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**ESOPHAGEAL ATRESIA: PROBLEMATIC ISSUES
AND PROSPECTS FOR SOLVING THEM**

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Esophageal atresia (AS) is one of the complex congenital malformations of the gastrointestinal tract in children, which is manifested by a violation of the integrity of the esophagus with the formation of two segments that do not interconnect. Each of them may end up blindly or fistulas combined with the trachea, rarely the bronchi. This defect is incompatible with life, so such infants require immediate surgical treatment. The survival rate of children with AS is currently 95-98%. Frequent combinations with congenital heart anomalies (37%), other gastrointestinal abnormalities (25%), etc. (VACTERL Association) significantly reduce the chances of successful treatment.

Our aim was to determine the prevalence of AS among newborn children of Chernivtsi region and to establish current world trends in solving the problematic issues of this pathology.

A retrospective analysis of the case histories of newborns with birth defects, in particular, of inpatients treated in the surgical department of the KNP "City Children's Clinical Hospital" during 2008-2018, was carried out.

According to WHO, 4% of all birth defects in children account for the development of the gastrointestinal tract. In the territory of Chernivtsi region during the last ten years the uneven manifestation of this pathology has been noted. Yes, the highest number of children with AS was registered in 2010, 2011, 2013 and 2014 - 4 people. (9.7%), 4 people (8.3%), 5 people (10.2%) and 4 people. (8.5%) among all children with disabilities, respectively. All children underwent surgical intervention by right-sided thoracotomy with direct anastomosis by end-to-end type. The difficulty in performing this procedure has traditionally depended on the magnitude of the diastasis and the closely related search for trimmed ends.

The analysis of world sources shows the similarity of problems of both domestic and foreign authors. The magnitude of diastasis is the most important reason for refusing one-stage treatment with direct anastomosis. Thus, today, one of the most advanced methods of solving this problem is Falker prolongation, which is performed thoracoscopic and has a sufficiently low risk of developing postoperative complications, reaching 3-5%.

Current trends in world scientific thought are aimed at the development of mini-invasive technologies that have less traumatic consequences and better long-term results. The primary task of surgeons is to maintain the patient's own esophagus, even in the presence of an insatiable diastasis.

Vatamanesku L.I.

**DIAGNOSTICS AND TREATMENT OF CHRONIC CONSTIPATIONS OF CHILDREN
WITH DOLICHOSIGMOID**

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The constipation is one of the most widespread disturbances of the function of digestive system, from 12% up to 19% of the population suffer from this disease. According to the Roman criteria III, the constipation is considered to be chronic, if symptoms are observed during period not less than 6 months. Typical symptoms of constipation are rare and hard feces, exertion, and feeling of incomplete emptying of the bowels. The hard feces, exertion and increase of intraperitoneal pressure can become the reason of such complications, as hemorrhoids, anal fistula and, probably, prolapse of the rectum, formation of the feces ulcer and feces accumulations with feces incontinence due to overflow bowel.

In a number of cases the excessive lengthening (dolichocolon) and distention (megadolichocolon) of the colon are underlying the chronic constipations. The term



“dolichocolon” means unusually large length of sigmoid, that is interpreted as inherent anomaly of the colon development and can not express clinically during all life of the human. There are different opinions about formation of dolichocolon. The lengthening of the bowel is considered as a defect, or variant of development, or as anomaly. According to the data of the different authors, dolichocolon accounts for from 9 up to 11% of all anomalies of development of the colon.

The appearing clinical picture quite often simulates such diseases, as Hirschsprung’s disease, acute appendicitis, gastroduodenitis, chronic intestinal obstruction, the colon tumour.

At the present stage of the abdominal pediatric surgery development the absolute indices for surgical treatment with dolichosigmoid are not developed. Unsatisfied results and relapses of disease range from 27.3% to 45.9%.

To improve methods of surgical treatment of chronic constipations of children with dolichosigmoid.

During the period from 2009 to 2019 in the pediatric surgery clinic were examined 344 children, aged from 6 months to 17 years, with chronic constipations.

The colonoscopy, irrigoscopy and irrigography examinations were made compulsory with barium mixture.

180 children had dolichosigmoid. 29 children (16.11%), from 6 to 17 years, were operated. According to X-ray examination, it was found that 14 patients, operated on dolichosigmoid, had a high position of the colon left bend.

In assessing the X-ray examinations and clinical symptomatology two groups of patients were singled out: 1 - an isolated dolichosigmoid (15 children), 2 - dolichosigmoid combined with the colon left bend high position (14 children).

During surgical treatment, children were divided into two groups: 1- resection of the sigmoid colon with the dolichosigmoid in the traditional way; 2 - resection of the sigmoid colon with the formation of the upper sigmoid ligament based on our own methodology.

After resection of the sigmoid colon in the traditional way, periodical constipations after surgery had 18.75% of patients, abdominal pains - 37.5%, excrement smearing - 60%. In addition to operations with forming of the upper sigmoid ligament - constipations were absent; abdominal pains remained within 14.29% of patients, excrement smearing - 16.67% compared with the preoperative clinical manifestations

48.28% of children operated on dolichosigmoid, had high position of the colon left bend that is needed additional dissection of the left phreno-colic ligament. Resection of the sigmoid colon with the formation of the upper sigmoid ligament can be a way of selection of the surgical treatment of chronic constipations of children with dolichosigmoid.

Vlasova O.V.

DEVELOPMENTAL DEFECTS AS A SIGN OF ECOLOGICAL TROUBLE

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Various ecological factors can be cause promoting occurrence of congenital developmental defects. Due to this fact the frequency of their occurrence in the population can be an indicator of ecological trouble.

Objective of the study was to find the risks of formation of congenital defects among children whose mothers resided in locations with different geochemical characteristics. 492 autopsy protocols of newborns and fetuses died during intrauterine period or after birth during the period of 2004-2014 in the town of Chernivtsi depending on geochemical troubles associated with the places of residing of pregnant women were analyzed. The obtained results were analyzed by means of biostatistical methods using the principles of clinical epidemiology and computer packets “STATISTICA” StatSoft Inc. and Excel XP for Windows on a personal computer applying parametric and non-parametric methods of calculation and Fisher’s criterion for relative values. The risk of occurrence of developmental defects in deceased children was assessed according to the