

determination of nerve continuity, lesion severity, and fascicular lesion distribution are essential for assessing the potential of spontaneous recovery and thereby avoiding delayed or inappropriate therapy. The aim of this study is to identify and detail posttraumatic and postoperative neuropathies.

Material and Methods: We identified 11 patients diagnosed with the posttraumatic sciatic nerve palsy, including postoperative one. We examined clinical data, trauma's information, surgery, symptoms and medical records.

Discussion results: From the group of patients involved in the study 9 patients were men. Patients' age ranged from 21 to 63 years old. We determined that 5 cases were during trauma or after surgery, and in 6 cases – at distance. Our data find their confirmation in literature data published by the authors: Farrell CM, Springer BD, Haidukewych GJ, Morrey BF.

Conclusion: Knowing the complications allows finding the preventive measures that are targeted towards monitoring the intraoperative neurophysiological complex depending on performed procedure.

Key-words: sciatic, neuropathy, posttraumatic, surgery

163. LAPAROSCOPIC TREATMENT OF OVARIAN CYSTS IN CHILDREN AND ADOLESCENTS

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Introduction: Ovarian cysts in children and adolescents are rare and mostly benign. The aim of this study was to evaluate the laparoscopic management of the ovarian cysts in this age group. Laparoscopic surgery has been accepted as the gold standard in the management of ovarian cysts.

Materials & Methods: During the last 15 years were performed 201 surgeries to children, all related to ovarian cysts in the age group between 8 and 18 years (15.62 ± 0.15). The surgical approach was the laparotomy in 138 cases (68.7%) and the laparoscopy in 63 patients (31.3%).

Results: A total of 63 patients with average age of 15.8 ± 0.25 years (ranged from 9 to 18) were treated by laparoscopy. There was registered a significantly higher rate of unilateral mass compared to the bilateral ovarian lesions (93.7% vs. 6.3%, $p < 0.001$). According to the ultrasound and radiology data the maximum diameter of the cyst was of 8.07 ± 0.4 cm (95% CI: 7.2-8.8) and the min was 6.6 ± 0.3 cm (95% CI: 5.9-7.3). By means of the laparoscopic approach was performed: cystectomy in 44 cases (67.7%), partial resection of the ovary in 13 cases (20%), adnexectomy in 7 cases (10.8%) and ovariectomy one case (1.5%). The ovarian-preserving surgery was a significantly predominant procedure (57/65 (87.7 %) vs. 8/65 (12.3 %)). In 19 (31.7%) cases was used the combined laparoscopic technique and extracorporeal enucleation of the cysts. Histopathological report revealed: simple cyst (n=45, 69.2%), ovarian dermoid cyst (n=5, 7.7%) cystadenoma (n=13, 20 %), endometrioma (n=2, 3.1%). There were no operative or postoperative complications.

Conclusion: This study has demonstrated that the laparoscopic ovary-preserving surgery and the use of the extracorporeal enucleation of the cyst is a safe and easy method of treatment of ovarian cysts in children and adolescents with short-term hospitalization, the minimum of analgesic dose and a good cosmetic result.

Key words: ovarian cysts, laparoscopic surgery, children

164. DIAGNOSIS AND TREATMENT OF ESOPHAGEAL DIVERTICULA COMPLICATIONS

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Introduction: The modern diagnosis and treatment of the complications caused by esophageal diverticula represent a major and little-studied problem of nowadays thoracic surgery. Generally, the actuality of this problem is closely related to its rare incidence within the pathology of alimentary duct, and particularly within the pathology of esophagus. The incidence of esophageal diverticula occurs at a frequency of 0,01% - 0,11% in the USA. Usually, it befalls between the 7th and 8th decade of a man life, and rarely before 40. This disease more frequently affects people living in Northern Europe. The appraisal of complex diagnosis principles of complications caused by esophageal diverticula. The appraisal of optimal methods of surgical treatment; and analysis of esophageal diverticula treatment results; and its complications in the early postoperative period.

Materials and methods: We present the clinical material which includes an analysis of 32 patients diagnosed with esophageal diverticula treated at The Republican Clinical Hospital, in Thoracic Surgery during 2010-2015.

Discussion results: The clinical state of these patients was dominated by severe dysphagia symptomatology, presented at 26 of the patients (81.25%), 6 (18.75%) patients had regurgitations. 13 of the patients (40%) presented symptoms of dyspnea, retrosternal pain and weight loss. The patients' state at the moment of hospitalization was assessed as being critical at 8 patients (25%), and medium severity at 24 patients (75%).

The diagnosis of esophageal diverticula was made on the base of objective and subjective data, laboratory data, and methods of invasive and non-invasive investigation. The diagnosis was assessed after a digestive barium swallow examination of all 32 patients (100%) and in combination with upper digestive endoscopy of 8 (25%) patients.

The strategy of surgical treatment of esophageal diverticula of all 32 patients consisted in diverticulectomy with surgical approach depending on the diverticulum localization. Postoperative evolution was favorable. The postoperative examinations which included meticulous anamnesis and imagistic examinations (digestive barium swallow, upper digestive endoscopy) had good results; it means improvement of symptomatology and a definite recovery of the esophageal wall.