

INTESTINAL ANASTOMOSES IN NEWBORNS AND CHILDREN OF EARLY AGE IN COMPLICATED CLINICAL CASES

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The application of intestinal anastomoses in newborns and young children under circumstances of multiple atresia, thrombohemorrhagic processes and infection of the abdominal cavity can be complicated by the development of inconsistency of the anastomoses.

In the study, the analysis of the results of treatment of 385 children with intestinal anastomoses due to diverse intestinal pathology in newborns and young children over the last 5 years have been performed. All the patients have been on treatment at the Children's Clinical Hospital of Kharkov National Medical University. We have gained the experience of application of the original anastomosis in 64 children, namely: with complex intestinal malformations (29), necrotizing enterocolitis (25), ulcerative necrotic enterocolitis (6), and other pathology of the abdominal cavity organs. Indications for use of the developed technique of intestinal anastomosis have been pathological processes complicating the course of the wound process and predicted long-term disorders of the digestive tract evacuation. The characteristic property of the anastomosis technique is a preliminarily semi-enclosed demucosation of the proximal intestinal loop with the excessively reserved seromuscular sheath, which allows to define clearly the limits of viability and isolate reliably the suture line long the whole length using the sutural or glue fixation by the demucosated part. The method does not prolong practically the time for application of the intestinal anastomosis in comparison with standard techniques. One of the patients have undergone 7 anastomoses, five children - 3, and ten children - 2. In none of the cases of the "muff-shaped" anastomosis application has the dehiscence occurred.

The study of the autopsies has showed preserved viability of demucosated flaps. The analysis of long-term results using the developed method of intestinal anastomosis, taking into account a growing organism, has demonstrated absence of stenotic phenomena and passage problems in the connected segments of the intestine.

Thus, the experience of application of muff-shaped anastomosis allows to make a conclusion about its high reliability in newborns and children of early age with complex surgical situations.

MORPHOMETRICAL ANALYSES OF THE SKULL IN CHILDREN WITH POZITIONAL PLAGIOCEPHALY

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Introduction. Positional plagiocephaly (PP) is a type of cranial deformity caused by repeated external pressure on the head. Today is well known that this condition is not only cosmetic problem but have a higher risk of other medical problem too. Our previous study had shown a higher incidence of malocclusion among school children with cranial deformities. But anyway there are no detailed information about the situation of these condition in adult children.

The aim of this study was to evaluate relation of PP with the maxillo-mandibular area, and the evolution PP in time.

Material and method. Morphometric analysis of the base skull were performed in children with cranial deformity, type PP. 10 patients with PP were included with right side location of PP. Children were divided in two groups according to the age of patients. In first group were included 5 patients with average age 1 year, and in second group 5 patients with average age 10 years.

The symmetry of each hemibase was determined by the crista galli-sella turcica-opisthion angle (CSO). The hemibases were symmetric if their angle was equal to 180°. The symmetry of the exobaze was determined by angles, traced from an anatomic median line to sella turcica and meatus (MSM) and from median line to sella turcica to temporo mandibular fosa (MStmF). The body length and ramus height of the mandibular were measured. Data were analyzed within each group and between each group.

Results. There were no significant asymmetry in the length of mandibular body and height of the mandibular ramus in both groups. All children with PP were determined with a deviation of the CSO angle to left side. The hemibaze was slightly asymmetric in first group, and significantly greater in adult children. The MSM and MStmF angles were greater in left side than in right side in both groups (MSM left and right side 115°-107°, MStmF left and right side 102°-98°).

Conclusion. The PP has a higher risk of deformation on the endobaze and exobaze that can lead to different type of malocclusion.