Key words: inguinal hernia, hernioplasty, postoperative complications.

SURGICAL TREATMENT FOR COLORECTAL LIVER METASTASIS

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Introduction: Liver is one of the most common sites of metastasis from colorectal cancer. Of all patients who undergo a curative resection for colorectal cancer, 25% will develop liver metastasis. Hepatic resection of colorectal liver metastasis results in improved survival. The aim of this study is to analyze the perioperative outcome and the prognostic factors for mortality and morbidity in liver metastasis.

Material and Methods: Between January 2009 and December 2010, 38 patients underwent surgical treatment with curative intent for colorectal liver metastases at 3-rd Surgical Clinic, Gastroenterology Institute, Cluj-Napoca hospital. A retrospective review of patients' characteristics and various histopathological and surgical factors was performed.

Results: Out of 38 patients, 14 (36.8%) were female and 24 (63.2%) were males. The overall mortality rate was 2.6% and the global morbidity was 13.2%. 76.3% of the tumors were located in one lobe, whereas 23.7% were located in both lobes. Major resections were performed in 5 cases, in 15 cases segmentectomy was the procedure of choice and metastasectomy (limited resection) was performed in 18 cases. Perioperative mortality and morbidity was not associated in our study with the intraoperative blood loss, extent of the resection, or localization of tumor (Chi square $p>0.05$ in all cases).

Conclusion: In our study we found that surgical resection of liver metastasis from colorectal cancer represents a safe procedure and should be the treatment of choice in such cases.

Key words: colorectal cancer, liver metastasis.

LIVER TUMORS IN CHILDREN

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Introduction: Liver tumors occupy a special position in oncology pathology in children due to their origin. Difficulties in this area are a subject to a number of factors such as delayed visit to the doctor, the occult clinical symptoms in this pathology, changing clinical manifestations, a wide range of pathologies that are manifested though similar clinical picture. Primary liver tumors in children have an incidence of 3% of cases and ranks 3rd place among abdominal tumors, after Wilms tumor and neuriblastoma. Liver tumors affect most commonly children of 0-5 years.

Aim: To demonstrate the data of personal observations in children with this pathology.

Material and methods: The National Center of Pediatric Surgery "Natalia Gheorghiu" 2004 trough 2011 received 21 children with tumors of liver. Distribution of children by age: up to a year (n=4), from 1 to 3 years of age (n=9), 4-7 years of age (n=4) and 4 children from 8 to 18 years of age. Separation for

sex was 10 girls and 11 boys. All children went through ultrasound study, for 11 children – scintigraphy of the liver, 14 – computed tomography and for one – nuclear magnetic resonance. After preparatory treatments they were made 15 biopsies, 1 – lobectomy, 1 – subtotal extirpation of tumor and 4 total extirpation of the tumor.

Results: The final diagnoses were as follows in 20 (23%) children – mass in retroperitoneal space, in 17 (19,5%) - the mass in the abdominal cavity: in 3 (3%) - intestinal, in 10 (11,5%) - liver, in 20 (23%) - the internal female genital organs, 3 (3%) - the spleen, 2 (2%) - the stomach and one echinococcus of the mesentery.

Conclusions: One of the key topics in medicosurgery treatment of liver tumors in children is reanimatological treatment, intensive care syndrome at preoperative stage. All surgical interventions in children with liver tumor are at high anesthesiology risk as a result of endo-toxicities, high intraoperative trauma, high potential of hemodynamic changes, of homeostasis, metabolic, respiratory and liver deregulations etc. In most cases total exterpation of malignant liver tumors is limited especially in bilateral tumors and of their central localization.

Key words: liver, tumors, abdominal, surgery.

SURGICAL ISSUES IN TETRALOGY OF FALLOT (ToF) TREATMENT

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Introduction: ToF is a CCD, consisting of subpulmonary infundibular stenosis, ventricular septal defect, aortic valve rightward deviation and right ventricle hypertrophy. It is the most common cyanogens CCD, encountered in more than 50% of. ToF occurs in 5 of 10000 births, in proportion of 54% boys and 46% girls. Many of those who carry ToF, die in the newborn age; those who survive, present essential hemodynamic disorders, with no treatment insights. Survival rates as follows: up to1 year- 66%, up to3 years- 40%,up to20 years– 11%, up to40 years- 3%. Patient's clinical characteristics underlie the surgical behavior, pre- and postoperative evolution of the disease.

Aims: Surgical treatment issues remain due to factors, such as optimal age to that lower risk for surgery, the pathologies associated (AP).

Material and Methods: Data were collected from patients hospitalized from 2010 to 2011. The sample studied consists of 37 patients (P), 3 months to 32 years aged, including 13 girls and 24 boys. Pre- and postsurgical subjective, objective, paraclinical (electrocardiography, echocardiography, angiocardiography, etc.) data were analyzed from the clinical examination records, by examining the P. The research is based on descriptive, standartization and case-control studies. Depending on the purpose of research, the sample was stratified into predefined categories.

Results: During mentioned period, 39 P were hospitalized, 97% planned and 3% emergency, 37 surgeries were made, including 19 palliative shunting, 16radical corrections. Out of all interventions 4 deaths were mentioned (10%). On average, P with ToF present a 3,7 kg (19%) weight and 6,4 cm (7%) height deficiency. Intra- and postoperative complications (IPOC) at P up to 4 years (26 P, 70%) appears as mentioned: 61% without, 30% with 1-2 and 4% with 3 complications; P above 4 years (11 P, 30%): 18% of them have no complications, 63% with 1-2 and 18% present 6-9 complications. Excluding age factor (>4 years), 75% of those without AP (12 P, 46%) have no complications, another 25% - have it, while P with AP (14 P, 54%), majority of them – 71% have IPOC. According to NYHA classification, 62% present