

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

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**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.

**Conclusions.** Economic management of open reduction and internal fixation of distal humerus fractures have potential volume and need improvement to fit the standard of absolute stability in osteosynthesis with plates of distal humerus fractures.

**Key words:** distal humerus fractures, management, fracture fixation, costs.

## 111. SURGICAL TREATMENT OF UNSTABLE PELVIC FRACTURES

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**Introduction.** The number of cases of severe pelvic fractures in the last years is constantly increasing; Main trauma cause is high kinetic energy that results in unstable pelvic ring injuries. According to the data of different authors, disability constitutes from 22% to 66.7% of traumatisations with unstable fractures of the pelvic ring representing a psycho-socio-economic problem.

**Aim of the study.** Improving the effectiveness of surgical treatment methods in unstable pelvic ring lesions.

**Materials and methods.** The study is in the research period. The group provided for the study will include 50 patients. The current presentation includes 21 patients.

**Results.** The formed surgical team was able to perform internal pelvic osteosynthesis. The treatment algorithm of patients with pelvic lesions was implemented and developed in the clinic. The patients post-traumatic quality of life has improved compared to earlier treatment methods.

**Conclusions.** Internal osteosynthesis is a recently introduced method used successfully in unstable pelvic traumas, that allows firm stabilization and early mobilization of the patient. The surgical treatment should be performed depending on the type of fracture, not on the surgeon's skills.

**Key words:** Pelvic trauma, unstable fractures, pelvic ring fractures, internal osteosynthesis

## 112. ARTHROSCOPIC TREATMENT IN LESIONS OF ANTERIOR CRUCIATE LIGAMENT OF THE KNEE

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**Introduction.** From the total knee injuries, those of anterior cruciate ligament are the most frequent, the incidence of ACL injuries has increased from 86687 in 1998 to 129836 in 2012. The anatomical-functional and biomechanical particularities, predispose the knee joint to frequent trauma, especially in young people with increased functional activity. ACL plays an important role in the biomechanics of the knee, it's taking over 85% of the force that translates anteriorly the tibia, preventing its sliding anterior in relation to the femur, otherwise limiting the hyperextension. Arthroscopic reconstruction of the ACL remains the most used technique