

6. CHEST MALFORMATIONS IN CHILDREN. SCIENTIFIC RESEARCH.

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Introduction. Chest malformations in children (CMC) can be divided into two types - primary, also called congenital, have a multifactorial etiology, and secondary or acquired: (post-traumatic), iatrogenic and syndromal (due to Marfan syndrome, Ehlers-Danlos syndrome, etc.), all together appear, according to various authors, in 2-7% of the population. Congenital malformations of the chest wall can be classified into more frequent entities such as pectus excavatum (PE) representing 90% and pectus carinatum (PC) - 7%, and rare entities such as cleft sternum, asphyxiating thoracic dystrophy (Jeune syndrome), Poland syndrome and spondylothoracic dysplasia (Jarcho-Levin syndrome), accounting for 3-4% of all cases. Congenital CMCs can occur from birth and become evident in childhood or early adolescence, affecting 1 in 400 to 1 in 1,000 children, in boys it is 4 times more common than in girls.

Aim of study. To figure out what is the age group and sex, more often subjected to surgical correction (thoracoplasty) with chest malformations in children and adolescents.

Methods and materials. Retrospective study: 42 operated patients with chest malformations in the Department of Orthopedics, Traumatology and Vertebrology, National Scientific-Practical Centre Department for Pediatric Surgery "Academician Natalia Gheorghiu", IMSP Mother and Child Institute, 2017-2021. The following parameters were analyzed: sex, age, type of chest malformation and type of surgery.

Results. The data of 42 studied patients were as follows: distribution by type of chest malformation - primary PE - 35 (83.33%) patients, PC-6 (14.28%) patients, secondary PE 1 (2.38%) patients. Distribution of patients by sex: PE primary- boys 28 (80.00%), girls 7 (20.00%); PC - boys 5 (83.33%), girls 1 (16.66%); PE secondary- 1 boy. Distribution of patients by age: PE primary- from 6 to 10 years- 2 (5.71%); from 11 to 15 years - 30 (85.71%); from 16 to 18 years - 3 (8.57%) patients. PC- from 6 to 10 years- 1 (16.66%); from 11 to 15 years- 4 (66.66%); from 16 to 18 years - 1 (16.66%) patients.

Conclusion. Most patients with chest malformations were in the 11 to 15 age group. This is due to the active growth during puberty, accompanied by a pronounced manifestation of skeletal deformities. In all groups, the highest number of boys in relation to girls was noted.