THE FIRST EXPERIENCE OF LOW-INVASIVE CORRECTION OF PECTUS CARINATUM AT CHILDREN BY ABRAMSON PROCEDUR

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Purpose: justification of relevance of use of a low-invasive method of correction across Abramson and improvement of treatment of pectus carinatum (PC) at children.

Materials and methods. The result of treatment of 7 boys aged from 12 up to 17 years operated from 2012 to 2017 concerning PC in MRRCI was analyzed. 4 of them were operated in the open way on Ravich. A lot of sequels during and after operation led to refusal of open methods of correction of PC. In the period from 2015 to 2017 three children were operated by Abramson's method. Dynamometer researches proved the efficiency of Abramson's method. The multispiral computer tomography with 3D reconstruction was carried out and allowed to avoid possible intraoperative complications. During the operation were used epidural and general anesthesia. Allocation of ribs in places of bracing of stabilizers to a periosteum without injury of a pleura allowed to reach the best stability and reliability of fixatives, reduce a pain syndrome and avoid a possible injury of intrathoracic organs. Epidural anesthesia in combination with analgetics intramusculary provided optimum anesthesia during the postoperative period. This method leads to faster recovery after operation, 5 days vs 10 days.

Results: the catamnesis collected from 1 month till 2 years is positive. At 1 patient the early post-operative period was complicated by the intense pheumothorax caused by a rupture of a bulla of an apex of the right lung. The thoracoscopic atypical resection of the violent changed site of a lung is executed.

Inputs. Using of Abramson's method allowed to reduce quantity possible intra-and postoperative complications, achieve amazing cosmetic result and reduce terms of hospitalization by 2,5 times.

RIGOTTOTOMY AND LIPOFILLING IN THE TREATMENT OF POST-BURN DEFORMATIONS IN CHILDREN: OUR EXPERIENCE

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Actuality: rigottotomy and lipofillingis a method of surgical correction of post-burn deformities and scars. Rigottotomy increases the area of the reconstructed segment, which in the future, when performing lipofilling, allows to restore the contours and volume.

The purpose of the study: evaluation of the advantages of this method compared to classical surgical operations.

Patients and methods: we evaluated the results of treatment of 25 children with post-traumatic deformities and post burn scars and deformities of various localization. The stages of surgical correction: the first stage - the actual liposuction (tumescent). The second stage (primary) - preparing a donor bed to transplant fat cells. Implementation of rigottotomy (formation of channels crossing the scarred tissue in different planes) which are filled with lipoaspirates. The third stage – subcutaneous and/ or intradermal injection oflipografts to fill the volume with contour deformities.

Patients divided into groups: the first group is about 10 children with a contoured deformation (post-burn and post-traumatic). The treatment was performed in several stages (at least 3). The first step is to fill no more than 20-30% of the area of the defect. For surgical correction of patients of this group were mainly used fat grafting. The second group of 9 children with hypertrophic scars and contractures of large joints. First stage is aggressive rigottotomy and subsequent intradermal injection of litografts to correct contractures. The third group is a group of 6 children with post-burn scars, violations of the structural composition of the skin. All patients have necessitated the 1-2 stages of lipofilling in combination with rigottotomy that helped to improve the quality of the skin and partly to eliminate cosmetic defect.

All patients have received a good cosmetic and functional result. There were not any complications.

Conclusion: advantages of this technique are: reducing the time of hospitalization; elimination of cosmetic defects and deformities; formation and recovery of the subcutaneous fat layer; improve the elasticity of the skin;