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CHIRURGIA MALFORMAȚIILOR CONDRIO-STERNALE

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Introducere. Anomaliile congenitale a peretelui toracic sunt relativ rar întâlnite: 1/400 noi născuți vii. Patologia condr-io-sternală, purtând amprenta de afecțiune ereditară, se manifestă mai vădit în cursul creșterii copilului, accentuându-se în adolescență. Se distinge două tipuri de deformație: pectus excavatum și pectus carinatum. Scopul. Descrierea experienței proprii în domeniul corecției chirurgicale a deformațiilor condr-io-sternale. Material și metode. Intervențiile pentru corecția acestei patologii în clinică se practică din 1995. Posedăm 16 cazuri. Cu vârsta de la 14 până la 22 ani. Băieți - 11, fete - 5. În majoritatea cazurilor (13 pacienți) am tratat pectus excavatum, iar cu torace în carenă au avut 3 pacienți (numai băieți). Toți suferinzii au fost operați. Principalul scop a intervenției este înlăturarea cartilagiilor malformate. Operația a constat în sternocondraplastii cu rezecțiile segmentelor anterioare a cartilagiilor deformate a coastelor sternale (III, IV, V, VI) cu mobilizarea sternului și corecția peretelui toracic prin fixarea sternului cu tije metalice plasate retrosternal sau prin osteosinteză cu spițe metalice. În două cazuri am recurs adăugător la aplicarea plasei sintetice plasate sub lamboul adiposo-cutanat. Tijele metalice s-au înlăturat peste 10-12 luni. Toți pacienții sau vindecat cu efect cosmetic satisfăcător. Cu regret au avut un caz de deces, prin declanșarea unui proces septic fulminant în a treia zi postoperator. Concluzii. Pacienții cu pectus excavatus și pectus carinatus necesită corecție chirurgicală prin sternocondraplastie. Intervențiile de acest gen trebuie efectuate în secții specializate toracice ortopedice cu monitorizarea competentă a reanimatologului și chirurgului toracic.

SURGERY OF CHONDRO-STERNAL MALFORMATIONS

Introduction: The incidence of congenital malformations of the thoracic wall is relatively small: 1/400 alive newborn. Chondro-sternal pathology has a hereditary origin and is likely to manifest during childhood, becoming more expressed by adolescence. Most common deformities are pectus excavatum and pectus carinatum. Aim of the study: To share our own experience in surgical correction of chondro-sternal deformities. Material and methods: Such types of corrections are practiced in our clinic since 1995. There have been 16 cases of such deformities. The age range was from 14 to 22 years. There have been 11 males and 5 females. The majority of patients (13 cases) had pectus excavatum, and only 3 patients had pectus carinatum (only males). All patients have undergone surgery. The main goal of the surgical correction is to eliminate the deformed cartilages. Correction included sterno-chondral reconstructions with resection of anterior segments of deformed cartilages of the sternal ribs (III, IV, V, VI), with mobilization of the sternum, correction and its fixation with steel pins in retrosternal position, or osteosynthesis with steel Kirschner wires. In two cases an additional synthetic mesh was used under the cutaneo-adiposo-fascial flap. The steel pins were removed in 10-12 months. All patients healed with satisfactory cosmetic results. Regrettably there was one lethal case, due to a fulminant septic process by the third day after surgery. Conclusions: Patients with pectus excavatum and pectus carinatum need surgical correction by sterno-chondral reconstructions. Such corrections must be performed in specialized thoracic orthopedic divisions with a competent monitoring by the intensive care unit specialist and thoracic surgeon.

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DIAGNOSIS AND SURGICAL TREATMENT OF PAEDIATRIC BLUNT THORACIC TRAUMA

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Keywords: children, chest, trauma, lungs, bronchi, diaphragm. Introduction. Blunt thoracic injury is a leading cause of death for children over 1 year. 70-82% of children have multiple thoracic injuries. There are still some unresolved questions in diagnosis and treatment of paediatric blunt chest trauma. Materials and methods. The authors analysed the results of treatment of 176 children with blunt chest trauma on the basis of the medical records. Laboratory, functional, and instrumental methods of examination, statistical data processing were used. Results. The main role in the diagnosis of blunt thoracic trauma belongs to chest X-ray in two projections, computed tomography, endoscopy (bronchoscopy, thoracoscopy and/or videoassisted thoracoscopy) ultrasound. Important is an adequate assessment of blood loss. In the acute period were hospitalized 151 (85.79%) patients and 25 (14.21%) patients hospitalized with late complications. Often observed dominant damage of bronchi (20.68%), lung (22.99%) and diaphragm (8.05%). Misdiagnosis was observed in 32.0% of bronchi rupture and 28.0% lung damage, due to the misuse of endoscopic and X-ray methods. In 64.6% major traumatic injuries were combined with pulmonary contusion. Radical surgery used in 87 (49.43%) children. In treatment reconstructive operations were used mostly. Only in 20.68% were used resection methods of surgical treatment. Good results of treatment were observed in 156 (88.64%) patients, satisfactory - in 18 (10.23%), lethal - in 2 (1.13%). Long-term results (within 1 to 8 years) traced in 119 (67.61%) patients - good in 107 children (89.92%), satisfactory in 12 (10.08%). Conclusions. Wide use of endoscopy can clearly establish the nature and prevalence of lesions, volume of blood loss. In the surgical treatment of injuries of the chest should be used reconstructive methods.