

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

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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.