

Effectiveness of this management was confirmed by stable hearing improvement in 91% of cases, quality of life and general health positive dynamic in 94% of children with OM.

**Conclusion:** The differential diagnostics of OM in childhood is based on the complex of screening tools and complete otological examination. The management of OM in childhood includes balance of medical and surgical approaches.

**Keywords:** Otitis media, diagnostics, management

## 60. SURGICAL MANAGEMENT OF OVARIAN DERMOID CYSTS IN CHILDREN AND ADOLESCENTS

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**Introduction:** The ovarian dermoid cysts are one of the most common neoplastic ovarian injuries found both in children and teenagers. For the girls with small ovarian diseases organ preserving operation it's extremely important for a proper functioning of puberty and future fertility.

**Purpose and Objectives:** The aim of study was to present the reasons for making these surgeries in all the cases of ovarian dermoid cysts in order to ensure fertility and menstruation every month.

**Methods and materials:** A prospective and retrospective analysis of all the ovarian cysts both in children and teenagers aged between 8 and 18, from the year 2000 through 2012 admitted in the Institute of Mother and Child Care, the department of operative gynecology was performed.

**Results:** The ovarian dermoid cysts were localized mostly in the right side having a percentage of 64.7 vs. 35.3 for the left side. Cysts outermost dimension were  $79.6 \pm 7.2$  mm (95% CI:64.30-94.82) and minimum were  $- 65.1 \pm 6.5$  mm (95% CI:51.21-79.04), from 56 to 156 mm. Laparotomy was the surgery that was mostly used - 14/17 (82.4%), and laparoscopy was done only in 3/17 (17.6%) cases. All of the organ preserving operations were statistically more common ( $p < 0.001$ ) over ovariectomy and were 14/17 (82.4%) vs. 3/17 (17.6%).

**Conclusions:** It is vital to have a proper surgical approach for all the children and teenagers with ovarian cysts for maintaining a good sexual growth and fertility in the near future. These surgeries are the best method for this group of patients.

**Keywords:** Ovary, dermoid, pediatric and adolescent, ovary-sparing surgery

## 61. ASPECTS OF SURGICAL TREATMENT OF THORACO-LUMBAR VERTEBRAE FRACTURES

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**Introduction:** Vertebrae fractures of the thoracic and lumbar region are severe injuries that can seriously compromise the functional outcome, rarely the vital one of transmitters, leading to invalidity.

**Purpose and Objectives:** to evaluate the results of different methods of surgery, to highlight the most optimal solutions and successful treatment of thoraco-lumbar spinal trauma.

**Materials and methods:** the study is based on the analysis of demographic, imaging and clinical results of 36 patients with dorsal-lumbar fractures of the spine admitted to the Vertebrology Clinic of the SCTO PMSI Hospital. Data analysis was performed using International Spine Tango Module program.

Patients were divided into 2 groups of patients based on the surgical treatment they underwent. I group: patients that had PSF (posterior screw fixation) - 72,2 % (n=26); II group: patients with AF (anterior fusion) + PSF - 27,8% (n=10).

**Results:** Identified causes of the thoraco-lumbar spinal trauma were catatrauma- 69.4% (n = 25), road accident - 19.4% (n = 7), falling from the height of their body - 11.2% (n = 4). Among the most frequently injured vertebrae are Th12, L1 and L2. The average age of patients at the time of trauma was 34 years (18 to 68 years. Male / female ratio is 1.6 / 1 (22 men, 14 women).

Pre-traumatic VAS score was calculated retrospectively and showed an average of 89.7 (62-100). The VAS score calculated 9 months postoperative was 74.8 (18-100).

On admission, 11 patients were found with neurological deficit (Frankel / ASIA D). The neurological deficit regressed in 10 patients (Frankel / ASIA E), one patient still presents minor problems with the pelvic organ functioning.

Radiological results: Consolidation was observed radiographically in all of the cases in AF + PSF group. A case of pseudoarthrosis accompanied by the damage of the construction was found in the group of PSF.

**Complications:** early complications requiring revision surgery occurred in 3 cases, late complications presented in one case.

**Conclusions:** using combined approach allows higher stability of the affected segment during the postoperative period and minimum risk of degradation of this construction. Both variants of surgical corrections of traumatic deformities of the dorsal-lumbar spine ensured the achievement of good clinical results with no statistical difference between them.

**Keywords:** posterior screw fixation, anterior fusion

## 62. SURGICAL TREATMENT OF PEDIATRIC BURN INJURIES

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**Introduction:** Management of burned children is a critical and complicated piece in the overall care of the burned child. The basic method of intensive treatment of patients with very deep burns is an immediate correction of hemodynamic disorders, detoxication, brushing or scraping debridement, topical antimicrobial agents and the use of early excision and skin grafting.

**Materials and Methods:** The treatment of deep burn injuries in children up to 18 years are characterized by high social importance. Burn wound or surgical wound can be treated as "clean" and according to this processing is performed primary surgical – necrectomy which applied early after trauma. Primary goal is to prevent infectious complications in wound. Of the 156 participant children 76 had been operated in the Institute of Mother and Child and Intensive Care Unit in Chisinau. They were divided into three groups depending on the surgical procedures applied in each case: (1) Early excision and autografting of burn wounds- 29 (38,3%); (2) Wound dressing and autografting after Escher separation 47 (61,71 %).

**Results:** (1) Early excision and autografting of burn wounds: tangential and fascial. Excision was indicated in 16 patients with intermediate burns when lesions were not infected. Principle of tangential excision - removal of eschar sequential thin layers until viable tissue is reached. Conceptually, the intervention seems simple, but in practice requires experience and good technical condition. Fascial excision is performed for very deep burns, full thickness burns on large areas, life threatening, or infected burns (full thickness or intermediate). This group included 20 patients with deep burns gr. III B, IV. (2) Wound dressing and autografting after eschar separation. The objectives of this early period after trauma methods are: the removal of eschar, which is a cause of infectious complications of wounds, and the preparation for dermoplasty or autografting.

**Conclusions:** The research revealed that the evaluation of risk factors and complication depend on medical and surgical methods (necrectomy early or late) within 7 days after trauma. Surgery becomes mandatory for recovery and decrease risk of purulent septic complications and monitoring of predictive factors.

**Keywords:** burns, surgical treatment, pediatric