with the development of atopic dermatitis. High concentrations of interleukin-5, interleukin-17, and macrophage chemotactic protein-1 and only surface moisture in the cheek were associated with greater risk of infantile eczema in the first month. The association of atopic dermatitis in infancy with reduced neonatal macrophage inflammatory protein levels suggests a link with immature immune responses at birth.

Myometrectomy in Large Uterine Myomas Size

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Introduction: Surgical interventions for very large uterine myomas (hysterectomy vs organ preserving procedure) are under evaluation. The aim of the study was to analyze one center experience of myometrectomy in surgical treatment of very large uterine myomas. Material and methods: From November 1994 to May 2008, 21 consecutive patients with very large uterine myomas (?16 weeks, according criteria published by West S. at all., 2006) were selected for organ-preserving operation (myometrectomy). The mean age of patients was 36.48 ± 0.72 (ranged from 31 to 43 years). Tumors size was 17.81 ± 0.9 (range from 16 to 35 weeks). Operative technique includes: (1) temporary vascular clamp of uterine vessels; (2) two "V" incisions of the anterior and posterior uterine wall ("ellipse type"), with subtotal removing of myometrium with all myomas nodules and maximum preserving of the endometrium volume; (3) formation of new endometrial cavity; (4) final formation of "neo-uterus" with vascularize perimetrium flaps used continuous "baseballs" sutures ("Vicryl" or "PDS" Ethicon®). For final hemostasis were used non-commercial fibrin glue and human thrombin (27 vs 17 cases). Results: The mean operation time was in the range of 45 to 147 min (mean 79.52 ? 5.5). Blood loss was 298.43 ± 20.8 ml. Number of nodules excision were from 1 to 11 (mean ± SD, 4.05 ± 0.7). The mean hospital stay was 6 - 8 days. Conclusion: Conventional abdominal myometrectomy is safe, favorable and effective procedure in surgical treatment of voluminous myomas with accessibly morbidity and recurrence rate.

Role of Echocardiography in Primary Diagnosis of Dilative Cardiomyopathy in Children - Clinical and Hemodynamic Relations

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The objective of the work was the assessment of changes in echocardiographic and their primary diagnosis of dilated cardiomyopathy in children. The retrospective study included 11 patients consecutively admitted during 2006-2009 in the service of pediatric cardiology and C in ICSOSM diagnosed with dilated cardiomyopathy (DCM). The study also included children of both sexes (3girls, 8boys), age within 3 months - 16 years (average 6. 4 years). Echocardiographic examination (EcoCG) was performed in M mode, 2D and Doppler (AcusonX300 System). EcoCg examination included determining the following relevant hemodynamic parameters in diagnosis of DCM (P.Elliott, 2000; F.E. Wilklow , 2008): size of left and right heart cavities (LVDD, LVSD, LAD, RVD), left ventricular contraction function (EF, SF). MPI (Tei index, C. Tei, 1997) was calculated simultaneously, reference values are dependent on age. EcoCg measurements obtained were compared with normal values for age in relation to BMI (R. Kampmann, 2000). It has been found

correlations between parameters EF, SF, MPI and the severity of CHF (NYHA / Ross). The clinical and paraclinical examination of patients determined: male predominance (73%). 63.3% of patients had severe HF (3-4 NYHA / Ross). Echocardiographic index values: Ao (16 ± 2. 03, p 0. 03), LAD (32 ± 1. 9, p 0. 0002), LVDD (46 ± 4, p <0. 001), LVSD (40 ± 3. 3, p <0. 0001), RVD (14 ± 2. 1, p 0. 2) are significantly increased compared with normal values reported to BMI. EF (38 ± 3. 6, p <0. 0001), SF (19 ± 2. 1, p <0. 0001) are reduced. Myocardial performance index values (0. 76 ± 0. 06, p <0. 0001) are enlarged. 36% of patients on the background of a normal EF (53±2.35%), show the increased Tei index (0. 57±0.0095). Initial clinical presentation in children with DCM is mostly serious HF (63.3% with FC NYHA / Ross III-IV). EcoCg parameters reported to the BMI are more relevant in diagnosis of dilated cardiomyophathy. Mentioning, that Tei index allow more objective appreciation of function of heart muscle contraction, even in cases with EF and SF preserved, which allows early initiation of appropriate treatment.

Heart Abnormalities in Children with Neuromuscular Diseases

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Neuromuscular diseases are a large group of diseases that are characterized by defective functions of peripheral nervous system, neuromuscular junction and/or muscle. Due to the similar structure of skeletal and cardiac muscles it is possible to associate neuromuscular diseases with cardiac disorders. The aim of the work was to identify the incidence rate of cardiovascular abnormalities in children with neuromuscular diseases. During the period from January to December 2008 at the Clinic of Neurology and Psychiatry for children and Youth the Faculty of Medicine in Belgrade, 44 patients with neuromuscular diseases had cardiovascular examination (physical, electrocardiographic and echocardiographic). All of the examined patients fell ill before turning 18 years of age. The patients' ages (M: 25, F: 19) ranged from 3 to 38 years (X = 16 ± 8.35) at the time of cardiovascular examination. High incidence rate of mitral valve dysplasia, without haemodynamic changes, has been diagnosed (38.6%). Patients with distrophinopathy are often referred to cardiovascular examination. Five (26.3%) of the patients with distrophinopathy have dilated cardiomyopathy, and two patients with distrophinopathy have congenital heart disease and diseases of the valve. One of the examined patients had congenital heart disease as well as nondistrophinopathic dystrophy (LGM.D.), and spinal muscular atrophy (SMA) while patients with peripheral neuropathy hadn't been diagnosed with pathological cardiovascular findings. Two out of five examined patients with disease of neuromuscular junction had results of the cardiovascular examination that matches the ones found in heart valve diseases. Dilatated cardiomyopathy, isolated or associated with other cardiology abnormalities can only be diagnosed in distrophinopathy. In other forms of dystrophy, as well as other neuromuscle diseases occurrence of described diseases of valve and congenital heart diseases has been diagnosed.

Pharmacoepidemiologic Investigation in Acute Renal Cholic in Children

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Acute renal colic is one of the most intense pains in pathology and represents a urologic and nephrologic emergency. This exploratory study was performed on 86 patients with a ages between 10