anatomice pe straturi la a 10 zi postoperator prezintă stare satisfăcătoare.
Concluzii. Complicația dată s-a dezvoltat pe fundalul unei malformații reno-urinare - hidronefroza nediagnosticată la etapele precoce, fapt ce a dus la pierderea anatomică și funcțională a rinichiului pe stânga.
Cuvinte cheie. Pionefroză, copil.

PYONEPHROSIS IN CHILDREN

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Aim of study. Pyonephrosis is an accumulation of purulent masses and sediment in the reno-urinary system. The aim of the paper is to present the difficulties in the diagnosis and treatment of pyonephrosis in order to preserve renal function.
Materials and methods. A 17-year-old patient occasionally diagnosed with pyonephrosis at 9 weeks of gestation.
Results. On admission, the 17-year-old patient had a fever of 39 C, sharp pain in the lumbar region with an emphasis on the left, nausea, repeated vomiting, profuse sweating, altered general condition. USG of the urinary system showed hydronephrosis in the terminal phase on the left, uronefrogenic sepsis. Pyelonephritis - pyonephrosis on the left, the risk of worsening the general condition of the antenatal fetus - termination of pregnancy and then emergency surgery - nephrectomy on the left. Intraoperatively, upon opening the paranephron under pressure, approximately 750 ml of dense yellow-greenish pus was removed. Kidney with major destruction, without parenchyma, lavage of the paranephric space, drainage with 2 rubber blades and a tube. Hemostasis. Major changes of the kidney on the left – advanced adhesion process with the involvement of adjacent organs, it was not possible to remove the kidney. The recovery of the anatomic planes on the layers on the 10th postoperative day shows a satisfactory state.
Conclusions. The complication developed on the background of a renal malformation - undiagnosed hydronephrosis in the early stages, which led to the anatomical and functional loss of the left kidney.
Keywords. Pyonephrosis, children.

TRATAMENT CHIRURGICAL AL COPIILOR CU DIFORMITĂŢI SCOLIOTICE EXTREM GRAVE

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Scopul lucrării. Până în prezent, în boala scoliotică, atitudinea terapeutică rămâne a fi discutabilă pe următoarele aspecte: Vîrsta cînd copilul poate fi operat? Metoda chirurgicală optimală? Se impune, sau nu intervenţii la nivelul zonelor de creştere şi a discurilor intervertebrale? Scopul studiului este ameliorarea calităţii vieţii copiilor cu diformități scoliotice grave și extrem grave.
Materiale și metode. Au fost examinaţi 109 pacienţi pre- şi postoperator, cu diformităţi scoliotice grave cu etiologie diversă, supravegheaţi timp de 1-10 ani. Vârsta copiilor – 5-17 ani; preponderent fete – 69(76 %).
Rezultate. Procedeele chirurgicale au fost diferenţiate, având ca scop: înlăturarea factorului compresiv, a diformităţilor şi dezechilibrului; crearea stabilităţii durabile a coloanei vertebrale. Rezultatele la distanță ale tratamentului chirurgical: bune – 68,4%, satisfăcătoare – 24,1%, nesatisfăcătoare – 3,5% cazuri.
Concluzii. Metodele optimale de corecție a diformităților scoliotice severe rigide: mobilizare ventrală a coloanei; corecția dorsală, fațetectomie Ponte, corecție pe tot parcursul și fixarea coloanei vertebrale cu construcție metalică. Tratamentul chirurgical al scoliozelor juvenile severe începe la 8-10 ani, cu următoarele corecții dorsale cu “construcție în creștere“, fără efectuarea fuziunii posterioare a coloanei vertebrale. Corecția finală a deformației, spondilodeza posterioară și toracoplastie sunt efectuate la sfârșitul perioadei de Acreștere a coloanei vertebrale.
Cuvinte cheie. Diformități scoliotice extrem grave, tratament chirurgical

SURGICAL TREATMENT OF CHILDREN WITH VERY SEVERE SCOLIOSIS

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Aim of study. At the present moment at scoliotic illness’ treatment, surgical tactics remains discussed in the following aspects: At what age is it better to operate? What surgical technique will be more effective? Whether surgical intervention at the level of zones of growth and intervertebral disks will be expedient?
Materials and methods. 109 patients with severe scoliotic deformities have been pre- and postoperatively examined. The evaluation included collecting of anamnesis data, clinical examination, labs and imaging (standard radiography/ with functional tests, magnetic resonance) with a follow-up of 1 to 10 years. Children were aged between 5 and 17 years; they were predominantly girls – 69(76 %).
Results. The main goals of surgical interventions were: elimination of the compression factor, deformation and disbalance correction and spine stabilization. The distant results of surgical treatment were good – 68,4%, satisfactory – 24,1% and unsatisfactory – 3,5%.
Conclusions. Optimum methods of correction of difficult rigid scoliotic spine deformities were: forward spine release; dorsal correction, total facetectomy (the bottom and top facing) throughout correction by Pontus' method and backbone fixation by a metal construction. Surgical treatment of difficult juvenile scoliosis began at 8-10 years old, with the following dorsal correction by "a growing construction", without posterior spine fusion execution. Final correction of deformation, posterior spine spondylosyndesis and thoracoplasty are carried out on the end of spine growth.
Keywords. Very severe scoliosis, surgical treatment of children