

was done using an 8-MHz curved – array sector transducer attached to a “Toshiba Just Vision 200 (Model SSA-320A, Tokyo, Japan)” for (1) detecting nonpalpable nodules, (2) to defined relation between myomas and uterine cavity, uterine vessels (criteria's were published previously (Mishina A., Gyn. Surg. 2005; 3; 223 – 225). Results: In 37 (47.3%) cases axial and sagital images of the uterus revealed additional non-palpable small myomas less than 2.0 cm, situated intramural and submucosal, in 34 cases (43.5%) were opened uterine cavity, especially for submucosal myomas. Postoperative recurrence, morbidity and mortality was zero. Our case highlights the efficient application of IOUS in open reproductive procedures for MM, which allows determining the completeness of nodule excision less than 2 cm in diameter; examinations of myometrium in preventing residual myomata; defining the locations of nodules to uterine artery and cavity.

Evolutionary Particularities of Gestational Period in Rh Incompatibility

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In spite of a large number of studies, the Rh incompatibility remains one of the most controversial problems in contemporary obstetrics, because of the influence of it on perinatal morbidity and mortality. The study was based on evaluation of 247 cases of Rh incompatibility, in IMSP SCMN1. Anamnestic facts, clinical and paraclinical evidences (immunological tests, USG exam, Doppler) and evolution of gestation was determined. In 95,5% cases patients were included in group between 18 and 35 years old. In 159 cases (64,4±3,0%) were atested primiparous and in 35,6±3,0% - multipara. In 65 cases (26,3±3,0%) the anamnesis was complicated by medical and spontaneous abortion, with a high level among primiparous. The evolution of gestational period was catracterised by the associated extragenital diseases in 86 cases (34,8±3,0%), the presence of viral and bacterian infections (43 cases - 17,4±2,4%), etc. The diagnosis of Rh incompatibility was established by clinical and paraclinical examinations. In the majority of cases the patients were unsensibilized, and only in 8 cases (3,2±1,1%) was atested a high level of antibodies (1:8 -1:16). In 231 cases (93,5±1,6%) babies were born per vias naturalis and in 16 (6,5±1,6%) – by ceasarian section. The Rh incompatibility is one of the actual problems in obstetrics; wich needs to be evaluated in the near future. In these cases, the possible isoimmunisation need to be diagnosticated in early gestational period, for making a correct decision in its management.

Optimization of Infusional Therapy in Burn Shock in Children

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Severe thermal injury in children causes significant changes of electrolytic and proteic balances with an early development of multiple organ failure syndromes. Till present days, issues regarding the stabilization of blood circulation indicators in children with burn shock remain unsolved. Restoring the circulatory volume is usually done mostly by the infusional therapy. The calculation of fluid needs vary depending on age, weight and the area of the burned surface. The most used formula for calculation of fluid needs is the Parkland formula - 3-4 ml / kg /% of the burn surface of crystalloid solutions during the first 24 hours. A more grounded approach to fluid therapy in children is the Carvajal formula, based on the fact that the ratio of surface area to body weight in