

sex was 10 girls and 11 boys. All children went through ultrasound study, for 11 children – scintigraphy of the liver, 14 – computed tomography and for one – nuclear magnetic resonance. After preparatory treatments they were made 15 biopsies, 1 – lobectomy, 1 – subtotal extirpation of tumor and 4 total extirpation of the tumor.

Results: The final diagnoses were as follows in 20 (23%) children – mass in retroperitoneal space, in 17 (19,5%) - the mass in the abdominal cavity: in 3 (3%) - intestinal, in 10 (11,5%) - liver, in 20 (23%) - the internal female genital organs, 3 (3%) - the spleen, 2 (2%) - the stomach and one echinococcus of the mesentery.

Conclusions: One of the key topics in medicosurgery treatment of liver tumors in children is re-anatomical treatment, intensive care syndrome at preoperative stage. All surgical interventions in children with liver tumor are at high anesthesiology risk as a result of endo-toxicities, high intraoperative trauma, high potential of hemodynamic changes, of homeostasis, metabolic, respiratory and liver de-regulations etc. In most cases total extirpation of malignant liver tumors is limited especially in bilateral tumors and of their central localization.

Key words: liver, tumors, abdominal, surgery.

SURGICAL ISSUES IN TETRALOGY OF FALLOT (ToF) TREATMENT

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Introduction: ToF is a CCD, consisting of subpulmonary infundibular stenosis, ventricular septal defect, aortic valve rightward deviation and right ventricle hypertrophy. It is the most common cyanogens CCD, encountered in more than 50% of. ToF occurs in 5 of 10000 births, in proportion of 54% boys and 46% girls. Many of those who carry ToF, die in the newborn age; those who survive, present essential hemodynamic disorders, with no treatment insights. Survival rates as follows: up to 1 year- 66%, up to 3 years- 40%, up to 20 years- 11%, up to 40 years- 3%. Patient's clinical characteristics underlie the surgical behavior, pre- and postoperative evolution of the disease.

Aims: Surgical treatment issues remain due to factors, such as optimal age to that lower risk for surgery, the pathologies associated (AP).

Material and Methods: Data were collected from patients hospitalized from 2010 to 2011. The sample studied consists of 37 patients (P), 3 months to 32 years aged, including 13 girls and 24 boys. Pre- and postsurgical subjective, objective, paraclinical (electrocardiography, echocardiography, angiocardiology, etc.) data were analyzed from the clinical examination records, by examining the P. The research is based on descriptive, standartization and case-control studies. Depending on the purpose of research, the sample was stratified into predefined categories.

Results: During mentioned period, 39 P were hospitalized, 97% planned and 3% emergency, 37 surgeries were made, including 19 palliative shunting, 16 radical corrections. Out of all interventions 4 deaths were mentioned (10%). On average, P with ToF present a 3,7 kg (19%) weight and 6,4 cm (7%) height deficiency. Intra- and postoperative complications (IPOC) at P up to 4 years (26 P, 70%) appears as mentioned: 61% without, 30% with 1-2 and 4% with 3 complications; P above 4 years (11 P, 30%): 18% of them have no complications, 63% with 1-2 and 18% present 6-9 complications. Excluding age factor (>4 years), 75% of those without AP (12 P, 46%) have no complications, another 25% - have it, while P with AP (14 P, 54%), majority of them – 71% have IPOC. According to NYHA classification, 62% present

3 –4 levels of heart failure (HF), and another 38% – 1 or 2. Only 4 P (11%) present HF of III or IV level by NYHA postoperative.

Conclusions: At P with ToF, a deficiency in physical development of P is revealed. Because of relatively small aged P being hospitalized and therapeutic 2-steped method, cases of deaths are reduced significantly. IPOC depends on patient's age and presence of AP. Compared to initial predominant severe HF, it reduces to 1-2 by NYHA after surgery, which means postoperative favorable evolution, with a 11% risk of severe HF.

Key words: tetralogy of Fallot, cardiac surgery, CCD.

INTRAPERITONEAL CYSTIC FORMATIONS IN CHILDREN: CLINICAL EVOLUTION, FEATURES OF THE DIAGNOSIS AND TREATMENT

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Introduction: Intraperitoneal cysts are rarely encountered pathologies, but quite serious, which have attracted special attention.

Purpose: to improve diagnosis and of surgical treatment of intraperitoneal cysts at the children by developing an algorithm for diagnosis and treatment.

Aims:

- 1 To establish at the early stage intraperitoneal cysts at the children
- 2 To determine the clinical evolution features of intraperitoneal cysts in the children
- 3 To develop a diagnostic algorithm of intraperitoneal cysts in the children

Material and methods: The study included work with the medical records of 459 patients at the department of thoracic and abdominal surgery, conducted during the years 2006-2011 at the Central Hospital „Mother and the Child”

Results: According to data collected from 459 patients with intraperitoneal cysts in the children. 360 pts (78.60%) - hydatid cyst, 52 pts (11.30%) - ovarian cyst, 28pts (6.20%) - ovarian torsion, 19 pts (3.90%) - cyst of the spleen.

Conclusions: Intraperitoneal cysts are difficult to detect because they are often asymptomatic. Diagnosis is difficult and can be facilitated by laboratory investigations such as ultrasound and computer tomography.

Key words: cyst, diagnostic, treatment.

EVALUATION OF WOUND SUPPURATION AS A POSTOPERATIVE COMPLICATION AFTER RADICAL SURGERY WITH CURATIVE INTENT FOR COLORECTAL CANCER

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