retraction pockets, thin-film adhesion, its localization and size) were evaluated by otoscopy before surgery and otomicroscopy during the surgery. Tympanic cavity (TC) changes (presence and character of effusion – serous, mucous, purulent, changes of mucosa - color, thickness, presence of granulation tissue, polyps), etc. were evaluated by otomicroscopy during the surgery. Surgical procedure - Myringotomy was made under general anesthesia with endotraheal anesthetic. From 38 children included in Project 24 were diagnosed as having OME (63.2%) and 14 - RAOM (36.8 %). We have shown that various forms of OM are dynamically interrelated regarding their causes and pathogenesis and do not represent separate entities. Rather, they represent the same disease process as it progresses in continuum. We support the opinion of some authors that TT insertion prevents severe retraction pocket formation and cholesteatoma development. We consider that using tympanostomy tubes for the treatment of otitis media with effusions and recurrent otitis media in childhood might prevent the necessity of early, repeated and radical ear surgery in the future.

Myometrectomy in Large Uterine Myomas Size

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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: 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). The mean operation time was in the range of 45 to 147 min. 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. Conventional abdominal myometrectomy is safe, favorable and effective procedure in surgical treatment of voluminous myomas with accessibly morbidity and recurrence rate.

Clinical Symptoms and Ultrasound as a Method of Diagnosis of Endometriosis

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Endometriosis is typically seen during the reproductive years; it has been estimated that it occurs in roughly 5% to 10% of women. The objective of the work was to estimate different symptoms of endometriosis and ultrasound in the diagnosis of endometriosis. The retrospective study was conducted on a group of 60 patients, aged 44 ± 0.5, selected from the Gynaecology Department from the Municipal Clinical Hospital Nr.1, Municipal Clinical Hospital Nr.3 and Oncologic Institute,

Chisinau with the diagnosis of endometriosis confirmed histological, in the period 2006-2008 and check group of 24 patients, aged 42,2 ± 2,0, selected from the Gynaecology Department of Women Health Center "Virginia", Cahul, with the diagnosis of uterine myoma, during the period January – November 2008. Patients were analyzed by the following criteria: clinical symptoms of diseases, ultrasound exam. Endometriosis is most common at the group of women at age of 19-39 (45%) and in the higher socio-economic group. The presumptive diagnosis established were: "uterine myoma, metrorrhagia" – 30 cases (50%), "menorrhagia" – 2 cases (3,3%), endometrial cancer - 2 cases (3,3%), hydateform mole – 1 case (1,7%), adenomyosis – 13 cases (21,7%), cervix endometriosis and fallopian tubes endometriosis each in 2 separate cases (1,7%) and ovarian endometriosis in 10 cases(16,6%). Most frequent symptoms were dysmenorrhea in 43 cases (71,7±5,8%, $p<0,001$), pelvic pain associated with headaches in 7 cases (11,7±4,1% , $p<0,05$), chronic fatigue in 9 cases (15±4,6%, $p<0,01$) , depression in 10 cases (16,7±4,8%, $p<0,01$), nausea in 3 cases (5±2,8%, $p>0,05$). Symptoms often worsen in time with the menstrual cycle. Dyspareunia were present in 18 cases (30±5,9 %, $p<0,001$), disturbance of menstrual cycles were manifested by hypermenorrhea in 11 cases (18,4±5,0% ($p<0,001$), hyper-polymenorrhea in 21 cases (35±6,1%, $p<0,001$), menorrhagia in 24 cases (40±6,3%, $p<0,001$) and in the fact posthemorrhagic anemia was estimated in 20 cases (33,4±6,1%, $p<0,001$). Infertility were present in 19 cases (31,7±6,0%, $p<0,001$). Brown pre- and postmenstrual bleeding were detected in 22 cases (36,7±6,2%, $p<0,001$). Often an enlarged uterus from adenomyosis is misdiagnosed as being from fibroids; this common error can lead to wrong diagnosis. The check group diagnosed with uterine myoma had the following symptoms: in 21 cases (80,7%) there were no clinical symptoms, in 3 cases (11,5%) painful periods and in 2 cases (7,8%) abnormal haemorrhage. Adenomyosis causes the walls of the uterus to thicken and the uterus to become enlarged. During the bimanual exam uterine enlargement corresponding to 6-7 weeks gestation in 7 cases (14,5±4,5%), to 8-9 weeks gestation in 15 cases (31,4±5,6%) and more then 10 weeks gestation in 22 cases (45,8±6,4%). Uterine retroversion was present in 23 cases (47,9±6,4%, $p<0,001$).In 26 cases (54,2±7,0%, $p<0,001$) adenomiosis was associated with uterine myoma. Pelvic ultrasonography imaging was used to identify individual lesions, but these modalities are not helpful in assessing the extent of endometriosis. Even with direct visualization, diagnosis of endometriosis can be difficult. All patients had performed ultrasound exam and just 28 (48,3±6,5%, $p<0,001$) ultrasound reports had indicated endometriosis as a possible diagnosis based on ultrasound findings, and that because of the fact that ultrasound exam wasn't perform pre- and postmenstraul to detected the pathognomonic signs of endometriosis (the size of uterus before and after menstruation vary in 2 weeks gestation). Dysmenorrhea in 71,7±5,8%, hyper-polymenorrhea in 35±6,1%,brown pre- and postmenstrual bleeding in 36,7±6,2%, uterine enlargement are the common symptoms of endometriosis and ultrasound exam had indicated endometriosis as a possible diagnosis in 28 cases (48,3±6,5%).

Effectiveness of Intraoperative Ultrasound in Reducing Recurrent Fibroids during Myomectomy

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Reconstructive operations of uterus (ROU) for multiple myomas (MM) are accompanied by high rate of recurrence 40 – 50%, which are caused by residual tumors. The main of this study was to present initial experience of intraoperative ultrasound (IOUS) guidance during ROU for MM. Material and methods: The prospective study were based on 78 consecutive patients with MM, the age were 20 – 44 years (mean 32.6 ?0.52), whom were performed ROU with IOUS. Clinical criteria included in study were diagnosed on clinical examination, transabdominal US, CT scan, MRI. IOUS