

An operational wound was sewn up *layer* by layer and tightly. Then the extubation of the animals was conducted and in 2 hours time after the end of the surgery investigation a control survey X-radiography was carried out.

Results: Starting with the first days after the surgery, the dogs had general delicacy, disturbia, refusing to take water and nutrition. The objective changes signified the development of the syndrome of intrathoracic strain: frequent shallow breathing, a tachycardia, the sunk down gaste, asymmetry, deformation, blasting and backlog in the certificate of breath of the wounded half of the thorax.

Percussion in the low parts of the thorax on the side of a probable hernia helped to determined tympany. At auscultation in this field the sharp indulgence of breath and periodic peristaltic noise was heard.

In 2 hours after the operation on the plain film in two projections the regions of a ring-shaped clarification and the level of the lungs collapse were positioned. Within a month, despite the improvement of the state, the animals still had the signs of the intrathoracic strain. After conducting thoracotomy and returning the loops of a small intestine into the abdominal cavity, the defect of the diaphragm of significant dimensions and high position of bottom edge of the left lung were preserved. After osteotomy the rib lost rigidity of an arch and sag in pleural cavity under the traction of the surrounding intercostal muscles, letting to occlude the defect of the diaphragm reliably and without additional tension.

Conclusion: Thus a simple and reliable way of modeling of a false diaphragmatic hernia is offered, resembling the congenital one as much as possible, and a new method of surgical correction of the pathology with the application of osteotomy in a projection of the diaphragmatic defect is developed.

Key words: congenital diaphragmatic hernia, experimental model, anatropic osteotomy.

FACIAL NERVE MONITORING PARAMETERS – PROGNOSTIC VALUE OF THE POSTOPERATIVE FACIAL NERVE OUTCOMES AFTER CEREBELLO-PONTINE ANGLE SURGERY

Borodin S.

Academic adviser: Zapuhlîi Gr., M.D., Ph.D., Professor, State Medical and Pharmaceutical University “Nicolae Testemițanu”, Chisinau, Republic of Moldova

Introduction: Facial nerve (FN) paralysis is a frequently encountered complication in the surgical management of cerebello-pontine (CP) angle surgery. Its extent varies from barely visible to disfiguring paralysis, affecting the quality of the patient's life. Complete removal of the tumor with functional preservation of the FN remains the goal of the surgical procedure. The introduction of electromyographic monitoring of FN has improved the rate of FN preservation. We report the technique, outcome and complications seen in 5 cases of CP angle tumor surgery performed with intraoperative neurophysiologic monitoring of the FN function.

Material and Methods: Five patients with CP angle tumors, including 4 vestibular schwannomas and one meningioma, were operated in our institution by retrosigmoid approach, during the period from December 2010 to April 2011. The ISIS intraoperative neuromonitoring system (Inomed, Germany) was used to perform the FN free running electromyography (EMG), triggered compound muscle action potentials (CMAP) and brainstem auditory evoked potentials (BAEP). Data was collected prospectively, and included the minimal stimulus intensity (mA), electromyographic response (mV), the proximal-to-distal ratio of the stimulation threshold and the “A-train time” on free running facial EMG (sec). Facial nerve assessment was done by House&Brackmann grading system criteria before surgery, after the oper-

ative procedure and after 2 weeks. All patients had a good FN function (grade I or II House-Brackmann) before surgery.

Results: Four patients (80%) had a good FN function first day after surgery, expressed by House-Brackmann grade I or II. All these patients had a low stimulation threshold below 0,05 mA, a proximal to distal stimulation ratio equal to 1,0 and an A-train time below 5 seconds. One patient had a House-Brackmann grade V FN function, although the nerve anatomical continuity was preserved during surgery, but with the increase of the stimulation threshold from 0,05 mA to 0,7 mA at the end of surgery, and a train time more than 5 seconds (6,8 sec).

Conclusions: The intraoperative neuromonitoring of the FN allows a more efficient CP angle tumor removal with a good preservation of the FN function. Additionally, the direct nerve stimulation parameters and the overall train time on free running EMG can predict the FN outcome with useful accuracy.

Keywords: facial nerve, palsy, intraoperative, neuromonitoring, EMG, CP Angle, House-Brackmann.

THE VARICOCELE'S IMPACT OVER THE MASCULINE FERTILITY

Popa Gr.

Academic adviser: Plesca E., M.D., University Assistant, State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: Varicocele represents a pathology of the testicular vein, spread mostly on the left side (80-90 percent), which may lead to severe disturbances of the metabolism at the testicle level and specifically the spermatozoa' impaired synthesis.

Purpose and Objectives: This research is done to relieve and to correlate varicocele with life, causes and complications which may be associated with this pathology and with the impact over the fertility.

Material and Methods: It is done a retrospective research of all in-patients with varicocele from The "Sfinta Treime" Hospital and Children's Hospital nr.3 from Chisinau between 2011 and 2012. Altogether have been examined 20 patients between the age group of 13-21.

Results: The incidence of the varicocele in young people and adults is of 15-20 percent. In about 90 percent of cases it is placed on the left side and extremelly rare on the right side or bilateral. The varicocele is considered to be the main cause of infertility in 40 percent of cases. The varicocele's apparition may have several different causes, and the main of these are the following: 1) Defects or valveless all over the testicular vein; 2) Anatomical features of the left testicular vein; 3) The retrograde raise of pressure in the left renal vein due to its compression between the superior mesenteric artery and aorta.

Conclusion: The varicocele is not a pathology which requiring emergency intervention. However in time treatment is primordial, otherwise it leads to severe disturbances in the process of spermatozoa production which leads to infertility. It was proved that after curing this pathology all sperm parameters were improved.

Key words: varicocele, infertility.