was considered (on admission MELD score 24, King's Wilson index 12; on day 10 MELD score 18, King's Wilson index 8).

The decision was made to attempt plasma exchange over three days and introduce penicillamine. The patient improved clinically, tolerated penicillamine well and was released subsequently after 34 days of hospitalization and five plasma exchanges overall. Liver synthetic function completely normalized few months later. Genetic analysis of ATP7B gene (H1069Q mutation) confirmed presence of the H1069Q mutation on one allele.

We presented a patient suffering from WD in whom the disease presented acutely with development of liver failure with near-normal values of liver enzymes, mild hyperbilirubinemia, markedly impaired synthetic liver function and Coombs-negative haemolytic anaemia. Acute liver failure in WD may be successfully managed with plasma exchange therapy.

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ACUTE BILIARY PANCREATITIS OCCURRING IN THE EARLY POSTPARTUM PERIOD IN A TEENAGE GIRL: A CASE REPORT

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Introduction Acute biliary pancreatitis during early postpartum period in adolescent pregnancy is a rare, but challenging clinical entity in terms of diagnosis and management. We report a case of acute pancreatitis, occurring in early postpartum period in an adolescent patient who had an otherwise uneventful course of pregnancy.

Case Report A 15-year-old patient presented with a complaint of severe upper abdominal pain with propagation to the back and bilious vomiting, 18 days after delivery of a healthy child. Apart from psychiatric treatment due to behavioral disorder, she was healthy, and the pregnancy was uneventful.

The patient was initially examined and admitted to a secondary institution where the diagnosis of acute pancreatitis was established, due to clinical features, elevated amylase values and abdominal ultrasound findings. After primary stabilization, she was transferred to the Intensive Care Unit of our institution. When admitted, the patient was acutely ill, pale, and afebrile, with slow peristalsis and diffuse abdominal pain. Laboratory values of inflammation markers were elevated (CRP 135.4 mg/l, PCT 1.29 ng/mL), with significant increase in lipase (2602 U/L) and amylase in serum (666 U/L) and urine (13593 U/L). Abdominal ultrasound showed enlarged, intumescent pancreas, without necrosis or other focal changes, and multiple concrements in gallbladder, without intrahepatic or extrahepatic duct dilatation, the latter confirmed with magnetic resonance cholangiopancreatography. During hospitalization, patient's condition worsened with the development of a pseudocyst (66 mm in diameter) in the tail of pancreas, free fluid in the abdomen and extensive bilateral pleural effusions, which was treated with antibiotics (meropenem), octreotide for the first three days and parenteral fluid, electrolyte and nutrition supplementation. After stabilization, the patient was admitted to Department of Gastroenterology. On the 14th day, a severe abdominal pain reoccurred with propagation to the back

and vomiting, with an increase in inflammatory markers and amylase and lipase values.

Abdominal ultrasound showed active pancreatitis with necrotic focal changes in the pancreas. The aforementioned deterioration was inflicted by patient's self-initiated and covert ingestion of nuts and some snacks during the night. After stabilization, laparoscopic cholecystectomy was performed and the patient was discharged.

Conclusion Acute pancreatitis must be kept in mind when evaluating patients presenting with abdominal pain after child delivery, with gallstones being the most common etiological factor. Pregnancy and postpartum associated acute biliary pancreatitis usually has a mild-to-moderate clinical course with a favorable outcome, but can present a challenging clinical entity in adolescence, even posing a survival threat.

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RESEARCH OF NUTRITIONAL STATUS OF SURGICAL PATIENTS

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Relevance Nutritional status (NS) has an effect on adaptation, pathological process severity, recovery rate, therapy effectiveness, hospitalization duration, etc.

Objective Evaluate NS of children being treated in clinical departments.

Materials and Methods nutritional status of 20 children 7 to 17 years old (average age is 13.8 years old) being treated in the surgical department was evaluated. Body weight, height and body mass index (BMI) as well as chest, waist, hips, hip and non-working arm wrist circumferences were studied; centile corridors (CC) were determined. All children have been evaluated for nutritional status using impedancemetry (body composition). All children were questioned using the nutritional status scale created specifically for this research. Statistical analysis, including parametric statistics methods, as well as Spearman's rank correlations was performed using the Statistics 6.1 software.

Results Children with chronic orthopedic pathology requiring repeated surgical intervention as well as children with acute trauma observed in the 2nd surgical department. Nutritional status was estimated according to anthropometric data using relative values (centile corridors). Height: 20% are tall (4 children in the 6th and the 7th centile corridors), 30% (6

children) are in the 3rd centile corridor, and 25% (5 children) have stunted growth (the 1st and the 2nd centile corridors). Weight: 25% have excess weight (mainly children with acute pathology), 30% (6 children) have moderate weight deficit (the 3rd centile corridor), and 15% (3 children) have acute weight deficit relative to height. Body mass index: 30% have excess weight and 20% have acute deficit in nutritional status. Nutritional status was estimated by the method of impedancemetry, which coincided with the data of anthropometry. High reliable ($p < 0.05$) positive correlations between percentage of fat mass, lean mass, active cell mass and total water and the following anthropometric data: centile corridors of body mass and centile corridors of BMI were established.

Conclusions Thus, according to the totality of studies performed, 30% of children were in normal nutritional status;