in the world, offering the possibility of reconstructing the ACL according to the anatomy of knee, in the hope of obtaining an articular function as possible close to the physiological one.
Aim of the study. To evaluate the efficacy and advantages of arthroscopic surgery in the reconstruction of the anterior cruciate ligament of the knee.
Materials and methods. The study included a group of 68 patients after an arthroscopic treatment in the Traumatology I section of the SCTO IMSP in Chisinau.There were evaluated clinical data (patients complains on hospitalization): pain in the knee joint, joint instability, joint blockage. Laboratory analysis, electrocardiogram, MRI of the knee joint were performed in all patients. Antero-medial instability of the knee was determined using the Lachman test and the anterior drawer. Surgical treatment include anterior cruciate ligament transplantation and resection of the injured portion of the meniscus.
Results. The average age of the patients was 31 years. From 68 patients 79.40% suffered sport trauma, 20.59% suffered habitual trauma, and in the other 2.96% the LIA injury occurred as a result of road accidents. The meniscus lesion was detected in 45.6%, of which, in 23.5% the lesion of anterior cruciate ligament resulted in lesion of the medial meniscus, in 17.7% occurred the lesion of lateral meniscus, and 4.4% of the patients were injured both medial and lateral meniscus. Methods used in restoration of ACL were predominantly hamstring autografts, fixed with femoral endobutone and tibial interference screw.
Conclusions. The implementation of the endoscopic technique has produced enormous progress in knee joint surgery, being the most accessible and the most accurate method of diagnosis and treatment in ACL injuries. Selection of the surgical treatment method in combination with a complex of post-operative exercises, contributes to the restoration of the joint function at the patients with ligamentous knee injuries.
Key words: arthroscopy, ACL, injury, hamstring.

113. THE CORRELATION BETWEEN PRE OPERATOR LEVEL OF GLUCOSE AND DURATION OF HOSPITALIZATION OF DIABETIC PATIENTS WITH FRACTURES

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Introduction. The incidence of traumatic fractures in diabetic patients is in a continuous rising and the successful management of fractures is a very difficult process. Risk assessment is an appropriate first step. A significant attention must be paid on the severity of the patient's systemic disease process and the level of glucose. For patients with complicated diabetes and a high level of glucose - the risk of any complication is 3.8 times bigger compared with the group with uncomplicated diabetes, especially if we look for an increased risk of infection, malunion, delayed union, nonunion, Charcot arthropathy, and impaired wound healing.
Aim of the study. To establish the correlation between pre operator level of glucose and duration of hospitalization of diabetic patients with fractures as well as the rate of complications.
Materials and methods. In this study were included 64 patients with fracture and type 2 Diabetes, 42 (65.6%) women and 22(34.4%) men hospitalized in the 1stand 2ndDepartment of the Clinical Hospital of Orthopedics and Traumatology from January 2019 to October 2019.

All patients were treated surgically, due to the fracture of a limb, average age was 51 years, with age limits 43-78 years. The patients were classified according to the age of diabetes, glycemic control at the moment of hospitalization, superior or inferior limb.
Results. All 64 patients had a surgical intervention, including intramedullary nailing, ORIF, ring fixator (Ilizarov) or external fixator. 58 (90.6%) patients were hospitalized due to inferior limb fracture, from anamnesis mostly because of falls. 46 patients - with uncomplicated diabetes, and without end-stage organ disease and glucose level less than 10 mmol/l demonstrated improved outcomes, faster tissue healing (they were discharged from hospital approx after 9 days) and a lower rate of complications (only 6 of them). The other 18 patients with preoperator glucose above 10 mmol/l, 14 of them had malunion/delayed union/nonunion or impaired wound healing. The average period of hospitalization was 17 days. Patients with diabetes over 13 years - had a higher glucose level and higher complication rate.
Conclusions. In diabetes, the regeneration of soft tissues is a big challenge, and what at first glance appears to be a routine fracture it may be turned into a difficult case requiring additional strategies to avoid limb loss. Regardless of which treatment method one chooses for a fracture in a patient with diabetes, an important component to preventing complications is tight glycemic control and minimal incisions because maintaining a proper physiologic glucose levels helps encourage wound healing, reducing also and the days of hospitalization.
Key words: fracture; diabetes; glucose; complications.

114. SURGICAL TREATMENT OF UPPER LIMB TUNNEL SYNDROMES

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Introduction. People usually are affected by entrapment neuropathies, sometimes past without some health problem, other evolet to chronic stage, especially common among individuals with predisposing occupations or caused by main medical conditions.
Aim of the study. Analyzing the intermediate term results (follow up of two years) of entrapment neuropathies of upper limb according to data from medical records, classification and surgery tactics.
Materials and methods. We have proposed a study of patients with carpal tunnel syndrome, neuropathy of ulnar nerve at the elbow and wrist level, which consecutively was treated in department of Hand Surgery with the application of microsurgical techniques, of Traumatology and Orthopedics Clinical Hospital, Chisinau in the period 2018-2019. Final outcomes was determined by using Disabilities of Arm and Shoulder and Hand (DASH) score and the wrist MAYO score. All results were presented as mean ± standard deviation (±SD).
Results. Were determined 289 clinical cases of of entrapment neuropathies of upper limb. Most of them were female with a prevalence of 3:1 (W:M=217:72). The average age is 58,1 years (max 88, min 17 SD ±11,68). From rural area population were the main part of patients - 158 patients (54,67%). Average hospitalization was 6 days(max 12, min 1), 33 cases were practiced with 1 day surgery, also in mild cases 2(56 cases), 3(118 cases), 4(56) days after surgery patients, rest patient with severe stages 5 or more days (26 cases) with additional kinesiotherapy. According by stage entrapment neuropathies of carpal tunnel syndrome were