

tube chists and only 2 (1.6%) with parovarian cyst. Also, among the children with ovarian cysts in 14 (27%) is recorded torsion, in 2 (3,8%) - necrosis in 3 (5.8%) - rupture and in one (1.9%) - infecting. It is also important to note that there were encountered combinations of gynecological pathologies, such as ovarian apoplexy with cyst of the uterin tube 6 (4.5%), paraovarian cyst torsion on the right ovary with the right ovary cyst 1 (0.7%), ovarian cyst with a cyst in the uterine tube 2 (1,5%) cases. But it also noted the combination of gynecological pathology with secondary appendicitis in 27 (21,4%) children and in one case (0, 8%) with gangrenous appendicitis. The distribution by age as follows: 6-10 years - 6 (5%) children, 11-13 years old - 15 (12%) children, ages 14 - 17 - 105 (83%) children. The most common gynecological pathology causing acute abdominal clinic in our hospital was ovarian cyst, and the age of most of the patients was from 14 to 17 years, while children 6 to 10 years with gynecological pathology clinic that simulates an acute abdomen is largely an inflammatory and does not require surgical treatment. In view of the anatomic-topographic and anatomic and physiological features of a child's body, high mobility of neoplasms in female internal genital organs in girls clinic usually simulates acute appendicitis. Ovarian Neoplasms and the leasure of the right ovary occur in puberty more often confirming the theory of genetic determination of an earlier and higher functional activity of the right ovary.

Treatment of Donor Wounds with a Free Transplant Grafts in Children

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The biggest advantage of the medium thickness free grafts transplantation is that large areas of skin can be transplanted without any damage (functional or cosmetic) to the donor site wounds. However, for the implementation of this basic advantage in practice, is a smooth donor wound healing, which is most successful ensured by an appropriate treatment and by leaving the wound open. In the Children's Republican Hospital "Em.Cotaga" in Burns Department, during the 2009 have been hospitalized 626 patients. 114 patients of those operated, with di-agnosis autodermoplasty with split grafts. The excision of the flap was carried out under general anesthesia. Before the excision, donor site was treated with antiseptic solution. Subcutaneously sa-line solution was injected till the formation of "citric peel". After this, the excision of the graft was performed. At the end of the operation to the surface of donor wound was covered with Kollahit, non-woven wound coverings based on collagen-chitosan complex. Coverage Kollahit is plased on the wound so that it stood for the wound for 5-10 mm, is pressed to the bottom of the wound, and then is imposed a gauze and fixed with gauze bandage. Donor site wound is immobilized. Bandages should be changed in two days after surgery. From the wound surface only the wet areas are re-moved and are replaced with new pieces of cover of the same size. The crust formed is closely welded to the bottom of the wound, forming a solid and yet flexible protective coating. Cover stucked to the wound are left on the wound until its complete epithelialization. Wound surface of the donor site wound epithelialization begins primarily from the edges. The development of the process of epithelialization is shown by the delamination of crust edges, which is observed in 6-8 days after the surgery. The lifted crust edges should be cut every day, so that they could not accidentally be caught on the patient's clothes, and lift the adhered parts, which may cause bleeding and even lead to the occurrence of the infection. 10-14 days after the operation, the epithelialization ends, the crust is definitively decaled; the place of the donor site is shown only by the bright spot on the skin. The Kollahit coatings stimulate regeneration of damaged tissues in the wound: stimulate marginal and island epithelization and provide conditions to epithelial cells migration, providing the conditions for scar free healing. A very valuable asset of Kollahit is its: soft spongy structure, high capacity to absorb wound fluid content, the ability to provide normal moisture in the wound. This allows an easy and painless bandage change. Due to the high plasticity,

Kollahit makes it easy to make coatings for various parts of the body. They possess wound-healing, antimicrobial and analgesic effect.

Life Quality of Sick People Affected by Endometriosis in the Conditions of Medicamental Ovariectomy by Applying a New Method of Add-back Therapy

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During the last decades a gold standard of the treatment of endometriosis is considered to be the application of agonist gonadotrophin-releasing hormones (a-GnRH), but in connection with a great number of side effects, its application is reduced. To solve the problem it's necessary to search new methods of add-back therapy. The aim of the research was to carry out the analysis of life quality of sick women affected by endometriosis in the conditions of medical ovariectomy by applying a new method of add-back therapy. To treat 25 patients affected by peritoneal endometriosis – the third degree (classification AFS of 1985) - a-GnRH, containing 3,6 mg Acetate Gozerelin was applied. The course of treatment included 6 injections of zoladex. After 2-3 injections, because of evidence of Zoladex side effects, the patients were prescribed the combined oral contraceptive containing 0,02 mg Ethinyl Estradiol and 0,15 mg Dezogestrel - a medicine Novynett in a continuous regimen. Earlier Novynett wasn't applied with the similar purpose, but the drugs of replaceable hormonal therapy were applied for add-back therapy. 52 % of patients were prescribed the treatment during first 10 days after the operative intervention. We estimated the efficiency of a-GnRH therapy in case of peritoneal endometriosis on the ground of questioning, gynaecologic examination, echoscopy researches. In 4 weeks after beginning of treatment such symptoms, as dysmenorrhea, "smearing" discharges before menses, hypermenorrhea, hyperpolymenorrhea were cut off. The total absence of a painful syndrome is noted after 20 weeks from the beginning of a-GnRH treatment. During the treatment of a-GnRH all patients suffered various side effects. Such symptoms, as hot flushes, hyperhidrosis, depression, peripheric edemas, insomnia, giddiness, weight- increase, complaints of headache were increasing. In 4-8 weeks from the beginning of treatment appeared the complaints of heart pains, enlargement or diminution of mammary glands, seborrhea, hirsutism, nausea, myalgia, nervousness, and cases of increasing of a systolic BP on the average to 160 mmHg, diastolic - to 100 mmHg. Most patients had the combination of several symptoms (hot flushes and hyperhidrosis etc.). To correct the side effects we used Novynett which was prescribed to 15 patients to be taken continuously after 2 Zoladex-injections. During Novynett intake more than 50 % of patients noted the reduction of such symptoms, as libido decrease, headaches, emotional lability, hot flushes, hyperhidrosis, and insomnia. By the end of the treatment course the patients did not complain to depression, acneea, mialgia, diminution of mammary glands. 10 patients did not receive side back therapy. 8 patients had contraindications for its application, 2 patients refused to applicate it in connection with satisfactory state of health. The patients who didn't take Novynett, complained to headaches, heart pains, hot flushes, hyperhidrosis, emotional lability, liftings of arterial pressure during the whole period of a-GnRH treatment. The side effects of various characters and the degree of the evidence in response of application of Zoladex affected all patients and led to necessity of side back therapy by 88% of patients. The application of microdosed COOK Novynett stopped effectively side effects that suffered sick people affected by peritoneal endometriosis during a-GnRH treatment.