

COMPARATIVE ASSESSMENT OF ENDOVIDEOSURGICAL ACCESSES IN TREATMENT OF CONGENITAL HYDRONEPHROSIS IN CHILDREN

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Purpose. Recently published data has confirmed that the most widespread methods of treatment primary hydronephrosis in children are endovideosurgical. But there are no significant objective criteria for choosing the optimal access: transperitoneal or retroperitoneal. We have evaluated an outcome of laparoscopic treatment hydronephrosis utilizing different access.

Material and methods. Since 2008 to 2017 331 children (95 girls, 236 boys) with congenital hydronephrosis were underwent 342 endovideoscopic operations. Mean age 3.56 years (range 3m – 18 years). In 305 children was used transperitoneal access (TPA) and in 26 – retroperitoneal (RPA). We used the technique of dismembered pyeloplasty by Anderson-Hynes. Drainage was performed by an antegrade or retrograde JJ stent. Follow-up ultrasound was performed on 2 and 5 days after the operation. The ureteral stent was removed at 6-8 weeks after the operation. The continuance of hospitalization was 5-7 day.

Results. 296 patients : 297 with TPA (mean age 4,8 years) and 25 with RPA (mean age 1,9 years) undergoing pyeloplasty were examined after 1-3-6-12 months. The duration of the operation with TPA was 80 ± 40 minutes, and with RPA - 110 ± 40 minutes ($p < 0,05$). No UTI were seen. There was no difference in renal pelvis diameter (% improvement) between the two groups (TPA- 66% and 62% in RPA; $p=0,6$). 3 patients (1,1%) with TPA required re-intervention (2 ps -stent replacement and 1p - re-operation), no patients with RPA required re-operation. **Conclusion.** Despite of the good clinical outcome of treatment with difference accesses and statistical significance the results, the absence peritoneal injury and probability urinary extravasation make RPA in congenital hydronephrosis optimal in young children.

OROFACIAL CLEFTS IN CHILDREN - CLINICAL AND TERAPEUTICAL ASPECTS

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Orofacial clefts are the most encountered facial malformation and they represent a congenital malformation with a particular impact, not only from the aesthetic point of view, but also from the functional point of view, with profound repercussions on the child's psychosomatic development.

The therapeutic approach to these congenital defects of the cranio-facial structures requires a close collaboration between the pediatric surgeon, the orthodontist, the logoped, and it is often necessary even a psychological approach to these cases.

The authors are presenting the experience of the Pediatric Surgery Clinic of the Craiova Emergency County Hospital in the surgical approach of the cases of orofacial clefts in the last ten years.