Litovcenco A., Scutaru V.

PMSI Mother and Child Institute, Chisinau, Republic of Moldova

Congenital malformations of the central nervous system, of the neural spinal axis and of the cranial skeletal system are a more and more actual pathology. Its incidence increases year by year by more and more severely forms and associations. One of the most actual and most common congenital anomaly is: hydrocephalus (3-4 cases per 1.000 newborns), which puts us a lot of problems in solving it. The hydrocephalus of the newborn allegedly an increase of the volume of the skull due to the increase of the amount of cerebrospinal fluid and its accumulation under pressure in the fluid compartments that has as result the expansion of these cavities on account of the brain substance. The treatment of hydrocephalus requires a variety of methods, which are selected depending on the form and severity of the disease.

A complex of anomalies of the neural spinal axis are disrafie thorns:

Congenital malformations caused by the incomplete development of the neural tube during the fetal embryogenesis (approximately on the 20-th day).

Their frequency is 4-5 cases per 1.000 newborns. The treatment is exclusively surgical and requires a great skill in tissue of the tissue defects.

The cranial malformations include craniostenosises, which are affections characterized by premature, primitive closure of one or more skull sutures that may cause an increase of the intracranial pressure and cosmetic deformities. Their incidence is about 1 at 1.000 newborns. The indications for surgical treatment are functional, cosmetic, psychological, endocrine.

The correct management in the diagnosis and treatment of congenital malformations allows children with these abnormalities the possibility to reduce completely or partially the neurological and esthetic difficulty.

ENDOVIDEOSURGICAL TREATMENT OF CHILDREN WITH HERNIAS OF THE ANTERIOR ABDOMINAL WALL

Shchebenkov M.

Department of pediatric surgery, North-Western State Medical University named after I.I. Mechnikov. S-Petersburg. Russia

Laparoscopic operations in children with various types of hernias of the anterior abdominal wall are performed by us since 1994. During this time, more than 3000 sugical interventions were performed in children aged from 10 days to 18 years. Most patients had indirect inguinal hernias. The original laparoscopic technique consisted in hermetic sealing of the hernial orifices. In 15% of patients, was diagnosed a bilateral hernia, which did not appear clinical signs until laparoscopic intervention. Depending on the size of the hernial orifices, hernias were divided on small hernias (inguinal ring up to 1 cm) - 768 children (relapse - 0.26%), medium size hernia (inguinal ring from 1 to 2.5 cm) - 1726 people (relapse - 0.11%), large hernias (inguinal ring more than 2.5 cm) - 227 people (relapse - 5.7%). During repeated interventions, it was found that the relapse of the disease is associated with a defect in sealant sutures at large hernial gates. The technique of surgery for hernias of a large size is supplemented by a double seam of the inner inguinal ring, which allows to minimize the tension of the tissues.

Rare hernias of the abdominal wall were encountered in 9 cases. In 5 children were found a femoral hernia, corrected by laparoscopic isolation and mobilization of the hernial sac, followed by plastic surgery of the defect in the abdominal wall with a vicryl mesh. In two cases in the hernial sac an omentum was fixed. Children were examined 6 months after the operation - no pathology was found. In 3 patients during laparoscopy, a direct inguinal hernia was diagnosed. The hernial defect was sowed after complete mobilization and separation of the hernial sac without the usage of a mesh implant.

Endovideosurgery today successfully competes with traditional methods in the treatment of various hernias of the abdominal wall in children, allowing to determine the type of hernia, to improve the technique of surgery in time, perform radical intervention atraumatically with respect to the sex gland.