THE METHOD OF RECTOPLASTY AT COLOGENIC CONSTIPATIONS FOR CHILDREN

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The aim of our work was to reduce postoperative complications by reconstructive repair of anatomic-functional features of rectum.

This method provides realization of the main stage of operation according to one of the used methods. The conclusion of operation includes the reconstructive repair of anatomic feautures of rectum's internal surface by creation of three pairs of transverse plicas o the rectum.

After bringing down the healthy part of the descending colon at a distance 4-5cm from the internal anal sphincter along the lateral and medial surfaces, at the level of the interweaving of the muscle lifting the anus into rectum's longitudinal muscle layer. On each side of the intestine, three serous-myorrhaphies are put at a diameter of $^1/_3$ (distance between stitches is 1.0±0.5 cm), in a way that two opposite duplications of rectum's transverse plicas with depth-1,5 cm could be formed at tightening of the stitches.

The next stage of reconstructive operation was to determine the distance from the upper edge of the internal sphincter to the parietal peritoneum. It is at this level that the second pair of duplicator of rectum's transverse plicas (at $^1/_3$ dm of intestine) is formed, after bringing down of healthy intestine's part.

At the level of the symphysis projection in the region of sacral flexure, the third pair of duplicator of rectum's transverse plicas is formed in a way one lip is located on the anterior- lateral surface and the second one is formed at 1cm above the first on the posterior- lateral surface.

All three pairs of duplicator of rectum's transverse plicas are formed spirally, relatively longitudinally to the axis of the intestine.

The groups of children who were operated by the offered method didn't have postoperative complications in any clinical observation. The method of this proposed pelvic rectoplasty at cologenic constipations for children gives an opportunity to form natural anatomic formations of the neorectum in the form of transverse plicas without additional dissection of the bowel wall. The repair of anatomic relief of mucous neorectum helps to save the natural and reserve functions of the rectum.

As thus, we think that creation of "artificial" transverse plicas is an effective, technically and easily performed by the method of pelvic rectoplasty surgery.

PELVIC OSTEOTOMY IN THE SURGICAL TREATMENT OF EXTROPHY OF THE BLADDER

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Introduction. Among combined congenital malformations one of the most difficult is bladder extrophy (BE), which is combined with a significant discrepancy of the pubic bones.

Material and methods. We observed 12 children with BE in age from 1 to 14 years, the period of observation ranged from 1 to 10 years, while patients had a discrepancy pubic bones for a distance of more than 5 cm Treatment for 8 children was conducted after failed initial correction in different regions of Ukraine.

Results. The treatment of children with extrophy must begin with the first day of a child's life. The best option is a primary plastic of the bladder by local tissues with bilateral osteotomy of the pelvis. Our experience suggests that the disappearance of the pubic bones without osteotomy leads to prolapse of the bladder and recurrence of the defect, making it extremely difficult the subsequent treatment and minimizes the chances of the patient to the abilitation of the bladder. One of the main stages is a bilateral iliac osteotomy according to Salter and the formation symphysis of the pubic bones. The surgery is performed by two teams of surgeons, first performs orthopedic stage, and the urological team is create own or artificial bladder. After osteotomy, the distal fragments of the iliac bone rotated inward and downward, and in the pubic bones on both sides was introduced over the guide screw, which was subsequently used for the formation of pubic synostosis and fixing in contiguous position on a special plate. Iliac bone fragments were fixed by pins through the bone.

Conclusion. The use of pelvic osteotomy allows to restore the anatomical relations of the urogenital diaphragm and the pelvic floor muscles that contributes to the retention of urine and feces, and thereby facilitates social rehabilitation of patients. Orthopedic stage of surgical rehabilitation of children with extrophy the key to the success of urological interventions and prevention of violations of gait due to elimination of external rotation of the lower limb and normalize pelvic balance.