

with the development of atopic dermatitis. High concentrations of interleukin-5, interleukin-17, and macrophage chemotactic protein-1 and only surface moisture in the cheek were associated with greater risk of infantile eczema in the first month. The association of atopic dermatitis in infancy with reduced neonatal macrophage inflammatory protein levels suggests a link with immature immune responses at birth.

Myometrectomy in Large Uterine Myomas Size

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Introduction: Surgical interventions for very large uterine myomas (hysterectomy vs organ preserving procedure) are under evaluation. The aim of the study was to analyze one center experience of myometrectomy in surgical treatment of very large uterine myomas. **Material and methods:** From November 1994 to May 2008, 21 consecutive patients with very large uterine myomas (?16 weeks, according criteria published by West S. at all., 2006) were selected for organ-preserving operation (myometrectomy). The mean age of patients was 36.48 ± 0.72 (ranged from 31 to 43 years). Tumors size was 17.81 ± 0.9 (range from 16 to 35 weeks). Operative technique includes: (1) temporary vascular clamp of uterine vessels; (2) two "V" incisions of the anterior and posterior uterine wall ("ellipse type"), with subtotal removing of myometrium with all myomas nodules and maximum preserving of the endometrium volume; (3) formation of new endometrial cavity; (4) final formation of "neo-uterus" with vascularize perimetrium flaps used continuous "baseballs" sutures ("Vicryl" or "PDS" Ethicon®). For final hemostasis were used non-commercial fibrin glue and human thrombin (27 vs 17 cases). **Results:** The mean operation time was in the range of 45 to 147 min (mean 79.52 ± 5.5). Blood loss was 298.43 ± 20.8 ml. Number of nodules excision were from 1 to 11 (mean \pm SD, 4.05 ± 0.7). The mean hospital stay was 6 - 8 days. **Conclusion:** Conventional abdominal myometrectomy is safe, favorable and effective procedure in surgical treatment of voluminous myomas with accessibly morbidity and recurrence rate.

Role of Echocardiography in Primary Diagnosis of Dilative Cardiomyopathy in Children - Clinical and Hemodynamic Relations

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The objective of the work was the assessment of changes in echocardiographic and their primary diagnosis of dilated cardiomyopathy in children. The retrospective study included 11 patients consecutively admitted during 2006-2009 in the service of pediatric cardiology and C in ICSOSM diagnosed with dilated cardiomyopathy (DCM). The study also included children of both sexes (3girls, 8boys), age within 3 months - 16 years (average 6. 4 years). Echocardiographic examination (EcoCG) was performed in M mode, 2D and Doppler (AcusonX300 System). EcoCg examination included determining the following relevant hemodynamic parameters in diagnosis of DCM (P.Elliott, 2000; F.E. Wilklow , 2008): size of left and right heart cavities (LVDD, LVSD, LAD, RVD), left ventricular contraction function (EF, SF). MPI (Tei index, C. Tei, 1997) was calculated simultaneously, reference values are dependent on age. EcoCg measurements obtained were compared with normal values for age in relation to BMI (R. Kampmann, 2000). It has been found