

21. TWISTED OVARIAN CYST

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Introduction. Although the last decades have allowed the creation and development of techniques and methodologies for the early diagnosis of intra-abdominal tumours in newborns, this fact remains in the developmental stage.

Case presentation. - Patient T, female, born at - 37-38 s / g, by emergency cesarean intervention - uterine haemorrhage (premature rupture of the placenta), with weight - 3162 gr. Intrauterine at 27-28 weeks of gestation, the ultrasound examination determined an intra-abdominal cystic formation measuring 86 * 68 mm, clear contour, liquid content. At birth the patient is stable, sc. Apgar 8/9 p., Bloated abdomen, symmetrical, soft to the touch, a large formation is delimited, without peritoneal signs, meconium stool present. On the second day of life the child presents accusations - bloating of the abdomen, periodic restlessness, objective - with accentuation of the vascular pattern and edema in the lower floor. On palpation the abdomen is intensely painful throughout, especially in the hypogastrium on the right, where on deep palpation a formation with dimensions of 6.0 - 5.0 cm, clear, mobile contour is appreciated. On radiography of the abdomen - volume formation on the left abdominal flank, with sub gastric extension.

Discussion. To improve the early antenatal diagnosis of intra-abdominal tumours in newborns with correct surgical leadership.

Conclusion. Ovarian cysts in newborns are rare conditions. Imaging diagnosis allows you to determine the optimal time for surgery.