

were examined by the standard scheme: pelvic X-rays, USG, CT. Pelvic injuries were divided according to M.Tile classification, retroperitoneal hemorrhage – according to zonal Sheldon classification.

Results: Localization and volume of the pelvic retroperitoneal hematoma was determined by the source of bleeding, spreading according to pelvic ring instability, severity of internal organs injuries and pelvic vessels lesions. Pelvic fractures: type A - 75(37,31%), B - 55(27,36%), C - 71(35,32%). It was established that pelvic retroperitoneal hemorrhages were the most common and numerous – in 130 (64,67%) patients. The main sources of pelvic retroperitoneal hemorrhages were pelvic fractures with venous plexus lesions (type B, C, n=126) and urinary bladder injury (n=35). We used conservative treatment in pelvic venous hemorrhages (147 from 152 patients) to stop pelvic bleeding: early pelvic stabilization, patient position without active motions, hemostatic drugs. If conservative treatment was not effective in arterial bleeding (n=5), we used pelvic packing, vessel ligation, etc. Revision of pelvic bleeding was not performed. It was impossible to determine exactly the source of spreading (46,6%) retroperitoneal hemorrhage even by forensic-medical examination. Pelvic stabilization by device for external fixation performed at admission allowed to prevent massive intrapelvic hematomas and complications in patients with pelvic fractures (type B, C).

Conclusions: the particularities of posttraumatic retroperitoneal hemorrhage in pelvic fractures are their massive volume, spreading, predomination of venous bleeding (88%). Conservative treatment was effective in 96,7% of venous pelvic bleeding. Early pelvic stabilization prevents massive retroperitoneal hemorrhages and posttraumatic complications.

Keywords: retroperitoneal hemorrhage, pelvic fractures, early stabilization

TREATMENT OF THE DISTAL FEMUR OPEN FRACTURES



Dumitru Hîncota, Vadim Madan, Gheorghe Croitor

Orthopedics and Traumatology Clinic "Vitalie Bețșor", State University of Medicine and Pharmacy "Nicolae Testemițanu", Republic of Moldova

The aim: Presenting the surgical treatment results in 10 patients with distal femur open fractures with analysis of management a case of septic complication.

Materials and methods: The analyze of surgical treatment results in 10 patients was performed. Gustillo-Andersen classification was used: type I – 1 case, type II – 4 cases, type IIIA – 5 cases, type IIIB – 2 cases (2 patients with bilateral fractures). In all patients the first stage consisted of: primar surgical debridment with applying skeletal traction through the tibial tuberosity with leg "in empty" - 6 cases; stabilization with external fixators- 4 cases; "limited" fixation of joint surface with screws and stabilization with external fixators- 2 cases. The final fixation was used after an adequate soft tissue condition was obtained, in a period of 8 to 25 days with an average of 14,3 days.

Results: In 9 of 10 patients after surgical debridement was primar wound healing .

In 1 patient with type IIIA fracture, which was not performed primar external fixation after final fixation complicated by osteitis of the femur.

After 2 debridements formed a fistula, which was eradicated at 4 months, with internal metal fixator removal and bone defect plasty with composite based on collagen and antibiotic when the fracture was in the stage of consolidation. The functional score (Neer) in medium at all group of patients is 74 points.

Conclusions: The surgical treatment of severe open fractures in 2 stages, with primar surgical debridement with stabilization by external fixators at first and functional stable internal fixation at second is a tactics to obtain optimal functional results and avoid complications.

Keywords: distal femur, open fracture, surgical debridement, osteosynthesis.

CURRENT CONCEPTS IN DISTAL FEMUR FRACTURES TREATMENT



Dumitru Hîncota, Vadim Madan, Gheorghe Croitor

Orthopedics and Traumatology Clinic "Vitalie Bețșor", State University of Medicine and Pharmacy "Nicolae Testemițanu", Republic of Moldova

The aim: Presenting the methods of evaluation and surgical treatment of patients with distal femur fractures treated in Orthopedics and Traumatology Clinic "V. Bețșor" during 2010-2015 years.

Materials and methods: There were analyzed 120 clinical cases with 123 distal femur fractures (3 patients were with bilateral fractures); men - 58 (48.3%) and women - 62 (51.7%) aged between 17 and 90 years, (mean age 53,4 years). Trauma circumstances: traffic accident - 40 cases, habitual trauma - 71, precipitation – 7, industrial – 1, by firearm - 1. Fractures were classified as AO: type A1 – 13 cases, type A2 – 29 cases, type A3 – 39 cases, type B1 – 2 cases, type B2 – 1 case, type C1 – 7 cases, type C2 – 27 cases and type C3 – 5 cases. The definitive osteosynthesis was performed at the period of 0-52 days with