the first 5 years of life with upper respiratory tract infection need an otorhinolaryngologic evaluation and audiologic control in a month after recovery.

**Keywords:** upper respiratory infection, otitis media, children, otoscopy, impedance audiometry.

## GLYCEROL PRESERVED SKIN ALLOGRAFT – THE KEY FOR THE EFFECTIVE WOUND BED PREPARATION

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**Introduction:** For spontaneous wound healing to occur, wound preparation must be optimised. This paper presents the authors' experience and philosophy regarding wound bed preparation of extensive and complicated wounds. The properties of an ideal burn dressing can be summarized in four P's: protection, proteolytic effect, promotion of healing, and pain relieving. Glycerol preserved skin allograft possess several key characteristics of an ideal wound bed preparation, including good adherence to the wound bed, water vapour transport, antimicrobial characteristics, low toxicity and antigenicity, ease of application and removal, a long shelf life, and minimal storage requirements. There are other benefits of skin allograft application, such as decreased loss of water, electrolytes, and proteins. Skin allograft application also reduces pain and thus allows for exercise and ambulation, also decreasing the incidence of contractures.

**Methods:** This study included all patients with burns and complicated wounds, who were admitted to the Queen Fabiola Children's University Hospital in Brussels from January 2010 to November 2010 who had been treated with a glycerol preserved allograft. After the removal of all devitalized tissue, angiogenesis of the wound bed is promoted by the temporary application of the glycerol preserved allograft (GPA).