for surgery included pelvic pain (dysmenorrhoea, and/or deep dyspareunia), abnormal hysterosalpingogram, and failure to conceive after three or more ovulation cycles. Multidisciplinary fertility management followed the surgical diagnosis and treatment of endometriosis. Three postoperative groups were established based on the EFI score: EFI score ≤4, ART (Group 1); EFI score 5-6, non-ART management for 4-6 months followed by ART (Group 2); or EFI score ≥7, non-ART management for 6-9 months followed by ART (Group 3). The main outcomes were non-ART pregnancy rates and cumulative pregnancy rates according to EFI score. Univariate and multivariate analyses with backward stepwise logistic regression were used to explain the occurrence of non-ART pregnancy after surgery for women with EFI scores ≥5. Adjustment was made for potential confounding variables that were significant ($p<0.05$) or tending towards significance ($p<0.1$) on univariate analysis.

Results. The cumulative pregnancy rate was 72%. The total number of women and pregnancy rates for Group 1, 2 and 3 were: 20 and 16.6 %; 42 and 34.14 %; and 61 and 49,59%, respectively. The non-ART pregnancy rates for Group 1, 2 and 3 were 0%, 29.5% and 48.2%, respectively. The ART pregnancy rates for Goup were 50%, 60.6% and 80.3%, respectively. The mean time to conceive for non-ART pregnancies was 3.8 months. The benefit of ART was inversely correlated with the mean EFI score. On multivariate analysis, the EFI score was significantly associated with non-ART pregnancy .

Conclusions. In daily practice, the EFI represents a useful tool for postoperative fertility management in infertile patients with endometriosis.

Key words: endometriosis fertility index

206. BORDERLINE PARAOVARIAN SEROUS CYSTADENOMA AT ADOLESCENT PATIENT: CASE REPORT

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Background. Paraovarian/paratubar cysts (PO/PT) is about 5-20% of the cystic formations of uterine adnexes. As usual, these formations meet in the third and fourth decades of life. Paraovarian or paratubar borderline tumors are rarely registered. A limited number of communications on these cases are published in foreign literature. Considering the extreme rarity of paraovarian borderline tumors, we present our own clinical case

Case report. The 15-year-old patient M.C. was hospitalized in the surgical gynecology department in connection with the detection of ovarian cyst on the right side. She accuses moderate pain in the lower abdomen. Above bladder, at palpation there are a volume formation of about 10 cm. At USG examination: in the right ovary projection were detected a cystic formation of 103×94×87 mm (volume – 440.5 cm3), with nonhomogeneous content, with parietal vegetation on insertion wide basis, up to 38 mm, non-vascularized. Values of oncological markers: CA-125 – 34.5 U/ml (reference: 0-35 U/ml); CA-19.9 – 35.9 U/ml (reference: 0-33 U/ ml); CEA – 1.3 ng/mL reference: 0-6 ng/mL); α-fetoprotein – 0.7 IU/mL (reference 0-7 IU/mL); anti-Mullerian hormone (AMH) – 1.8 ng/mL. Phannenstiel transverse incision surgery was performed: in the paraovarian region, on the right, was determined a cystic formation, hard-elastic, diameter of about 10 cm, that did not affect the ipsilateral ovary, but involved the uterine tube. The preparation was exuded in the plaque and the tumor was

extirpated, with the ovary ptreservation. Because of the concretion of the capsule with the posterior side of the ligamentum, the attempt to keep the uterine tube failed and the decision was made to perform tubectomy. The postoperative period was without any particularities, the patient was discharged on the 5th postoperative day. The histological examination revealed the morphological peculiarities of a papillary cystadenoma at the limit of malignancy or, more preferably, of the borderline type, serous. Twenty-one months after surgery, the patient remained asymptomatic.

Conclusions. The clinical case presented is the fourth case of paraovarian/paratubar borderline tumor in pediatric patients, documented in the literature at that time. Ovarian conservation, with maximum preservation of fertile function, are currently the unanimously accepted tactics.

Key words: borderline, paraovarian tumor, malignancy, teenager

DEPARTMENT OF PEDIATRICS

207. ADRENAL NEUROBLASTOMA IN CHILDREN. ANALYSIS OF CLINICAL SERIES OF 6 CASES.

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Introduction. Neuroblastoma is the most common solid tumor in infants and young children and accounts for 8% of all childhood tumors. The prevalence is 1 in 7000 live births. Some studies show a two-phase incidence with a "pick" before the age of 1 year and the second between 2-4 years respectively. Neuroblastoma with localization in adrenal glands was found in each of 100 children who died in the first 3 months of life. The exact etiology remains unknown.

Aim of the study. To highlight the: clinical, laboratory, imaging and histopathological particularities and also the results of the surgical treatment of the adrenal neuroblastoma, in stages IV and IV.S.

Materials and methods. We conducted a retrospective and prospective study of a clinical series of patients with adrenal Neuroblastoma. Series, being analyzed from the perspective of the existing database in actual literature. We have evolved the clinical, laboratory and imaging particularities.

Results. Patients were divided into 3 sides according to age (0-6) months -3 patients (50%), (6-12) months - 2 patients (33%), (> 12 months) - 1 patient (17%). Gender distribution being: 2 girls (33%) and 4 boys (67%). Suggestive symptoms for the presence of a tumor were found preoperatively in 5 (83%) patients, with the exception of one patient in whom the tumor was found accidentally. The symptoms appeared in various associations in those patients. The diagnosis was established during the antenatal period for 1 (17%) patient, the other 5 (83%) - postnatal. Laboratory investigations revealed: anemia – 2 (33%) children, increased LDH activity in 4 children, increased ferritin in 4 (67%) cases. The value of the exploratory diagnostic imaging was clearly superior to the laboratory analyzes. Surgical treatment was performed in all 6 cases presented. All patients benefited from adjuvant treatment after surgical intervention. Adjuvant therapy consisted of the administration of Etoposide 50 mg, Doxorubicin 10 mg Carboplatin 10 mg, Cyclophosphanan 300 mg.