

simultaneous vision 26,7%, binocular vision 22,2%. During preoperative period 29 (64,4%) patients received active pleoptic treatment. 16 patients (35,6%) were taken under surgery without pleoptic treatment. Surgical correction of strabismus was performed in all children. Age surgery is as follows: from 1.4 to 4 years - 6 children (13,3%) of 4-7 years - 20 children (44,5%) of 7 to 10 years - 15 children (33,3%) aged over 10 years - 4 children (8,9%). Ortopto-diploptic postoperative treatment was performed in 39 patients (86,7%).

Results: In the postoperative period was reached ortoforie for 28 patients (62,2%), 3 * -5 * residual angle was kept for 13 patients (28,9%) in the remaining 4 cases (8,9 %) residual vertical deviation is observed. For the second stage of surgery were taken 11 patients (24,4%). Visual acuity of patients was increased by: 0,1-0,2-33,35%; 0,3-0,4- 40%; remained the same (0.9-1.0)- 24,4%; remained (0.1-0.2) – 2,25%. The binocular vision became monocular for 15,6 %, simultaneous vision 22,2%, binocular vision 62,2%. According to the degree of fusion of 28 patients (62,2%) who carried out the exercises at sinaptofor were achieved good results: 0*- 33,3%; +1+4*-13,3%; +5+9*- 8,9%; >10*- 2,2 %; indefinite - 4,5 %.

Conclusion: Surgical treatment is not unique to squint in children, but only one step in the complex treatment. Result of the treatment is based on pre- and post-surgery methods.

Keywords: visual acuity, binocular vision, angle of deviation

POSTERS

208. CARPAL TUNNEL SYNDROME IN THE FIST ARTHROSIS, THE CLINICAL EVALUATION AND APPROACH OF THE TREATMENT STRATEGY

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Introduction: The clinical evaluation in patients with carpal tunnel syndrome in association with fist arthrosis, approach of the treatment strategy.

Material and methods: We have proposed a study of patients with carpal tunnel syndrome (CTS) in association with fist arthrosis (FA) which were in treatment in 6 Section of Traumatology and Orthopedics Clinical Hospital, Chisinau in the period 2011-2015. All patients present clinic of carpal tunnel syndrome unilateral, and were examined by ultrasound studies both wrists, determining the difference the narrowing percentage of the median nerve in the region of entrapment (N%MN, %). All results were presented as mean \pm standard deviation (\pm SD).

Results: We proposed analysis of 60 cases, that were divided in four groups: I group carpal tunnel syndrome unilateral – 20(33,3%) patients; II group carpal tunnel syndrome in association with fist arthrosis without traumatic etiology– 8(13,33%) patients; and III group carpal tunnel syndrome in association with fist arthrosis and traumatic etiology – 32(53,33%) patients. We established these trends,

from 60 patients, 24(40%) were male and 36(60%) woman, the ratio right / left draw up 3,3:1,0. There was no significant difference between the ages of the CTS patients (mean 47.8 ± 11.80 yr) We found that in 58 healthy hands the USG studies show N%MN mean= $6,06\% \pm 10,80$. In according with stage of CTS in 60 hands the USG studies show N%MN mean: II: $31,57\% \pm 3,33$; III: N%MN mean= $49,64\% \pm 4,51$; IV: $79,59\% \pm 16,38$. Clinical evaluation of FA patients in the search for neuropathy is difficult since neuropathic symptoms are confused with arthrosis. Various physical maneuvers designed to stress the median nerve in the carpal tunnel may exacerbate the symptoms. Surgical interventions: in 52 cases was performed excision of the carpal ligament with median nerve decompression with/or without other surgical interventions., in 8 cases was performed incision of the carpal ligament with median nerve neurolysis and as an component of operation. Remote results were based on the Michigan Hand Outcome Questionnaire classified as good in 41 patients, satisfactory in 19 patients, results are greatly influenced by the basic pathology.

Conclusions: Therefore, the diagnosis of CTS in FA patients is difficult because of such clinical findings. If the narrowing percentage of the median nerve in the region of entrapment N%MN is higher $6,06\% \pm 10,80$, it confirm CTS diagnostic.

Keywords: Syndrome, carpal tunnel, fist arthrosis, arthrodesis.

209. PERCUTANEOUS NEPHROLITHOTOMY IN THE TREATMENT OF UROLITHIASIS

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Introduction: Percutaneous nephrolithotomy (PCNL) was proposed by W. E. Goodwin in 1955. This year, Goodwin made the first percutaneous pielostomie in hydronephrosis, and subsequently to propose this method for the surgical treatment of minimally invasive kidney stones. The first intervention was performed by Fernstrom and Johansson in 1975, extracting a kidney stone using an endoscope. Due to technical progress and improving technique, it was possible to improvement and reduce complications method with a success rate of about 98-99%.

Objective: Analysis of contemporary method of treatment of kidney stones by percutaneous nephrolithotomy, indications, contraindications and benefits of this method compared to open surgery, lithotripsy extracorporeal shock wave under reference study. Reviewing progress specialized surgical techniques and instrumentation that continues to improve PCNL as contemporary method of treatment of urolithiasis.

Material and methods: Percutaneous nephrolithotomy (PCNL) is a miniinvasive method of treatment of nephrolithiasis and/or ureteral lithiasis. The method consists of pointing an inferior or medium calyx, with further dilatation and creation of a path for lithotripsy and extraction of stone via the percutaneous path. In this study are analyzed the indications, contraindications, advantages and different authors opinion on NLP in lithiasic kidney surgery. The “stone free” rate is comparable with