

Conclusions. The treatment of neuroblastoma is multimodal and depends on the extent of the lesions, the research data, the staging criteria. The neuroblastoma has a reserved prognosis when regional ganglia are involved and serum glycosylated ferritin is increased.

Key words: Neuroblastoma Ferritin

208. VISUAL DISTURBANCES DIAGNOSE IN CHILDREN AFTER HEAD TRAUMA

Author: **Victoria Verejan**

Scientific advisers: Eugen Bendelic, MD, PhD, Professor; Jana Bernic, MD, PhD, Professor
1Department of Ophthalmology, 2Department of Pediatric Surgery, Traumatology and Orthopedics, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Even if medicine science undergoes a continuous development we may still outline that brain injury still be considered as one of the most frequent medical conditions all around the world. As far as the statistics outline that the rate of brain trauma among children is all the time in progress rating double as speaking about age between 7 and 18 years, still we find it difficult to evaluate this category of patients. That is why visual disturbances that may be an outcome of a brain trauma in a child will have a definite role in its future development as an adult. The management comes quite different when we speak of children versus adults, requesting an adequate approach for visual post-traumatic deficiencies appreciation.

Aim of the study. Aim of the study is to determine and classify visual disturbances that appear after head trauma in children in order to assess a personalized approach.

Materials and methods. The study was a case control research based on 49 patients hospitalized at the neurosurgery department suffering from a traumatic brain injury (TBI) and 49 patients with visual disturbances but with no brain injury in the past five years. The patients have undergone a full ophthalmological evaluation by using all of the standard and auxiliary investigations required. Since the research has been provided for children, the diagnostic approach has been selected individually since the patients were hospitalized at different ages and general status.

Results. Results showed a loss of visual acuity in the first 72 hours after trauma, the number being determined in 41 (83,7 %) patients after TBI, mostly diagnosed with hyperopia indexes while undergoing autorefractometric evaluation in 45 (91,8%) patients. There have been also determined changes in visual field examination in the acute stage after trauma, patients presenting fixation loss in almost 44 (89,8%) patients establishing visual field disturbances of a different area in almost all of these patients. According to the contrast sensitivity test we may also outline a clear disturbance for color perception being present in 46 patients after TBI that in 94% of cases. We may also outline that 45 children presented convergence insufficiency with an average near-point of convergence (NPC) ranging between 7-9 mm.

Conclusions. The research noted once again that children present a full spectrum of vision alteration being a process established fast but with clear peculiarities for a full recovery. Due to some distinguished aspects in cerebral blood flow regulation, the pediatric age group is subject to the development of intracranial hypertension (ICH), the cause of the development of which is the expansion of the brain. This reveals the cause for the acute onset of visual disturbances after head injury in children. Also it has been revealed that most of the standard ophthalmologic

investigations should be indicated not in the acute stage since the values may be increased due to a transient picture of visual disturbances without a need in treatment but only with concern of future evaluation.

Key words: traumatic brain injury, visual disorders in children, vision loss after head trauma.

209. THE PATTERNS OF COXOFEMURAL PAIN

Author: **Ion Spînu**

Scientific advisers: Vladimir Iacomi Ninel Revenco Rodica Eremciuc Stela Kuleițaia Constantin Iavorschi Evghenia Crivceanscaia, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Background. Hip pain is a common complaint that can be caused by a wide variety of problems. These problems include: problems within the hip joint, problems with muscles, ligaments, tendons and other soft tissues that surround our hip joint. Hip pain can sometimes be caused by diseases and conditions in other areas of our body. This type of pain is called referred pain. According to Doctor Peter A Negrovic we can classify hip pain into specific patterns: Infectious, Inflammatory, Orthopedic and Neoplastic. This report puts into comparison 2 types of hip pain patterns, Infectious and Neoplastic.

Case report. First case. Boy, 11 years old, presents to the doctor with left hip pain and pathological gait. Anamnesis vitae: ill for about 1 year, acute debut.; Orthopedic evaluated with gypsum immobilization and NSAIDs per os. Anamnesis vitae: contact TB infection with grandfather in 2016; incomplete chemoprophylaxis, 3.5 months H 0.25 x 1 daily with milk, polyvitamin, hepatoprotective. Status praesens: cachexy, arthralgia and limited mobility in the left hip joint; flexion contracture, internal rotation, 20 mm shortening and left lower limb hypotrophy, left knee and talocrural arthralgia, VAS=70 mm. Presumptive diagnosis: coxarthrosis /JIA? . Paraclinical examination: ESR=24mm/h; CT=suggestive imaging data for left coxo-femoral arthritis; Mantoux test = 30 mm (hyperergic). From the following considerations: presence of contact; Mantoux test=30 mm (hyperergic) and characteristic symptoms for TB; we can make the clinical diagnosis: left tuberculous coxitis. Second case. Boy, 4 years old, presents to the doctor with fever (38.5 C) right hip pain and difficulty in walking. Anamnesis vitae: ill for about 2 weeks, acute debut.; Orthopedic evaluated and NSAIDs per os. Status praesens: cachexy, arthralgia and limited mobility in the right hip joint; extension contracture, nocturnal pain, VAS=80 mm. Presumptive diagnosis: coxarthrosis /JIA? . Paraclinical examination: ESR=33mm/h; CRP=48; LDH=616; CT=the presence of the tumor formation in the region of the superior posterior mediastinum on the left site with extension in the carotid space on the left site, at the C8-T4 level, of size 4.5*1.6*4.3 cm + liver metastases confirmed after biopsy; histopathological test: lymphoproliferative tumor. Taking into account the above we can make the clinical diagnosis of: posterior mediastinal malignant tumor, liver metastases.

Conclusions. According to the different patterns of hip pain presentation, our goal is to examine and treat patients holistically and comprehensively. Referring to the cases presented above, patients may present with referred hip pain, and treatment of the underlying disease, relieves hip pain.

Key words: Hip pain, patterns, TB, diagnosis.