

Thus, were proposed several aspects of preoperative evaluation that predicts success, as typical symptoms of GERD and good response to acid suppression therapy. Preoperative 24-hour pH testing is controversial in patients who have typical symptomatic GERD, being reserved for patients with non-erosive GERD or with atypical symptoms.

**Aim of the study.** To compare the clinical outcomes of laparoscopic antireflux surgery (LARS) for symptomatic GERD between patients with normal and abnormal preoperative pH testing.

**Materials and methods.** Were selected 34 patients who underwent LARS for typical GERD between September 2016 and December 2017 at our hospital. All patients had preoperative pH testing and at least 3 months of post-operative follow-up. Two groups were formed: I - 18 patients with normal preoperative DeMeester score (DMS) (median 3.34, range 0.37 to 12.58) and II – 16 patients with abnormal preoperative DMS (median 28.70, range 16.96 to 96.13). Postoperative control of symptoms was evaluated using the Visick scale and HRQL-GERD questionnaire. Statistically significant difference was considered  $p < 0.05$ .

**Results.** Clinical outcomes were obtained from all patients at a median follow-up of 12 months (range 3 to 20 months) after surgery. Thirty from 34 patients (88.2%) were satisfied with surgery, having an excellent or good outcome (Visick scale). It's necessary to point that 3 from 18 (16%) patients of group I and only 1 from 16 (6.25%) from group II continued to have typical GERD symptoms ( $p < 0.05$ ). There was also statistically significant difference in postoperative Velanovich score (mean  $6.6 \pm 1.1$  vs.  $2.4 \pm 0.68$ ,  $p < 0.05$ ), group I patients having worse results.

**Conclusions.** Symptomatic GERD patients with abnormal preoperative DMS have better outcomes after LARS compared with those having normal one. So, to minimize poor symptomatic outcomes after LARS, a routine preoperative pH testing is advised.

**Key words:** GERD; laparoscopic antireflux surgery; pH testing; outcomes.

## DEPARTMENT OF PEDIATRIC SURGERY, ORTHOPEDICS AND ANESTHESIOLOGY

### 177. THE ACQUIRED CONGENITAL AND PATHOLOGICAL MALFORMATIONS OF THE ESOPHAGUS IN CHILDREN. OPTIMIZATION OF DIAGNOSIS AND MEDICAL-SURGICAL TREATMENT

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**Introduction.** The acquired congenital abnormalities and pathologies of the esophagus in children are an emergency with fatal potential, whose medical and surgical management and prognosis depend on the early assessment of the risk of the patient's life. Recent studies report that the etiology of these malformative and acquired diseases of the esophagus and multifactorial complications are extremely complex and the lack of early diagnosis and appropriate treatment leads to deaths in the associated complications.

**Aim of the study.** To present the curative vision surgical limits in the treatment of acquired anomalies and pathologies of the esophagus in newborn, infant and child, based on basic pathology and comorbidities in order to reduce complications and to improve the results of early and later medical-surgical treatment.

**Materials and methods.** The investigative protocol includes: clinical-paraclinic anamnestic data such as: radiography, ultrasound, EFGDS, Ph-metria, scintigraphy, CT, MRI and biochemical markers in patients aged from 0 to 18 years.

**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 adhesiolysis 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 cicatrization 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 ECG. 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 evolutionary 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