(8,57%), small intestine - 6 cases (8,57%), spleen - 4 cases (4,87%), adrenal gland - 2 cases (2,85%), pancreas - 2 case (2,43%), stomach - 1 case (1,42%). The rate of recidivism recorded is 25,61%.
Conclusion: The retroperitoneal sarcoma is the most common primitive retroperitoneal tumor in human body, that is characterized by morphological heterogeneity and it has an unspecific clinical manifestation. Often to ensure the radicality of surgery, it is necessary to sacrifice some adjacent organs (kidney, colon, small intestine, spleen)
Keywords: Primary Retroperitoneal Tumor (PRT), Retroperitoneal sarcoma (RPS).

MALFORMAȚII CARDIACE CONGENITALE COMPLEXE CU HIPERTENSIUNE PULMONARĂ. TRATAMENT CHIRURGICAL

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Introducere: Malformații cardiace congenitale (MCC) complexe cu șuntare intracardiacă, sunt asociate cu hipertensiune pulmonară (HTP) severă. Iar în lipsa tratamentului chirurgical pot dezvolta rapid Sindromul Eisenmeger.
Scopul studiului: Analiza experienței tratamentului chirurgical al anomaliilor MCC complexe.
Materiale și metode: În secția chirurgia MCC a SCR din anii 2015 pînă în 2018 au fost operați 51 copii. Grupul de patologii incluse în studiu au fost: Canal atrioventriclar coplet (CAVC) - 30(58,8%) pacienți, Ventricol drept cu cale dubla de iesire (VDCDE)-11(21,5%), Ventricol Unic (VU) - 8(15,%) și Transpoziția de vase magistrale cu DSV (TVM+DSV) - 2(3,9%).
Rezultate: Tratamentul chirurgical a inclus corecție etapizată, prima operație fiind cea paleativă "banding de AP" și apoi corecția radicală. Au fost supuși tratamentului chirurgical pe etape 25 (49%), iar corecție radical au suportat din prima 26(51%). Toți copiii cu media PSVD = 54,5mmHg în preoperator. Complicațiile postoperatorii: Pneumonie în 27 cazuri (52,9%), pleurezii în 7 cazuri (13,7%), bloc AV gr.III-2 cazuri. Iar 5(9,8%) cazuri soldate cu deces.
Concluzii: Rezultatele operațiilor sunt în strînsă corelație cu vîrsta bolnavului, greutatea acestuia, dereglările hemodinamice, gradul de HTAP și fonul clinic general. Bandingul arterei pulmonare este o metodă cu risc relativ sporit (mortalitate de 5,8%), dar este etapă importantă în managementul pacienţilor cu insuficienţă cardiacă progresivă, hipotrofie şi anomalii asociate. În grupul cu MCC complexe mortalitatea a fost de 9,8%(5 copii) cu toții fiind sub 6kg și vîrsta medie de 4,1l.
Cuvinte cheie: malformații cardiace congenitale; hipertensiune pulmonară; tratamentul chirurgical

COMPLEX CARDIAC MALFORMATION ASSOCIATED WITH PULMONARY HYPERTENSION. SURGICAL TREATMENT

Introduction: Complex congenital cardiac malformations with intracardiac shunt are associated with advanced of the surgical can rapidly develop Eisenmeger s syndrome.
The purpose of the study: was to analyze the experience of surgical treatment of complex congenital heart abnormalities.
Materials and Methods: 51 children were operated in the CCM section of SCR in the years 2015 to 2018.The group of pathologies included in the study were: Atrioventricular septal defect (AV-canal)-30 patients, Double Outlet Right Ventricle (DORV)-11 patients, Single Ventricle (SV) - 8 patients, and Transposition of the Great Arteries (TGA) associated with ventricular septal defect-2 patients.
Results: Surgical treatment included correction in stages, first was palliative operation "PA banding" and then radical correction. Twenty-five patients were surgically staget, and 26 patients underwend primary-correction. All children with PSVD mean=54,5mmHg (pressure) in preoperative time. Postoperative complications: Pneumonia in 27 cases (52,9%), pleurisy in 7 cases(13,7%), A-V block in 2 cases and 5 cases(9,8%) of death.
Conclusion: The results of the operations are closely correlated with the patient s age, body weight, hemodynamic disturbances, grade of pulmonary hypertension, and general clinical condition. Pulmonary artery banding is a relatively high risk method (5,8% mortality), but is au important step in the managements of patients with progressive heart failure, hypertrophy and associated abnormalities. In the group with complex congenital malformations the mortality was 9,8%,all being below 6kg and the mean age of 4,1 years.
Keywords: congenital cardiac malformations; pulmonary hypertension: surgical treatment

ENDOSCOPIC PAPILLECTOMY IN TREATMENT OF PATIENTS WITH AMPULLARY NEOPLASMS: A SINGLE-CENTER EXPERIENCE

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Introduction: Benign tumors of the ampulla of Vater occur in 0.4% -0.12% of all tumors of the gastrointestinal tract (GI tract). However, malignant transformation occurs in 60-65% of cases, so the common tactic of treatment is their removal. Regardless of the pathophysiological structure of the tumor, endoscopic papillectomy is considered reasonably safe and most effective method compared to a more radical interventions such as pancreatoduodenal resection (PDR), transduodenal resection.
Material and methods: 37 endoscopic papillectomies were performed at the Moscow Clinical Research Center between April 2014 and January 2018. In most cases, the tumor was detected during a routine examination for other diseases. The preoperative examination protocol included duodenoscopy with biopsy, endosonography, CT or MRI, which excluded the presence of malignant lesions and the intraductal spread of the adenoma more than 1 cm. The sizes of the adenomas ranged from 1 cm to 5 cm. The aim of the study was to evaluate the effectiveness of endoscopic papillectomy in the treatment of patients with neoplasm of the ampulla of Vater.