

Muresan Rodica, Gocan H., Balanețchi Ludmila, Todor Andreea, Surd A.

Emergency Hospital for Children, Cluj-Napoca, România

Introduction. Pancreatic pseudocysts (PPC) developed in 23% of patients following pancreatic trauma and endoscopic retrograde pancreatography demonstrated duct injury in half of these (grade III pancreatic injury). Pancreatitis and PPC formation due to abdominal blunt trauma in children were considered quite rare medical conditions.

Methods. We report a case of abdominal trauma in a 9 year old child due to animal aggression (cow dug stroke on the epigastric) that resulted in post-traumatic pancreatitis and PPC formation. We evaluate the objective status of the patient, laboratory and ultrasound examinations, before and after endoscopic treatment.

Results. PPC development has been manifested by progressively increasing abdominal pains, vomiting, loss of appetite, significant weight loss.

The objective exam relates an underweight patient, moderate mucocutaneous pale, reduced fat tissue, Bichat's atrophic Bula; abdomen slightly distended, compliant to respiratory movements, deformation of the epigastric contour, sensitive epithelial tumor at the epigastric palpation. At the abdominal US examination was identified the clearly delimited lesion at the pancreas tail, with impure transonic content, without vascular sign, diameter – 5 cm; 15.05.2014 – lesion of the corporeal-caudal pancreas, with impure content, diameter – 10 cm, left kidney pushed back, liquid collection in the recto-vesicular and perihepatic space.

Endoscopic treatment consists of trans-gastric punctured of the PPC, and aspirated ≈ 1 L of impure serum-sanguinous fluid, and mounted 2 drainage prostheses pigtail 10Fr/9cm. **Post-interventional evolution**, under treatment (antibiotic, analgic, anti-inflammatory) – good general condition, without fever, resumption of nutrition on day II, with good digestion tolerance, the hospital discharge on the 6th day post-interventional.

Abdominal MRI – no pancreatic pathological fluid collections, without peritoneal fluid collections, normal enter and extrahepatic bile ducts appearance. In 28.07.2014: esophago-duodeno-scopy with extraction of drainage prostheses.

Conclusions. Image exploration plays an essential role in the diagnosis, treatment and monitoring of PPC, with significantly lower post-operative recovery and complication rates in endoscopic treatment and marked decrease of the period of hospitalization.

FOCAL NODULAR HYPERPLASIA OF THE LIVER IN A BOY OF 13 YEARS OLD

Musaev G.Kh., Bataev S.M., Zurbaev N.T., Rostovskaya V.V., Ignatyev R.O., Afaunov M.V.,
Fedorov A.K., Molotov R.S., Tairyan B.T., Suvorova V.N.

*I.M. Sechenov First Moscow Medical State University, Department of Pediatric Surgery and Urology,
Andrology, Speransky Children's Hospital. Moscow. Russia
Pirogov Russian National Research Medical University Scientific Research Institute for Pediatric Surgery and SI RAS,
Filatov Children's Hospital. Moscow. Russia*

Introduction. Focal nodular hyperplasia of the liver is one of the most common benign liver new growths. Most often the disease is manifested in women aged 30-40 years. The incidence ratio of women to men is 10: 1. The emergence of this pathology is associated with the response of hepatocytes to the local vasculature malformation. The indications for operative intervention are pain in the liver or progressive growth of the tumor. The operation is also recommended, when it is impossible to conduct differential diagnosis with other bulk liver diseases.

Case report. The boy of 13 years old was find out to have the formation of liver 81x65x68 mm by size, that became the reason of hospitalization in our clinic. The patient didn't complain about his state of health, the temperature of body was normal. The results of laboratory research methods were concordant to age norm. Existence of new growth in 6th and 7th hepatic segments projection was proofed by ultrasound and CT. We found out, that the formation was hypervascularized, located partially out of hepatic parenchyma and had clear contours with centrally localized dense fibrous tissue. Access was implemented by laparotomy high resection, hepatic duodenal ligament was niped and the tumor was removed by atypical resection of liver. Hemostasis is achieved by stitching, coagulation of the wound surface with an argon-plasma coagulator "PlasmaJet" and powdering by "PerClot". The postoperative period passed without any complications, the patient was discharged in satisfactory condition on 7th day after surgery. Repeated inspection after 3 months has show satisfactory child's condition again. No data for relapse of the disease there.

Conclusion. The tactics of treating FNH of liver, that arose in childhood, presuppose surgical resection. This is due to the trend towards intensive growth of tumor in conditions of child's organism.