

## 10. DIAGNOSIS AND TREATMENT OF ABDOMINAL LYMPHANGIOMAS IN CHILDREN

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**Introduction.** The paper represents a retrospective study which assessed children with abdominal lymphangiomas, benign tumours with the potential local infiltrative growth, during 2017-2020.

**Aim of study.** Children with abdominal lymphangioma have been diagnosed with: increased size of the abdomen, constipation, abdominal pain, severe-moderate general condition, fever, nausea and vomiting. Complete Blood Count revealed: anaemia due to haemorrhages, ESR and increased rate of leukocytes due to infection. Abdominal ultrasound was the first-line investigation that revealed multiseptated cystic formations with liquid content. CT with contrast material determined the size, location, vascularization of cysts and concretion or compression of the adjacent organs. Histopathological examination confirmed the diagnosis. Surgical treatment in 8 cases was radical and in 2 cases- partial. Intraoperative lymphotropic therapy was performed with Novocaine 0.25% -10-20ml solution, abdominal cavity washing - 5% Aminocaproic Acid solution. In partially resected lymphangioma, Doxycycline was administered intraoperatively and postoperatively, its administration helped to prevent the recurrence of the disease.

**Methods and materials.** 45 children with lymphangiomas, from whom 10 children (mostly females) aged between 1 month and 12 years with Abdominal Lymphangiomas have been diagnosed. Inclusion criteria: children 0-18 years, abdominal lymphangioma, years 2017-2020, RM. Exclusion criteria: adults, lymphangiomas of other regions. Sampling method, children from CNSP Natalia Gheorghiu.

**Results.** The number of children diagnosed with lymphangiomas constituted in 2017- (5 children), 2018- (3 children), 2019 and 2020- (1 child). The mean age of children with Abdominal Lymphangiomas was 1-5 years. Of them- 40% presented mesenteric abdominal lymphangioma, 20%- omentum and abdominal wall involvement, 10%- retroperitoneal lymphangioma and the large curvature of the stomach. Recorded complications: infection, haemorrhage, peritonitis, adhesion with ileum and spleen involvement.

**Conclusion.** 1. Congenital mesenteric abdominal lymphangioma is rare in children, but raises major surgical problems. 2. Preoperative diagnosis is confirmed by clinical, laboratory, imaging examinations, followed intraoperatively, postoperatively by histopathological and sometimes immunohistochemical examinations. 3. The main problem of preoperative diagnosis and prognosis is the lack of early diagnosis and referral one, having a clinical and imagistic reasoning.