

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 hypothesis 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.

Materials and methods: The purpose of this article was to highlight the general aspects of Stargardt's disease and also to present a clinical case of a boy aged 6, who came in 2013 at the Medical Center, with the following complaints: decreased in both eyes (OU) of the visual acuity (VA), detected in a prophylactic control.

Results: Presentation, clinical features and progression of Stargardt disease varies greatly from patient to patient. From complaints, appears a difficulty in recognizing faces, reading, writing, distinguishing colors and other work that is done nearby, so that the affected person can see objects only from the "corner of his eye" (peripheral vision or sight "side"). Children can be misdiagnosed for a psychological loss of vision, because macula initially appears normal. Over time, characteristic changes occur in the retina that help facilitate the diagnosis.

Conclusion: Being present in a marked phenotypic variability, the impact of this disease on visual function is highly variable. It is known that VA declines most often to a level of 20/200 or worse, but usually stabilizes after reaching this level. Although some patients maintain a good VA over several years, others may experience a precipitated loss of VA. A comprehensive and interdisciplinary approach for the vision rehabilitation, can help most patients learn to use the remaining visual capacity to a maximum.

Keywords: Stargardt disease, manifestations, treatment, rehabilitation

216. EARLY CHANGES OF KERATOMETRY AND POSTOPERATIVE ASTIGMATISM SECONDARY CATARACT SURGERY

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Introduction: The purpose was to study the cataract cases operated by the Extracapsular cataract extraction and Phacoemulsification from the viewpoint of postoperative astigmatism and keratometry.

Materials and methods: This prospective study is based on 77 patients with senile age (51-86 years) of both sexes diagnosed with cataracts, during the years 2015-2016. Surgeries were performed in Ophthalmology department of the Republican Clinical Hospital. The study includes only cases that showed no postoperative complications. Each patient was evaluated by the following criterias: (1) general patient information (gender, age, residence); (2) preoperative assessment: laboratory examination, cardiologic examination with ECG; (3) preoperative evaluation: all the symptoms and medical history of the patient, examination of the visual acuity, intraocular pressure measurement, keratometria, ocular biometry, the determination of dioptric implant artificial lens; (4) diagnosis (the affected eye); (5) determining the type of intervention; (6) postoperative evaluation: visual acuity without optical correction, keratometria, comments from the patient himself (satisfaction, light sensitivity etc.).

Results: All 77 patients are aged between 51 and 86 years, with a mean age of 68.75 years. Women age limits were from 51 years up to 79 years, with a mean age of 67.93 years; Age limit for men