

**Materials and methods.** The cohort study included 106 patients hospitalized between 2011 - 2016 in Pneumology Department, Mother and Child's Institute of the Republic of Moldova, diagnosed with FBA, confirmed via bronchoscopy performed with general inhalative anesthesia. Foreign body extraction was carried out by means of rigid bronchoscopy after thorough aspiration and prevention of mucosal bleeding. Statistics were assessed using the EpiInfo-software.

**Results.** It was established that pediatric FBA in the respiratory tract is more frequent among girls 57.5%: 95CI, 47.6 – 67.1 cases (61 girls) and 42.5%: 95CI, 32.9 – 52.4 cases (45 boys). The average age (aa) was 1.9±0.17 years, varying between 0.6–14 years. The batch was divided into 3 groups according to childhood stages: 1) the most frequent FBA was estimated in toddlers – 88.9%: 95 CI, 81.1 – 94 cases, aa 1.57±0.06 years; 2) in children > 3y.o. – 8.5%: 95CI, 4 - 15.5 cases, aa 6.4±1.1 years; 3) and it was rarely found in infants – 2.8%: 95CI, 0.6 - 15.5 cases, aa 0.76±0.11 years (F statistic = 93.5; p<0,0001). There was a prevalence of accidental FBA in children from countryside – 67%: 95CI, 57.2 - 75.8 cases, less often this event occurred in children from urban areas – 24.5%: 95CI, 16.7 - 33.8 cases and episodically – in children from municipalities (8.5%: 95CI, 4 – 15,5 cases). The majority of foreign bodies were found in the bronchial tree 89.6%: 95CI, 82.2 – 94.7 cases; without designation – in 6 – 5.7%: 95CI, 2.1 – 11.9 cases; in trachea and larynx 2 and 3 cases (1.9%: 95CI, 0.2 - 6.6 and 2.8%: 95CI, 0.6 -8).

**Conclusions.** FBA prevails in girls – 57.5%: 95CI, 47.6 – 67.1 cases. The most vulnerable age is from 1 to 3 y.o. when children are more often exposed to habitual accidents (statistic factor = 93.5; p<0,0001). There is evidence of a critical situation in the rural areas, compared to the urban ones. By localization the most frequent lodgment of foreign bodies was in the bronchi.

**Key words:** pediatrics, pneumology, foreign body, aspiration, bronchoscopy

## **181. LAPAROSCOPIC TREATMENT OF BENIGN OVARIAN MASS IN CHILDREN AND ADOLESCENTS**

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**Introduction.** Laparoscopic treatment for benign ovarian mass in adult patients are widely used and are considered as a standard treatment. At the same time, the use of laparoscopic technologies in ovarian cysts and benign tumors in pediatric patients is limited and in the literature there are presented a small series of cases.

**Aim of the study.** To assess the imminent results of laparoscopic treatment of ovarian mass in pediatric patients.

**Materials and methods.** Database analysis (n=86) with cysts and ovarian tumors in pediatric patients, selected for surgical treatment using laparoscopic technologies from 2000 to 2017. For diagnostics were used ultrasonography, computed tomography and magnetic resonance imaging.

**Results.** The average age of patients was 15.9±0.2 years (95% CI:15.54-16.39), including 5(5.8%) - premenarha and primary amenorrhea (Mayer-Rokitansky-Küster-Hauser syndrome) - 1(1.2%). The Body Mass Index was 21.9±0.4 kg/m<sup>2</sup> (95% CI:21.21-22.68). Ovarian mass (n=91) were located: from the right - 42(48.8%), from the left - 39(45.4%) and from both sides - 5(5.8%). Based on radiological data, ovarian cyst/tumor were characterized: max. size - 8.3±0.4 cm, large (> 8 cm) - 38(44.2%) and giant (> 15 cm) - 4(4.7%); "morphological" index after Jeoung HY. - 3.6±0.2 (from 1 to 9). In 9(10.5%) cases laparoscopic interventions were performed for adnexal torsion. For laparoscopic treatment were used two variants: intracorporeal interventions (I gr., n=65) and extracorporeal cyst-(tumor-) ectomy (II gr., n=21). There were performed: cyst -(tumor-)ectomy with ovarian tissue preserving - 85(93.4%), anectomy -

4(4.4%), cyst -(tumor-)ectomy + tubectomy - 1(1.1%), ovariectomy 1(1.1%) and contralateral ovary diathermocoagulation - 10(11.8%). Mean operation time was 29.3±1.1 min (95% CI:27.07-31.48), in gr. I this index was slightly lower than in gr. II - 27.9±1.1 min. (95% CI:25.79-30.18) vs. 33.1±2.6 min (95% CI:27.15-39.04), the difference is not statistically significant (NS). Intraoperative hemorrhage was 62.5±2.9 ml (95% CI:56.48-68.41), in gr. I this index is lower compared to gr. II - 59.6±2.8 ml (95% CI:53.98-65.28) vs. 70.8±8.3 ml (95% CI:53.40-88.12), the difference is not significant (NS). The morphological examination revealed: ovarian cysts - 57(62.6%) and benign tumors - 34(37.4%). Complications in the postoperative period were not found, average hospitalization - 4.5±0.2 days.

**Conclusions.** The results of laparoscopic surgery in case of benign ovarian mass in children and adolescents are comparable to mini invasive interventions in adult patients. In the case of large and giant ovarian mass it is rational to combine laparoscopy with extracorporeal cyst-(tumor-)ectomy.

**Key words:** laparoscopy, ovary, pediatric patients

## DEPARTMENT OF TRAUMATOLOGY AND ORTHOPEDICS

### 182. SURGICAL EPISODE AND MANAGEMENT OF DEGLOVING SOFT TISSUE INJURIES OF THE LIMBS

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**Introduction.** Degloving soft tissue injuries are part of multiple and associated trauma, accompanied by haemorrhage and shock. In order to avoid flap necrosis and add a new skin donor area is important to recognize the problem and to manage properly those injuries.

**Aim of the study.** To study clinical presentation, management of soft tissue degloving injuries of the limbs, outcome and to propose a treatment protocol for varying degrees of severity.

**Materials and methods.** During the period of 2013-2017, 13 patients with different degrees of degloving injuries were examined and treated. The study group consisted of 4 males and 9 females. Average age was 58 years, with age limits 32-74 years. The injury was classified as pattern 1,2,3,4 (Arnez, Z.M. & Khan, U. 2010). In all cases the flap's viability was appreciated. All patients had treatment with washing, debridement; 5 patients with resection of avulsed flap and converting the flap to split-thickness graft (Krasovitov method), 2 cases - axial flaps, 2 cases - primary split-thickness graft, 3 cases flap was sutured to its original position.

**Results.** In study group were pattern 1 - 3 cases, pattern 2 - 2 cases, pattern 3 - 2 cases, pattern 4 - 5 cases. In 10 cases - stable patients with deemed unviable flaps who underwent primary plastic surgery. In 1 case - stable patient with non-viable flaps (late admission) who underwent resection of avulsed flap and negative pressure therapy followed by plastic surgery. In 1 case an unstable patient received staged surgical treatment.

**Conclusions.** In treatment and determination of surgery's timing the active surgical tactic with carrying out autodermoplasty in first 4-6 hours has priority.

**Key words:** degloving injures, Krasovitov, management

### 183. SURGICAL MANAGEMENT OF DUPUYTREN'S DISEASE

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