

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

Soloviov Anna

Academic adviser: Gudumac Eva, M.D., Ph.D., Professor, Academician, State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

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

Ciobica Anamaria, Coman Corina, Stan Nora Diana, Coroiu Roxana

Academic adviser: Mocan L., M.D., University of Medicine and Pharmacology "Iuliu Hatieganu", Cluj-Napoca, Romania

Introduction: The elective method of surgical intervention with curative intent in colorectal neoplasm is a radical surgery with a classic approach followed by different types of anastomosis. These types of surgical interventions are accompanied by a series of postoperative complications with impact on the period of recovery of the patient; these complications can be prevented by knowing the precipitating factors that favor their occurrence.

Materials and methods: We performed a prospective study in which 750 patients with colorectal neoplasm resection were selected, 284 females and 465 males. The patients suffered surgical interventions with the classic approach and received segmental or total colorectal resections at the 3rd Surgical Clinic (Cluj-Napoca, Romania) between 01.01.2009 -01.12.2010. The study is based on postoperative complications and the following criteria were selected: bleeding, suppurated wound, anastomotic fistula, systemic complications (evisceration, abdominal abscess, urine retention, and thrombo-embolism, respiratory or cardiac complications) and fecal incontinence. The observed data was collected from patient observation files and standard sheets specially designed for this study.

Results: We observed an increased prevalence of postoperative wound suppurations in patients that were living in urban areas with a frequency of 47.22% male patients with a frequency of 43.83%. Suppurative wound surgery is validated significantly in frequency among patients who had increased biological parameters that were evaluated preoperatively: 54.08% for urea, 54% for creatinine, 46.08% for TGO, 50% for TGP, 50% for platelet count, 51,4% for total bilirubin, 50.86% for amylases, 38.15% for blood glucose, 49.09% for hemoglobin, 52.63% for total protein, 90.9% for CEA, 54.45% for patients who received preoperative transfusions, 55.23% for patients that received preoperative anticoagulation treatment, 53.39% for patients that did not received intraoperative transfusions and 47.19% for those who claimed chronic alcoholism.

In patients whose neoplastic process underwent surgical intervention in one surgical step and who underwent direct anastomosis the most common postoperative complication of suppurative wound had relevant percentage of 53.84%. The study found a relative dispersion taking in account the majority of elements for suppurative wound complications who weren't significantly correlated with the location of the incision in segmental resection for different levels on the colorectal framework, for the ascending colon we got a percentage of 41.17%, 80% for the transverse colon, 60% for the descending colon, 60% for the sigmoid colon, 48.38% for the superior and medium thirds of the rectum and 35% for the inferior third of the rectum. Also the analyzed data are showing a relevant percent of 51.47 for the patients whose anastomosis was done in a single layer.

Conclusions: The most common postoperative complication is suppurative wound and it is determined by the living area of the patient, sex of the patient and requires a faithful correction of the biological parameters with tendency for homeostasis. The distribution of the complications regarding the level for the segmental resection is statistically insignificant because of the dispersion rates of the occurrence of postoperative suppurative wound for different locations for segmental resection along the colorectal frame. The dates are also suggesting that the surgery steps in which the patients with neoplastic processes are operated is significantly related to postoperative events.

Key words: colorectal cancer, postoperative complication, suppurative wound.