Results: In the study group were 30(83.3%) island flaps, free – 6 (16.7%) cases. Thermometric differences in the postoperative period ZR/ZD >20C were found in 6 (16.7%) cases: island flaps – 4 (13.3%) cases, free – 2 (33.3%) cases. If the island complications occurred in 8(26.7%) cases, free – two (33.3%) cases. Free flap complications: venous insufficiency due to anastomosis's thrombosis (n=1), marginal necrosis (n=1) and insufficiency of anastomosis due to adjacent tissue's edema (n=1). Complications of island flaps were: marginal necrosis (n=4), vascular insufficiency due to edema (n=3) and loss of the flap (n=1).

Conclusions: In the early postoperative period thermometric difference >20C indicates a flap's vascular suffering that requires urgent actions. In the case of island flaps the thermometry has a sensitivity of approximately 85%, while in the case of free - 95%, the specificity is 98% in both.

Keywords: thermometry, complications, flap, monitoring

201. IMPLEMENTATION OF FRAMELESS STEREOTACTIC BRAIN BIOPSY: A PRELIMINARY EXPERIENCE

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Introduction: Frameless stereotactic neuronavigation has proven to be a feasible technology to acquire brain biopsies with good accuracy and little morbidity and mortality.

Materials and methods: The present study reports our experience with intracranial biopsy procedures performed using BrainLAB® Varioguide frameless stereotactic brain biopsy systems. From March 2015 to February 2016, five patients aged from 37 to 54 years with supratentorial brain tumors underwent frameless stereotactic brain biopsy. The inclusion criteria for frameless stereotactic brain biopsy were: tumors localized in the eloquent brain area, deep-seated lesion or poor general condition with high risk for open surgery. All biopsies were performed using the frameless stereotaxy protocol under general anesthesia and head fixation in a three-point Mayfield clamp.

Results: In all patients, VarioGuide and multimodal neuronavigation were successfully integrated into the biopsy procedure. No VarioGuide-related adverse events were reported. The mean operative duration was 105 min.The overall diagnostic yield was 100 %. A discrepancy between smear results and conclusive diagnosis was detected in one case. The major reasons for the discrepancy were necrosis and improper quality of the preparations. Following each operation, a control headCT was routinely performed to confirm and document the proper targeting and to exclude postoperative intraparenchymal bleeding.Three cases of bleeding within the lesion or along the biopsy trajectory were observed on postoperative CT scans but were Associated with transitoryheadaches. No mortality and morbidity occurred postoperatively.

Conclusion: The frameless stereotactic biopsy with neuronavigation systems is an effective, safe and important technique for histological diagnosis of brain lesions, particularly for multifocal and corpus callosum lesions.

Keywords: biopsy, frameless stereotaxy, neuronavigation, brain neoplasm.

202. SURGICAL TREATMENT OF STRABISMUS IN ADULTS

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Introduction: Strabismus is a condition in which the eyes are not properly aligned with each other. According to specialized literature the estimated prevalence of strabismus in the general population is 4%. Normal binocular vision is required for many occupational tasks and other activities in daily life. Prompt diagnosis and treatment of strabismus are critical for minimizing the adverse effects of strabismus and enhance the patient's quality of life.

Materials and methods: The base of this research is a retrospective study of 56 patients with convergent squint who were treated in the Ophthalmology Section of Clinical Republican Hospital, Chisinau in the period 2013 – 2015. Examination of patients was performed by collecting the following dates: probable time of onset of strabismus, nature of onset, frequency of deviation, previous treatment (if any, type and results). In addition, all patients were exposed to an ocular examination that included appreciation of: visual acuity, ocular motor deviation, monocular fixation, accommodation, sensorimotor fusion and refraction.

Results: The average diagnostic age of patients was 28 years, with limits between 18 and 62 years, the biggest incidence of strabismus was in the age group between 20-29 years. 34 (60%) from patients were female and 23 (40%) were male. There were 42 cases of convergent strabismus neglected from childhood, 8 cases of sensory esotropia and 6 cases of consecutive esotropia. According to visual acuity 19 patients (38%) presented isoacuity, 17 patients (34%) presented amblyopia, the incidence of amblyopia of 64,8% in esotropia and 35,2% in exotropia. The preoperative mean degree of deviation was -38,2PD. Postoperative success rate was 79,7% (degree of deviation up to 10 PD) with binocular vision amelioration (Bagollini positive) in 21% of cases.

Conclusions: Strabismus surgery in adults is not only cosmetic. It is reconstructive, and it has marked functional benefits, including the restoration of normal alignment and binocularity.

Keywords: strabismus, adults, surgical treatment

203. SURGICAL TREATMENT OF ANKLE FRACTURES

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