Results: Among the 6 patients with suspected hypopituitarism, 4 were confirmed to have adrenal insufficiency, while 2 showed a normal response (cortisol >430 nmol/L). Of the 6 patients with suspected iatrogenic adrenal suppression, 5 were confirmed to have adrenal insufficiency, and 1 had a normal response. The patient with suspected NCCAH demonstrated normal cortisol and 17-OH progesterone levels during the dynamic test, effectively ruling out NCCAH. In total, 62.9% of patients were confirmed to have adrenal insufficiency. Main cause of secondary adrenal insufficiency was topical glucocorticoid use for allergic dermatitis without doctors' recommendation.

Conclusion: While the insulin tolerance test is also a valid method for confirming adrenal insufficiency, it is considered risky and challenging in infants and young children with suspected adrenal failure.

This is the first study of its kind conducted in Uzbekistan, and the Synacthen test has since been widely implemented in our center. Previously, the test could not be performed due to the unavailability of the drug. The short Synacthen test is a valuable diagnostic tool that is simple, safe and does not require hospitalization, fasting or complex preparation. Patients only need to reduce their glucocorticoid dose the day before testing. It is particularly useful for assessing adrenal recovery in iatrogenic suppressed patients and determining the appropriate time to discontinue hydrocortisone therapy.

Limitations:

This was a single-center study with a limited sample size. Larger, multi-center studies are needed to validate and expand upon these findings.

OPTIMIZATION OF SURGICAL APPROACH FOR RESECTION OF PEDIATRIC DEEP-SEATED BRAIN TUMORS.

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Key words: pediatric deep-seated tumors, surgical techniques, pediatric neurosurgery

Abstract

Background. Deep-seated pediatric brain tumours represent a unique neurosurgical challenge as they are often surrounded by eloquent structures. Minimally invasive surgical resection techniques still represent a complex microsurgical problem. To date, attempts are being made to optimize minimally traumatic options for surgical

approaches with an optimal angle of surgical action for the maximum possible radical removal of these tumors and, accordingly, obtaining successful postoperative results.

Methods. We describe experience of our center regarding the removal of pediatric deep-seated tumors.
Results. To optimize a surgical approach for resection of pediatric deep-seated brain tumors we have used intraoperative neuronavigation, ultrasound and neurophysiology monitoring. We found the use of these tools improved the safety of surgery and reduced the risk of surgical morbidity**.** Our center treated 91 pediatric patients with deep-seated brain tumors located at the ventricles, thalamus and sellar-chiasmatic region for the last 4 years.
Conclusions. Pertinent perioperative management including good control of brain edema was required for the safety and ease of surgical procedures, as well as for minimal complications. Appropriate surgical approach in conventional or modified method was determined on the basis of location and extent, size and preoperative implications of malignancy, and was utilized in combination with skull base surgery. Various directions of operative route within the limited operative site provide for a better identification of tumor as distinct from surrounding structures. “En bloc” removal was the first choice, and the combined use of compartmental and piecemeal removal was the most practical. Many tumors can be evacuated most effectively through the use of suction and bipolar cautery, whereas firm tumor tissue that clings to surrounding brain required compartmental incision by microscissors and cavitation ultrasound surgical aspirator (CUSA).

IMPLEMENTATION OF TARGET THERAPY IN RELAPSED CLASSIC HODGKIN LYMPHOMA: A SINGLE-CENTER EXPERIENCE

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Background: Classic Hodgkin lymphoma (cHL) accounts for approximately 5-6% of childhood malignancies and is one of the most curable cancers in children. While the disease can be cured with limited resources, relapsed or refractory (RR) cHL remains a challenge for up to 15% of patients. Fortunately, Brentuximab vedotin (BV) and anti-PD-1 blocking antibodies, such as nivolumab and pembrolizumab,