Results. The results of the study were distinguished by approaching a new vision of research in the field of esophagus anomalies and disorders in children, which allowed us to use these data in the diagnostic and medical-surgical treatment.
Conclusions. The theoretical importance of this work is the elucidation of etiopathogenesis and the evaluation of the anatomic-physiological, clinico-paraclinic features in the esophagus abnormalities and diseases in children. The results obtained will be used and will be presented as an informative basis in the process of developing the diagnostic algorithm and in estimating the risk factors for newborns, infants and children in esophageal abnormalities and diseases.
Key words: esophagus, diagnosis, complications, child, treatment

178. INTESTINAL MALROTATION IN CHILDREN

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Introduction. Surgery of congenital intestinal (duodenum) malrotation in children exists for almost 50 years, but only this decade it has been correctly codified as regards the intercurrent diagnoses, this possibility being strictly related to modern paraclinical assessment: ultrasounds, computed tomography scan, and other surgical technical possibilities.
Aim of the study. Estimating clinical and paraclinical features of both medical and surgical treatment peculiarities in intestinal malrotation in children.
Materials and methods. The paper was carried out in the clinic of the National Scientific and Practical Pediatric Surgery Centre N. Gheorghiu. The study includes the analysis of clinical and anamnestic data, prenatal and postnatal development data, environmental conditions, paraclinical tests, medical and surgical treatment in children with congenital malformations of small intestine, namely of duodenum.
Results. Following the surgical treatment, under endotracheal anesthesia, it has been managed to perform the adhesiolisys based on bont method and electrocoagulation. Evolution was simple. After the surgery, these children followed a conservative treatment. Having a good general condition, with primary cicatrisation of wound, children have been discharged**.**
Conclusions. Presently, developing new criteria for congenital malrotation diagnosis remains an insufficiently studied issue in the pediatric surgery. Prenatal diagnosis in these duodenal malformative types has improved a lot of patients' forecasts. Management of surgical congenital disorders in children shows that currently duodenum anomalies in children continue to increase, due to little studied causes, with related complications that worsen both disease evolution and forecasts. Intestinal (duodenum) malrotation is a congenital anomaly due to disorder of rotation and fixing of duodenum, which interconnects the disorder of evacuomotor function of the duodenum and duodenostasis. The diagnostic algorithm of intestinal malrotation includes consecutive clinical manifestations, biological features, fibrogastroduodenoscopy, pH measurement, traditional lower gastrointestinal series and double-contrast barium enema, and three-dimensional duodenography by CT, peripheral ECEG. Studies show that surgical treatment techniques in intestinal malrotation continue to be developed. The surgical treatment is adapted depending on the form of malformation, clinical and evolutional stage of related complications.
Key words: malrotation, duodenum

179. THE ANALYSIS OF LATE POSTOPERATIVE COMPLICATIONS IN CHILDREN TREATED FOR HIRSCHSPRUNG DISEASE IN NEWBORN AND INFANT PERIODS

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Introduction. Children who have undergone surgery under Hirschsprung disease (MH) come to the attention of territory physicians with postoperative enterocolitis, persistence of colostasis, obstruction and enuresis, which affects their psycho-emotional status.
Aim of the study. Analysis of the rate of late postoperative complications in children treated for MH in dependence of the surgical-technical variant and the spreading of the non-ganglionic area.
Material and methods. The study group included 84 newborns and infants hospitalized and treated in the NSPCPS "N. Gheorghiu" of PMSI IM and C for MH during the years 2007-2017. Depending on the anatomical and topographical characteristics of the affected colon segment, we defined the following locations in the non-ganglionic area: ultra-short (11.9%); rectosigmoidal (77.3%); long (6.0%) and ultra-long (4.8%). Radical treatment was provided by applying the both classical surgical methods like Duhamel method (16.6%), Swenson-Pellerin (34.5%), Soave-Leoniushkin (35.8%), total colectomy with cecrectal or ileorectal anastomosis (4, 8%), and minimally-invasive methods like trans-rectal endoanal descent (8.3%). The postoperative patient assessment scheme was provided for their supervision at 1, 3, 6, 9 and 12 months, then every 6 months until the recovery treatment was completed. The postoperative evaluation period ranged from 1.8 to 7.2 years, averaging 4.5 ± 2.7 years.
Results. The criteria for evaluation of the remote postoperative results were the frequency of the stool, continence, urinary control, physical development (weight, height). Patients with the classical MH form corrected by Duhamel, Soave-Leoniushkin, Swenson-Pellerin, 80.4% had intestinal excretion once a day, the others (19.6%) once every 2 days or 2 times a day , without pathological clinical manifestations. Patients operated for the classical MH form had adequate control over the continence, regardless of the applied technique. Fecal excretion was recorded in 28.6% cases with a frequency of 1-3 times a day, particularly at patients with intestinal evacuation every other day. 96.6% of patients did not experience urinary dysfunction and clinical signs of neurogenic bladder. In 3.4% of children was found nocturnal enuresis corrected by physiotherapists and medical treatment. Physical development, in 89.8% of cases had a normal physical development appropriate to the age. The rest (10.2%) children experienced growth retardation and moderate weight deviations.
Conclusions. Estimation of postoperative results indicates that the most vulnerable in this regard, were children operated for the ultra-long MH form, especially those who underwent colonectomy with resection of the ileocecal segment.
Key words: Hirschsprung disease, postoperative complication, newborn

180. ASPIRATION OF FOREIGN BODIES IN LOWER RESPIRATORY TRACT IN CHILDREN

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Introduction. Injury due to foreign body aspiration (FBA) is a common and serious pediatric emergency, requiring prompt recognition and early treatment to minimize the potentially serious and sometimes fatal consequences. FBA continues to be a cause of childhood morbidity and mortality, usually in pre-school children.
Aim of the study. Case assesment of FBA in children based upon age, gender, locality and level of respiratory tract lesion.