
PULMONARY ARTERY BANDING FOR TREATMENT OF INFANTS WITH UNRESTRICTED BLOOD FLOW

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Introduction: Congenital heart defects (CHD) with a left-to-right shunt and unrestricted PBF result in pulmonary overcirculation and CHF early in the neonatal period. Timing of surgery is usually accelerated, to avoid further deterioration during the preoperative period and to minimize risk of postoperative pulmonary hypertension. However, the experience of the surgical team as well as of the neonatal intensive care unit must be taken into account for decision between corrective and palliative procedures. Pulmonary artery banding (PAB) is a technique of palliative surgical therapy used by congenital heart surgeons as a staged approach to operative correction of CHD.

Purpose of the study: analysis of our experience of staged repair of the patients with severe pulmonary hypertension.

Materials and methods: In our department from 2005 to 2011 52 patients with unrestricted PBF in the age from 3 days till to 6 months have been operated on. In this group patients have met next pathology: transposition of great arteries, double outlet the right ventricle, double inlet right ventricle, complete atrioventricular canal, tricuspid atresia, mitral atresia, ventricular septal defect.

Results: The state of 31 (59.7%) patients became stable in postoperative period. Different complications were observed in 12 (23.07%) patients. Lethality was 17.3%. Postoperatively gradient RV / PA varied between 30-70mmHg, with the decrease in PA pressure, and functional improvement. The next stage of surgery was performed in 30 children in terms from 1 to 4 years after PAB.

Conclusion: PA "banding" operation can increase survival of newborns and small infants and „gain a time" for further complete repair. Unfortunately, it is accompanied by different lethal and nonlethal complications and should be applied only when radical correction cannot be performed.

Key words: pulmonary hypertension, congenital heart defects, surgery, pulmonary artery banding

SURGICAL TREATMENT OF ANOMALIES OF FIXING OF LEFT HALF LARGE INTESTINE AT CHILDREN

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Material and methods: Anomalies of fixing of a colon are revealed at 85 children from them at 59 children anomalies of fixing of the left half a large intestine are ascertained. Operative interventions are spent to 38 patients.

Results: At high position of the left bend colon (3 children) did laparoscopy a section phrenico-colica and colico-lienalis sheaves.

At illness of Payra (27 children) spent a section phrenico-colica sheaves. Did a resection cross-section colon with restoration of passableness by imposing abouche-ment the end in the end.

In case of a combination of high position of the left bend colon and dolichosigmoid (8 children) spent a section phrenico-colica sheaves and a resection sigmoid intestine.

In case of a combination of anomalies of fixing of the left bend colon with insufficiency of ileocecal obturative of the device (15 children) supplemented operation with carrying out closed ileocecoplasty with formation ileocecus by our technique. Supervision over children spent on an extent from 1 till 5 years after operation.

Conclusion: The purpose of surgical interventions at anomalies of fixing of the left bend colon at children is creation of physiological fixing of a thick gut within the anatomic sheaves warning displacement and omission of segments of a intestine in a combination to a resection of its superfluous segments.

Key words: children, anomalies of fixing of a colon, treatment.

CAROTID ENDARTERECTOMY IN THE ACUTE PERIOD OF ISCHEMIC STROKE

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Introduction: The impact of carotid endarterectomy, performed in the acute period of ischemic stroke upon dynamic of neurological status of patient, remain unclear.

Materials and Methods: The aim of our study was evaluation of the dynamic of neurological symptoms and comparison of treatment outcomes after reconstruction of carotid arteries in two groups of the pa-