

INTESTINAL OBSTRUCTION AS A COMPLICATION OF NECROTIZING ENTEROCOLITIS IN CHILDREN

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Introduction. The problem of treatment children with intestinal obstruction on background a necrotizing enterocolitis (NEC) and after this pathology remains an actual subject for a discussion of many specialists today.

Aim of this study is the optimization of preventive measures in patients with NEC in order to reduce a quantity cases of NEC complications such as an intestinal obstruction.

Materials. 18 children with intestinal obstruction on background and after NEC have been under our observation. 11 patients were newborns and 7 patients were infants from 3 to 11 months old. All newborns had symptoms of early adhesive intestinal obstructions and 7 children had late complications of NEC such as late adhesive intestinal obstruction (3 patients) and intestinal stenosis (4 patients). Clinic and laboratory examination, X-ray and sonographic diagnostic methods have been performed in these patients.

Results. Majority of newborns with NEC and intestinal obstruction were premature (81,82%). Among 7 patients of older age 4 children were born premature too. The main reasons for development of intestinal obstruction were the hypomotors of fixed intestinal loop and necrotizing area with formation of infiltrates around intestinal perforation and preperforated damages of the intestinal wall. The late complications of NEC were diagnosed in 7 children, which had late adhesive intestinal obstruction and intestinal stenosis. Ischemic damages (dysfunction of vascularization of the peritoneum and intestinal wall), long-term infection in the abdominal cavity and other pathological factors are the most frequently reasons of intestinal obstruction after NEC in children. All patients were operated. 2 newborns (18,28%) have died. The reason of mortality was neonatal sepsis with multiple organ failure.

Conclusions. 1. Prematurity, ischemia of intestinal wall and intraabdominal infection are the main risk factors of the intestinal obstruction in NEC. 2. The main types of intestinal obstruction in NEC are adhesive intestinal obstruction and intestinal stenosis. 3. The surgical treatment prognosis in children with intestinal obstruction after NEC is positive.

TRENDS AND RESULTS IN ACTUAL TREATMENT OF SPLENOPORTAL POSTSPLENECTOMY TROBOSIS

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Introduction. The splenoportal venous thrombosis axle (TAVS) postsplenectomy has an important role in general morbidity. There is still no common decision on the current treatment scheme.

Purpose: To identify dynamically clinical-imagistic changes in the evolution of TAVS.

Material and methods. In our study were included 74 splenectomized cirrhotic patients. For the 41 studied patients, we applied a strategy to prevent the occurrence of TAVS, namely: fraxiparin / peroxide cleanser, as prophylactic doses. We evaluated factors associated with treatment outcomes

Results. 11 patients (14.8%) were diagnosed with TAVS after post-splenectomy, 5 men and 4 women with an average age of 42.3 ± 3.5 years. Approximate time from splenectomy was 6 months (1-13 months). TAVS patients used as therapy antiplatelet-dual-anticoagulant medication, in addition to the complex use of low molecular weight heparins also included oral administration of a platelet antiaggregant (150 mg ticlid, nugal, plavix, clopidogrel 75 mg, aspirin). Decisions on time and duration of administration were taken on a case-by-case for each patient. The protocol analysis shows a positive response in 82% of cases that shows a amelioration of post-operative thrombocytosis, increasing the speed and volume of portal flow. Post-treatment retromyosis within 6 months was present in 2/11 patients.

Conclusion. Factors that influenced the incidence of TAVS after postsplenectomy were: significant splenomegaly, functional thrombocytosis, child score, perioperative prophylactic treatment.