

129. FRACTURES OF THE METACARPAL BONES, CLASSIFICATION, DIAGNOSIS, TREATMENT

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Introduction. Fractures of the Mt (Mt) bones present a range of 19% - 35% of the osteoarticular system trauma. 88 % fracture of Mt fractures are the rays 2-3-4-5, and the fifth Mt bone have up to 10% of hand bone fractures.

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, classification, type of implant used in fracture fixation, specific parameters of elbow postsurgical treatment.

Materials and methods. We have proposed a study of patients with fractures of the Mt bones which consecutively was treated in departament 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 calculated along with complete range of motion. All results were presented as mean \pm standard deviation (\pm SD).

Results. First Mt fracture was in – 10 cases (5 cases - shaft fracture; Rolando/Bennett fractures -5 cases), fracture of 2 or more rays 10 cases, and rest cases were one ray Mt bone fracture - 115 cases, where 75(55,5%) patients has been with subcapital fractures of fifth Mt bone, and in total were investigate 135 patients. The average age is 30,05 years (max 67, min 15 SD \pm 10,45) The report between sex was 8,4:1 (121:14) with predominance of male gender. In fresh and less comminuted fractures cases was achieved close reduction of Mt and fixation was obtained with k-wires in 56 (41,8%) cases.. In rest patients were apply open reduction and internal fixation with the k-wires by segment fracture of Mt subcapital fracture - 43(31,85%) patients, shaft segment 30 (22,22%) patients, and 10 (7,41%) with fracture of the base of Mt. All fractures healed, and radiographic union was observed at an average of 1,5-3 months. Was possible to investigate MAYO and DASH scores at 19 patients with a mean of 88 \pm 19 and 19 \pm 20.

Conclusions. Outcome of open reduction and internal fixation of fractures of the Mt bones usually can result in high union rates, and a good result can be obtained with perfect reduction of the Mt fragments fracture and it is desired as soon is possible for an acceptable outcome DASH and MAYO scores.

Key words: Mt bone, fracture fixation, k-wires

130. CALCANEUS FRACTURES

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Introduction. Calcaneus fractures are the result of high energy trauma, falls from height, road accidents. Calcaneus fracture constitutes 60% of the Tarsian fractures, 75% of them are intra-articular and represent 2% of the total fractures, more commonly happens with men between 21-45 years (90%).

Aim of the study. The study of contemporary literature with reference to the treatment of calcaneus fractures with the purpose to assess the treatment strategy.

Materials and methods. There were 28 literary sources, articles and scientific papers studied.

Results. Signs of calcaneus fractures are: deformation of the calcaneous region accompanied by its widening transversely, deletion of the malleolar reliefs and of the Ahilian tendon, flattening of the plantar arch and the "numeral" ecchymosis in the plantar area, mobility in the ankle joint is diminished. The degree of movement of the fragments depends on the kinetic energy of the trauma. The evaluation of a calcaneus fracture begins with radiography in 2 projections, anterior-posterior, with the calculation of the Bohler and Gissan angle and the axial projection (Harris). Bohler classification (usually 20-40) is a criterion for assessing the severity of the fracture. The gold standard in the diagnosis of calcaneus fractures is the computed tomography using the Sanders classification and in case of lack of CT examination the Broden projections are made. Treatment depends on the anatomical-clinical form of the fracture. Orthopedic treatment is indicated for fractures without displacement, as well as for the thalamic (Sanders I) and for the extratramic ones. Graffin type gypsum immobilization is done if the soft tissues allow. If not, the foot will be put in a prone position with the mobilization of the fingers and ankle joint from the first days. Percutaneous osteosynthesis with cannulated screws is indicated for extratramic fractures. Surgery is indicated for thalamic fractures Sanders III-IV - open reduction and osteosynthesis with plate and screws. The optimum time for surgery is in the first 3 weeks and when the "Wrinkle" test is positive. The outcome of the surgical treatment as well as the orthopedic treatment is influenced by the factors related to the patient (diabetes, peripheral vascular disease, obesity, smoking, the elderly, late addressing, serious injuries associated) as well as the path of the fracture.

Conclusions. Patients with calcaneus fracture treated surgically have a shorter rehabilitation period compared to those treated orthopedic. The functional result is better when the Bohler angle and the anatomical reduction is restored.

Key words: Fracture, calcaneus

131. THE POST- ONCOLOGIC RECONSTRUCTION OF INFERIOR LIMB WITH PERFORATOR FLAP

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Background. Many patients with tumors on both superior and inferior limbs can benefit from reconstruction surgery, using different methods, in accordance with the tumor type and how radical the surgery was performed. In our country, the most used surgical technics are related to the use of different types of flaps.

Case report. A 57-year-old man with diabetes type II for 10 years, presented with a 20-year history of static non-healing ulcer at the left Achilles tendon level after a car accident. The