urological investigations, patient selection, correct application of the method, are key success factors.
Key words: lithiasis, percutaneous nephrolithotomy, urolithiasis

165. DISORDERS IN THE NUTRITIONAL STATUS OF PATIENTS WITH CHRONIC KIDNEY DISEASE WHO ARE ON DIALYSIS PROGRAM

Authors: **M. S. Berezova, T.O Bezruk**
Scientific advisers: S.O. Akentiev S. Y. Karateeva
RCI Chernivtsi Regional Clinical Hospital, Chernivtsi, Ukraine

Introduction. Today, studying the nutritional status in patients with end-stage chronic kidney disease gets a lot of attention. The optimal nutritional status makes it possible to provide a sufficient medical rehabilitation and survival of the patients. The development of protein-energy malnutrition in these patients worsens the prognosis of the disease course and affects the mortality rate significantly.
Aim of the study. To study features of the nutritional status in patients with chronic kidney disease who are being on dialysis treatment program.
Materials and methods. There were 32 patients with stage V chronic kidney disease under supervision, who are on haemodialysis treatment program in the department of chronic haemodialysis of RCI "Chernivtsi regional clinical hospital." The control group consisted of 20 healthy individuals. Patients in all groups were divided according to their age and sex. The duration of the treatment with a substitution therapy was 2,5 ± 1,2 years. The average age of patients was 42,1 ± 3,4 years (from 37 to 49 years). The nutritional status assessment was conducted in accordance with the protocol for diagnosis and correction of malnutrition in patients with stage V D CKD. The assessment of the residual renal function was carried out by the glomerular filtration rate. All the patients were measured their body mass index, a standard body weight percentage, and that of a normal body weight. All the patients had their total cholesterol, TG, HDL cholesterol, LDL cholesterol and albumins checked.
Results. Analysis of clinical and laboratory parameters in the examined patients showed some disorders in the nutritional status in 31% of patients, while 4% of patients had a pronounced change in their nutritional status. Disorders in lipid metabolism and serum albumin were observed in almost all the patients compared to practically healthy individuals ($p < 0.05$).
Conclusions. It has been found that the change in the nutritional status of the patients with stage D V chronic kidney disease was observed in about a third of them. Disorders in the nutritional status affect the level of medical rehabilitation and the course of the disease.
Key words: nutritional status, end-stage chronic kidney disease, malnutrition

166. COMPUTERIZED TOMOGRAPHY IN THE DIAGNOSIS OF LUMBAR INCISIONAL HERNIA

Authors: **Andrei Josan, Dinari Cojocaru, Alexei Plesacov, Ion Vladanov**
Scientific adviser: Ceban Emil, MD, PhD, Professor; Andrei Galescu, MD, PhD; Department of Urology and Surgical Nephrology
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Introduction. Incisional lumbar hernia is still a diagnosis problem of the first magnitude. The diagnosis of incisional hernias outside the midline remains a challenging procedure. Lumbar hernias occur in the region of the flank bounded by the 12th rib, the iliac crest, and the erector spinae and external oblique muscles. CT portrays shows the anatomic relationships in this region

so well and it may be the only radiographic procedure necessary to make the diagnosis of a lumbar incisional hernia.
Aim of the study. Objective evaluation of the alterations in body image and configuration of patients who underwent urological surgery via a flank incision.
Materials and methods. Eligible for study were 7 patients who underwent urological surgery via lumbar incision for renal diseases. Preoperative and postoperative abdominal computerized tomography were used for evaluation. We evaluated the objective results using computerized tomography.
Results. Over a 12-month period, lumbar hernias were detected with CT in seven patients, all had flank incisions, six of them with detectable flank bulge and one without. In 3 patients diffuse and large hernias were found, in two patients superiorly located hernias, which are immediately palpable below the 12th rib and subsequently thought to originate from the superior lumbar triangle, and in two patients inferiorly located hernias palpable just above the iliac crest and subsequently thought to originate from the inferior lumbar triangle. The mean age was 58 years (range 30-76); five women and two men. Of these, two were asymptomatic and five were symptomatic. All seven lumbar hernias detected on CT were on the left side. Two of them contained extraperitoneal fat and five contained bowel (descending colon or sigmoid colon). Six of the postincisional hernias showed disruption of normal muscle layers. In one case only the external oblique muscles were intact. In a high postincisional hernia there was a disruption of the intercostal muscles.
Conclusions. CT can be helpful in the assessment of symptomatic patients after flank incision, to differentiate postincisional muscular weakness and intercostal neuralgia from a lumbar hernia and is able to delineate muscular and fascial layers, a defect in one or more of these layers, and the presence of herniated fat and/or viscera. Computerized tomography is the diagnostic method of choice and is recommended in all patients with a bulge after a flank incision.
Key words: lumbar incisional hernia, CT, muscle layers

DEPARTMENT OF OTORHINOLARYNGOLOGY

167. SURGICAL TECHNIQUES OF COCHLEAR IMPLANTATION

Author: **Grecu Efim**
Scientific adviser: Andrei Antohi, PhD., associate prof., Department of Otorhinolaryngology
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova.

Introduction. The surgical operation of cochlear implantation is carried out in accordance with a well-determined algorithm, which remained unchanged over the course of 30 years. However, in recent years, many scientists and surgeons believe cochlear implantation surgery should be reviewed, as it requires additional studies.
Aim of the study. Analysis of surgical techniques used in cochlear implantation.
Materials and methods. The study group includes 14 patients diagnosed with deep congenital bilateral sensorineural hearing loss, operated at the Republican Clinical Hospital, from 2014 through 2017; quotient m:f-1.33:1, aged from one year and a half to 17. Paraclinic preoperative examination: 100% of patients underwent computerized tomography and magnetic resonance imaging, as a result of which one patient was diagnosed with bilateral cochlear hypoplasia (Mondini syndrome); the rest of the patients had no anatomical changes in the inner ear. Surgery for 100% of patients was performed through mastoidotomy and posterior tympanotomy approach. For 3 patients (21.42%), an electrode was introduced into the scale tympani of cochlea through the round window, i.e. through the natural orifice of the cochlea; while for 11 patients (78.58%), it was introduced through an opening new hole milling formed near the round window (through the cochleostomy). In 11 cases we used the cochlear implant of the Med-EL Company,