

several years, facilitating improvement in the quality of surgery and ENT. Adenoidectomy in endoscopic control provides full view of the field operator. It gives the possibility complete removal of lymphoid tissue in the nasopharynx with minimal traumatic effect. Also in the nasopharyngeal endoscopy can perform simultaneous correction pathology of adjacent structures.

This literature study was designed to evaluate the efficacy elimination adenoids transoral endoscopic control, and not about the superiority this method over other methods. To solve this problem we must study randomized controlled trial to compare different methods of removing adenoids. Since adenoids has no capsule, precise removal of hypertrophied adenoids has always been difficult to achieve with any surgical technique .

Conclusions:1. Nasopharynx is an anatomical structure, difficult to see with the naked eye which requires technologies and modern equipment.

2. Traditional adenoidectomy, frequently leads to relapse by virtue integral to achieving the array of surgical children.

3. Endoscopic adenoidectomy is a surgical method of perspective ENT contemporary.

Keywords: nasopharynx, adenoidectomy, endoscopy.

100. CONTEMPORARY DIAGNOSIS AND TREATMENT OF CARDIA ACHALASIA

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Introduction. Incomplete elucidation of the etiology and pathogenesis of achalasia of the esophagus requires different opinions on diagnostic and treatment of the disease.

Aims. Evaluation of diagnostic methods of the esophagus achalasia.

Material and methods. The study included 22 patients with various stages of esophagus achalasia: St.II-10 (45%), St.III-9 (40%), St.III-IV-1 (5%), St.IV-2 (10%) treated at IMSP SCR, Thoracic Surgery Department between 01.01.2012 and 31.12.2013. To assess the morpho-functional state of the esophagus the following diagnosis methods were used: barium contrast radiography of the esophagus and stomach, thorax radiography, FGDs and histopathological examination.

Results. Conservative treatment was indicated in 5(22,7%) cases, surgery was performed in 17(77,3%), 14 patients (82,5) were performed extramucous Heller cardiomyotomy with fundaplication Dor, 1(5,9%) case – Heller-Dor laparoscopy, 1(5,9%) case Heller-Dor with hiatal hernioplasty and 1(5,9%) case Heller-Neissen.

Conclusions. The methods of choice in diagnosis of the esophagus achalasia are barium contrast of the esophagus, esophagoscopy. Conservative treatment is indicated in patients with achalasia of the esophagus in stage one or in presence of contraindications for surgery. The method of choice in the treatment of esophagus achalasia is extra mucous cardiomyotomy with laparoscopic video Heller-Dor indicated in stage II-IV.

101. CLINICAL STUDY: ETIOPATHOGENESIS, DIAGNOSIS AND EVOLUTION OF LUNG ABSCESS

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Introduction: Lung abscess is a common form of lung parenchymal suppuration morphologically characterized by foci of suppurative inflammation and destruction of microbial etiology evolving to cavity and necrosis . Besides the causative factors and the mechanism of production, an important role in pathogenesis are criminalizing both viral etiology of pneumonia as