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Tenosynovitis stenosans is a dysplastic pathology of the anular ligament of the fingers that occurs in children most often between the ages of 1 to 3 years. The anular ligaments of the first finger are most often affected, although this is possible with the other fingers. Parents notice the difficult extension of the first finger or the inability to unbend the first finger completely. Also one can notice directly at the base of the first finger on the palmar side a thickening.

**The purpose is** to prove the effectiveness of the mini-invasive method of treatment according to Shastin method in our modification.

In recent years, we observed 67 children under the age of 3 years, in 51 cases the constrictive ligament was observed in the first finger, 16 were from other fingers. In 49 cases it was on both first fingers of brushes. Before surgery, ultrasound was also performed, which specified the area of the pathologically altered anular ligament and its extent. Operative access is performed on the palmar surface in the middle of the finger through a point incision (according to Shastin method) with a special pointed scalpel in the projection of the pathologically altered anular ligament, which was later dissected longitudinally. After all procedures a tendon of the long flexor gets the possibility of free sliding in its channel and the finger takes the usual position. The edges of the surgical wound approached by a thin strip of adhesive. After getting out of anesthetic sleep the child could move his finger freely. Traced long-term results up to 7 years in 45 patients. The functions of the fingers were restored completely in all 45 patients, there were no relapses.

Operative treatment in our modification is low-traumatic, highly effective and extremely rarely leads to relapses.

## TREATMENT OF TRAHEOBRONSHIC FOREIGN BODY IN CHILDREN THE ORLINOLARYNOLOGY CLINIC EXPERIENCE

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After the introduction of bronchoscopy into the medical practice, the incidence of complications following the extraction of the foreign body from the lower respiratory tract, was considerably reduced. The aim of this study is to analyze the cases of tracheobronchial foreign bodies, brought via AVIASAN line in recent years, and solved by the otorhinolaryngology clinic "Em. Cotaga ".

**Materials and methods.** We performed a retrospective study involving 188 patients with tracheobronchial foreign bodies.

**Results.** The study found that the predominant age of tracheobronchial foreign body aspiration in children was from 1 to 2 years (59,6%).

Foreign bodies sucked into the lower respiratory tract was met more frequent in male (63,3%) than female (36.7%).

The localization of the suctioned bodies predominated in the right bronchus (60.1%) compared to the left bronchus (31,9%), and a small number of foreign bodies being in the larynx (3,2%).

Considering the nature of the foreign body, the sunflower seeds (30,9%) and walnut kernel (23,9%) predominance was observed.

## Conclusions

- according to the children's age structure in the case of foreign bodies suction in the lower respiratory tract there is a predominance of the age of 1-3 years.
- by gender, the male sex predominates in the case of sucking foreign bodies.
- the location of the suctioned bodies are more often determined in the right bronchus than in the left bronchus.
- the organic of the foreign body depends very much on the peculiarities of the diet and lifestyle of the population, the age of the child, the games and the interests of the child.
- complications or deaths during and after tracheobronchoscopy in children.