

surgeons experience, bilateral breast reduction work-load, pre-operative assessment, selection criteria, issues of operative technique and postoperative management.

Results. During 5 years, between 2015 and 2020 (including), 34 patients aged 30-60 years were operated at the "TerraMed" Clinic and the mammary reduction was performed. For 23 patients the peri-areolar reduction was performed and for 11 patients - other types of reductions. 19 patients needed for the use of mammary implants. During the mammary reduction, complications occurred at 3 patients - marginal necrosis of epidermis (0.3-0.5 cm).

Conclusions. The achieved results have an impressive rate of success. Transareolar breast reduction is an interesting procedure in reconstructive breast surgery. This method focuses exclusively on describing techniques of approach which gives us fulfilment and long-lasting results in breast reconstruction. Patients are delighted with cardinal changes and reintegrate them selfs into society. This intervention is successful one by taking into account the satisfaction and minimisation of initial symptoms of the patients in the post-operative period.

Key words: mammary reduction, mastopexy, breast, nipple-areolar complex ,plastic surgery.

109. POSTTRAUMATIC DISTAL RADIOULNAR JOINT INSTABILITY WITH PALMER 2C TRIANGULAR FIBROCARILAGINOUS COMPLEX INJURY

Author: **Ștefan Cojocari**

Scientific advisers: Anatolie Taran, MD, PhD, Professor, Department of Orthopedics and Traumatology, Ion Vacarciuc, MD, PhD, Associate Professor Department of Orthopedics and Traumatology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Background. The distal radioulnar joint (DRUJ) is unique as it is not a joint but a continuation of the forearm joint. The incidence of DRUJ instability after a distal radius fracture is reported to be between 10%–40%. The triangular fibrocartilage complex (TFCC) presents a 49% prevalence in patients age 70 or older and a prevalence of 27% in patients age 30 or younger (by Casadei, Kyle, and John Kiel. 2020). DRUJ instability is an increasingly recognized clinical problem.

Case report. A 38-year-old woman, fall down on the hand 6 weeks ago. First medical aid was given at the traumatological point in the locality by clinical exam and x-ray investigation. Was determine a contusion of radiocarpal joint with applying a cast for 3 weeks. After past the period of recommendation, the patient has started rehabilitation of hand function. After 10 days of kinetic therapy, the patient accuses pain in the hand, on the dorsal side. On examination, the area of maximal tenderness was in the fovea. She had pain during the distal radioulnar joint (DRUJ) shuck test, piano key test, with evidence of painful DRUJ laxity. She had pain in pronation and supination. There was no specific pain on extension and supination. Radiographs at the time showed displacement of the ulnar head form radial fovea posteriorly. On sonography, examination were visualized partial injury of fibrocartilaginous disc and totally lesion of anterior radioulnar ligaments of DRUJ. Surgical repair of distal radial instability was proposed for the patient. The patient was informed about the risks and benefits of the surgery explicitly, she accepted the surgical treatment tactic by signing the informed agreement. Surgery was made with locoregional anesthesia, by marked zone in the projection ulnar flexor of the carpus and pisiform bone, was made an incision of 4 cm up to the distal flexor plica of the wrist on anatomical layers, delimited square pronator muscle with capsule-tomia of the distal radius ulnar joint in "L", was observed a damaged triangular fibrocartilaginous complex

with irreparable degenerative appearance (Palmer 2C), the superficial flexor tendon graft of 4th finger was collected, and the distal radioulnar ligaments were grafted with the anteroposterior passage of the tendon graft through the tunnel at the distal metaphysis of the radial bone, after was crossed by ulnar bone neck and suture with the forearm in the supination, the stabilization of the DRUJ was determined, then the distal radioulnar joint was fixed with 2 pins. The postoperative period has a simple evolution. The patient had a forearm-hand immobilization for 5 weeks.

Conclusions. Diagnostics of the DRUJ Instability is problematic early. In this case, was determined TFCC injury type 2C by Palmer on sonographic examination was confirmed in surgery time, so it is necessary to make a study to improve the imaging quality diagnosis of TFCC injury for establishing the correct diagnostics and establishing the surgical tactic as early as possible.

Key words: distal radioulnar joint, instability, stabilization

110. SURGICAL AND ECONOMIC MANAGEMENT OF DISTAL HUMERUS FRACTURES

Author: **Nicolae Cojocari**

Co- author: Ștefan Cojocari

Scientific advisers: Ion Vacarciuc, MD, PhD, Associate Professor Department of Orthopedics and Traumatology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Distal humerus fractures have a complex pattern involving both the columns and the articular surface (AO type B and C injuries) and represent 30% of all elbow fractures, with a reported incidence of 5.7 per 100,000 per year in adults. Federer et al. (2019) estimate a total cost of 20.669 dollars on 12 patients with complete articular fracture of the distal humerus.

Aim of the study. To evaluate the intermediate-term results (follow up of two years) of distal humerus fractures according to data from medical records, implementation of AO classification (Arbeitsgemeinschaft für Osteosynthesefragen) and its surgery, type of implant used in fracture fixation, economic management, specific parameters of elbow post-surgical treatment.

Materials and methods. We have proposed a study of surgical and economic management patients with distal humerus fractures (DHF) which consecutively was treated in the Department of Hand Surgery with the application of microsurgical techniques of Traumatology and Orthopedics Clinical Hospital, Chisinau in the period 2018-2019.

Results. According to AO codification of DHF were determinate type A – 11(A1-1; A2-9; A3-1) , type B – 10(B1 - 2; B2 - 2; B3 -6) , type C – 35(C1-26; C2-4; C3-5) and in total were investigate 56 patients. The report between sex was 2,5:1 (40:16) with a predominance of the female gender. In three cases was achieved a close reduction of FHD type A and fixation was obtained with k-wires. In rest patients were apply open reduction and internal fixation according to AO types of FDH in type A – 9 case was used k-wire a tension bands – and 2 case orthogonal plating; type B – lag screw in 6 cases, k-wires fixation in 3 cases, plating 1 case; in type C was the main goal to obtain the triangular stability with restoration of three columns and were used k-wire, screws and tension bands in 29 cases, orthogonal plating or parallel plating in 8 cases. In distal humerus fractures, surgery was used 11 plates, 101 screws, 258 k-wires, 30,1 m of metallic wire and the total cost of these implants is 11385,8 MDL per total care cost of 28582,65 MDL.