

for this location the most serious burns are characteristic. Burns in children represent some serious injuries with skin necrosis, fat tissue, muscles, tendons, nerves, blood vessels, bones, with a very dynamic deployment according to the stages, comprising the major symptoms of dehydration, hypoxia, anemia, metabolic disorders, endotoxicosis, immune collapse, septic complications, acute multiorgan failure syndrome. Children's body with its anatomical and physiological specific and immature mechanisms of immune protection, respond inadequately to stress induced by the thermal injury that is why the evolution of the burned disease in children has characteristic and specific adaptive-compensatory mechanisms, which can generate a systemic inadequate response.

## Tumors of the Abdominal Cavity in Children

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The incidence of tumors in children is steadily increasing worldwide. In persons under 18 years with tumor, malignant tumors occur 10 times less than benign. They are one of the main causes of infant mortality. Child mortality due to cancer is second after deaths from accidents in Europe and the United States. One of the major challenges of cancer in children is always a late diagnosis of the disease, from which depends the final result of treatment. One of the most problematic in terms of early diagnosis of cancer in children, have always been a tumor processes in abdominal cavity and retroperitoneal space. Volumetric mass in the abdominal cavity is a term that denotes dense or soft formation in any region of abdomen. They may appear at any age. In the case when the mass formation is small, unseen for the eye and the palpation of the surface of child's body, it may remain undetected even with normal physical examination. Prognosis for a child with a mass in the stomach depends on the nature and location of the mass. Objective: To demonstrate the data of personal observations of children with this pathology. Material and methods: To the National Center of Pediatric Surgery "Natalia Gheorghiu" from 2004 to 2009 in the Department of Thoracoabdominal surgery was received 87 children with tumors of the abdominal cavity. On hospitalization were given the following diagnoses: 42 (48%) of the children with a mass of the abdominal cavity, 20 (23%) – liver mass, 16 (18%) – pelvis mass, 3 (3.5%) with the formation of retroperitoneum, 1 (1%) with liver cirrhosis, 2 (2%) with adhesive disease and 1 (1%) with mesenteric cyst. The final diagnoses were as follows in 20 (23%) children – mass in retroperitoneal space, in 17 (19,5%) - the mass in the abdominal cavity in 3 (3%) - intestinal, 10 (11,5%) - liver, 20 (23%) - the internal female genital organs, 3 (3%) - the spleen, 2 (2%) - the stomach and one echinococcus of the mesentery. In 11 (13%) children the data for tumors were not identified: in 4 data for the pathology was not identified, 7 were operated: 2 with hepatitis B, 2 - with abscess, 1 - with intussusception, 1 with adhesive conglomerate, 1 with abdominal lymphadenitis. Results: The children were divided by the age: 1-3 years 26 children with a predominance of mass in retroperitoneal space; 4-7 years, 18 children – mass in the abdominal cavity of children 8-10 years -12 and 11-13 years - 13 children in these groups were not identified the predominant localization? 14-17a - 18 children with a predominance of mass of internal female genital organs. When the new mass formation get to large size the shape and size of the stomach changes to what the attention is played by the parents or physician in routine inspection. The skin over the mass of abdomen, as a rule, does not change, thus retains its normal color.