214. SURGICAL TREATMENT OF RECURRENT SHOULDER DISLOCATION

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Introduction: Management of recurrent shoulder dislocation remains to be a challenge for orthopedics. Recurrent shoulder dislocation is present in 16,3% of all joint trauma cases. Maximal frequency is between 20 and 30 years old men (80%) in 90% of cases. Anatomical repair addressing the underlying pathology is the preferred method. In this study we will present the hypothesize that Bristow-Latarjet procedure is effective in most of recurrent shoulder dislocations cases.

Materials and methods: A total of 36 patients with recurrent shoulder dislocation were treated with Bristow-Latarjet procedure between 2013 and 2015. The patients were classified by: gender, age, trauma localization (right or left), etiology of first dislocation, place of residence (rural or urban), patient's profession. Age of patients was between 17 and 75 years. Ratio men/women was 2:1 (men-24, women-12). Trauma localization is most frequently met on the right side of the shoulder (25 vs. 11) in 24 cases right is working hand. Recurrent shoulder dislocation is 72 % (n=26) in rural society and 28% (n=10). All patients were treated with open Bristow-Latarjet procedure, after intervention all patients were immobilized with Dessault cast splint for 3 and 4 weeks. The clinical outcome was measured with Constant and Murley Score.

Results: The clinical outcome was excellent in 25 (69,44%) patients; good in 8 (22,22%) patients and well in 3 (8.33%) patients.

Conclusion: Recurrent shoulder dislocation is a problem that still needs to be solved. Modified Bristow Latarjet procedure is indicated in almost all types of recurrent shoulder instability, especially in patients with large Hill-Sachs lesions and glenoid bone loss, with good and excellent results. Open Bristow Latarjet procedure ensure restoration of joint functionality and long-term absence of recurrences.

Keywords: Bristow-Latarjet; dislocation; shoulder; surgery.

215. FACTS ABOUT STARGARDT DISEASE: ADVANCES AND OBSTACLES

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Introduction: Stargardt disease is the most common juvenile macular dystrophy and hereditary frequent cause of central visual dysfunction in young patients. This disease, whose prevalence is 1:8000, according to other sources 1:10000, was first described in 1909, by Stargardt. According to recent studies, Stargardt disease was the cause of low vision at 13.94% people, aged under 16. Stargardt's disease can occur in one of every 20,000 children, aged equal or greater than 6 years and is usually diagnosed before the age of 20 years.