

2. ACUTE AND CHRONIC LYMPHADENITIS IN ORO-MAXILLOFACIAL REGION IN CHILDREN

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Introduction. Lymphadenitis represents one of the most frequent causes of patients' addressing to the department of paediatric maxillofacial surgery. In order to make a correct diagnosis there is a need for various clinical and paraclinical examinations. A detailed anamnesis should be required from the child's parents, followed by the head and neck region examination so as to identify infectious processes of the scalp, some sources of inflammation or infection in the teeth, oral mucosa and the tongue. The palpation of lymph nodes aims to estimate their size and consistency, as enlargement in a short time may suggest a malignant process. Among paraclinical methods ultrasonography, MRI and fine needle aspiration biopsy are widely used. Ultrasonography is a propitious imaging tool for visualising the number, layout, margins, size and the morphology of the lymph nodes in peripheral lymphadenopathy, while computed tomography and MRI are more useful in assaying thoracic and abdominopelvic cavities, their certainty being predicted by the size of the lymph node. Fine needle aspiration biopsy is helpful in diagnosing reactive hyperplasia, infections, lymphomas, and metastases.

Aim of study. To learn the disease prevalence by gender and the key investigations indenting to make a judicial diagnosis.

Methods and materials. In this research, using the program Microsoft Excel there were statistically analysed patients admitted to the department of paediatric oro-maxillofacial surgery of the Republican Clinical Hospital for Children "Emilian Coțaga" during 3 years, between 01.11-2018- 01.11.2021. Thus, during this period, 300 patients were hospitalised, 166 were boys (55%) and 134 girls (45%). The type of interventions performed on these patients was also analysed. The data were presented in a bar chart and pie chart.

Results. Out of the total number of hospitalised patients, boys prevail (55%) and out of the operations performed to treat them, there were performed 128 incision and drainage interventions of deep abscess of the soft tissues, followed by 81 incision and drainage interventions of the skin and subcutaneous tissue, and 64 of them didn't undergo any surgery.

Conclusion. An efficient treatment of patients with cervical lymphadenitis is carried out using a range of clinical and paraclinical examinations. Ultrasonography, MRI and fine needle aspiration biopsy are the methods of primary choice.