

Results and discussion: During laparoscopy most often-acute appendicitis was seen – 98 girls (57,3%). Other surgical problems were: ruptured corpus of luteal cyst – 11 cases (6.4%), torsion dermoid cyst of ovaries – 2 (1.1%), pelvic primary peritonitis – 5 (2.9%) cyst of broad ligament – 1 (0.6%), echinococcus cyst of larger omentum – 3 (1.7%), pelvic adhesions -2 (1.1%), Meckel’s diverticulitis – 3 (1.8%), large bowel perforation with foreign body (rod for ballpoint pens, swallowed two days before case)– 1 (0.6%). During US in 27.5% (47 patients), no surgical pathology was founded. What was proven by laparoscopy in 45 patients (26,3%), in two cases (1.1%) torsion of ovary was seen. One case (0.6%) ovarioectomy. One case (0.6%), torsion was realised. The indices of informativeness of US method: sensitivity – 95%, specificity – 87%, overall accuracy – 78%, false negative response – 20%, false positive response – 13%, positive predicted value – 87%. Such characteristics of the abdominal ultrasound as noninvasiveness, sufficient informativeness and the ability to perform research in dynamics, lack of radiation exposure to both a patient and staff provide undeniable advantages over the other methods of study. The application of the sonography of abdominal cavity in the clinical practice permitted to improve reliably the results of diagnosis and treatment of patients without any invasion as well as to reduce the incidence of “unreasonable” appendectomies.

Conclusions. Sonography of the abdomen is an effective screening method for diagnosing acute surgical diseases in girls with abdominal pain. High operator dependence can be considered as a disadvantage of this method. In addition, due to diagnostic and treatment advantages, laparoscopic surgery is useful for majority of conditions underling unclear abdominal pain in girls. So the comparison of US and laparoscopic findings, and early usage of laparoscopic intrusions gives opportunity to avoid unnecessary surgical aggression in 27.5%. Moreover, 68.0% of patients, surgical problem was revealed and treated in early period. Early laparoscopy reduces the rate of surgical complications. Evaluation of symptoms severity should lead to laparoscopic intrusion if routine diagnostic methods have failed to yield results. A necessity to review some principles of specialists’ training for diversified general surgical hospitals has been appeared. It is expedient for surgeons to complete basic professional retraining with mastering of related specialties, particular ultrasound diagnostics and endoscopy.

Keywords: acute abdominal pain, ultrasound diagnostics, endoscopy, laparoscopy, unjustified appendectomy, ultrasound examination of the abdomen, diagnostic algorithm.

154. ANTIBIOTIC PROPHYLAXIS IN CESAREAN DELIVERY

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Introduction: In reproductive health, caesarean delivery occupies an important place, being the most common surgery in the field. The number of caesarean sections dramatically increases annually, according to the WHO, a caesarean section is recorded in 24.1% of births, in Europe and in 32.2% of total births in USA, in 2014. Although the incidence of maternal mortality and morbidity is about five times higher in caesarean section than due to vaginal birth and puerperal infections after cesarean are in 7 times more numerous than in vaginal birth. This causes a fierce need of a detailed study of puerperal infection prophylaxis according with certain indices. As well, an important issue is to avoid polypragmasy, which conditions a high increase in antibiotic’s resistance each year.

Study's objective: The importance of rational use of antibiotic prophylaxis in cesarean delivery, avoiding polypragmasy.

Materials and methods: A retrospective study was performed in municipal hospital Nr1, Chisinau, in three obstetrics sections (530 cases) according to questionnaire that includes specific indicators of puerperal infection and medical cards. We divided the total number of cases in two groups: first group includes women who received one dose of cephalosporin antibiotic before skin incision or after umbilical cord clamping (109 cases); in the second group are women who received several doses of antibiotics (421 cases). Statistical analysis was performed in Microsoft Excel. The data mean average value \pm standard error. The veracity of difference was assessed according to criteria Student, truthful the difference $p \leq 0.05$.

Discussion results: 16.16% \pm 1,17ES of women in the first group showed in the first 5 days after birth, any signs of infectious complications like increasing temperature, leukocytosis, redness or wound suppuration, wound's abscess. These indices were recorded in the second group in 15.81% \pm 0,56ES cases. Analyzing group I, 13.79% \pm 0,31ES of women who received a single dose of antibiotic 15- 60 minutes before skin incision, submitted evident signs of local infection and 17, 43% \pm 1,05ES of those who received a single dose of antibiotic after umbilical cord clamping.

These data confirm that preoperative administration of a single antibiotic does not increase the rate of puerperal infection.

Conclusion: For the prevention of puerperal infections after an uncomplicated cesarean delivery we should use a single dose of cephalosporin (Cefazolin 1g, intravenously) administered with 15-60 minutes before skin incision.

Key Words: caesarean delivery, puerperal infection, antibiotic prophylaxis, polypragma

155. THE USE OF METHOTREXATE FOR TUBAL ECTOPIC PREGNANCY

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Introduction. Ectopic pregnancy is a severe gynecological emergency, which can be fatal in case of not having a correctly and quickly established diagnosis, as well as an appropriate intervention. According to the data of literature, the incidence of ectopic pregnancy has significantly increased over the last 20 years, it ranks the top in the structure of the acute gynecological diseases, constituting about 47%. Approximately 95-96% of ectopic pregnancy are implanted in different segments of the fallopian tubes (ampullary, isthmus, pavilion, interstitial) and more frequently in the ampullary portion.

Results. Methotrexate is the first drug that was prescribed for the treatment of tubal ectopic pregnancy without surgery. It is still the mostly used today. Medicinal treatment with methotrexate is indicated to the patients with uncomplicated ectopic pregnancy, hemodynamically stable, with an initial level of β -HGC <5000 IU / L, inactivity of fetal heart, the diameter of the fetal egg of <3.5 cm and having minimal symptoms.