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 torsiat, 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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