

positive outcomes in 97,4%. Adequate surgical correction of the pelvis is possible almost in all the cases. The positive effect of pelvic stabilization by device for external fixation is especially expressed in the resuscitation period. Device for reposition and external fixation allows stable fixation of the bone fragments in different clinical situations, maintains movements in the hip joints and helps restoring the function of pelvic organs, cardiovascular and respiratory systems.

Keywords: pelvic fractures, surgical treatment, external device

SCAPULAR INJURIES



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Introduction: Traumatic injuries of the scapula are insufficiently elucidated in the national scientific literature. Balanced movements of the shoulder girdle and upper limb are damaged, thorax function suffers, and lung excursion is limited in these fractures.

Materials and methods: We present treatment results of 4 patients with posttraumatic winged scapula and 19 – with scapular fractures. Winged scapula was observed in males 20-26 years old, athletes, who lifted the load. The patients were admitted in 14-18 months after unsuccessful conservative treatment. They underwent surgical fixation of the scapula in 2 points: to the spinous process of Th3 and to the 5th rib by suture tape. We obtained positive results in all cases with recovering of the scapula and upper limb function.

Scapular fractures were determined in 19 polytrauma patients: 17 males and 2 females. There was longitudinal fracture of the scapula body (1), fracture of the neck with displacement (2), multiple injuries of the scapular (16). There was saggy shoulder – the head of the humerus went down with the injured glenoid fossa in patients with scapular neck fracture, Firstly scapular fractures were fixed by orthosis for shoulder joint in severe patients, in the early period of traumatic disease. The fractures were not operated urgently because it was impossible to fix the patient with unstable rib fractures for the posterior approach to the scapula. Indications for the surgical treatment were fractures of the neck and articular surface with displacement. ORIF was performed in 9 patients. Three patients with clavicle fractures underwent osteosynthesis of the clavicle by plate, reduction of the scapula was achieved without its additional fixation. Other patients wore orthosis for immobilization of the shoulder joint because multiple rib fractures didn't permit cast.

Results: Long-term results of surgical and conservative treatment were similar. All the patients were physically active, returned to their previous work. Limitation of flexion and abduction in the shoulder joint was minor; the strength of muscles was satisfactory.

Conclusions: Scapular injuries may lead to permanent limitation of motion in the shoulder joint. Correct management of these patients allows positive results.

Keywords: winged scapula, scapular fracture, surgical treatment

THORACIC CAGE STABILIZATION IN THE COMPLEX TREATMENT OF POLYTRAUMA PATIENTS



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Introduction: Thoracic injuries in polytrauma are dominated and cause up to 50% mortality. The main causes are: severity, quick progression of pathological processes with injured rib cage and hemopneumothorax and leading to lung ventilation disturbance.

Materials and methods: We present treatment outcomes of 136 patients with pelvic fractures, multiple and associated injuries and closed thoracic trauma aged 18-72 years. The main causes of trauma were traffic road accidents in 74,37% cases. Multiple rib fractures (n=114), fractures of the sternum (n=23), clavicle (n=19), scapula (n=19) and long bones (n=87) were associated with traumatic brain injury (n=120) and abdominal organ lesion (n=49). All patients were completely examined according to elaborated scheme.

Main group included 61 patient treated by early fracture stabilization of the upper limb, sternum and ribs. Indications for rib cage stabilization were dominated thoracic injuries, with paradoxical breathing associated with fractures of the pelvis and proximal femur. Control group included 75 patients treated by traditional methods for pleural complications: drainage and

puncture of the pleural cavity and with systematic X-ray control. The main aim was to maintain permeability of respiratory ways – sanation of the tracheobronchial tree with curative bronchoscopy, use of mucolytic and broncholytic drugs, aerosol inhalations and magnetotherapy.

Results of early stabilization of rib cage by fixation of multiple rib fractures, fractures of the sternum, scapula, and clavicle proved its effectiveness; in complex with physiotherapy it significantly decreased the period of hospitalization. The mean duration of mechanical ventilation was reduced, complication rate decreased by 20,8%.

Conclusions: Thoracic injuries in multiple and associated trauma are severe lesions that need complex examination and urgent treatment to prevent pleural complications, to reduce the period of hospitalization and to improve long-term results.

Keywords: thoracic injuries, multiple rib fractures, early stabilization, complex treatment

TIBIAL PLATEAU FRACTURES MANAGEMENT



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The aim: Presenting the methods of evaluation and management of patients with tibial plateau fractures treated in Orthopedics and Traumatology Clinic "V. Bețșor" during 2014-2015 years.

Materials and methods: There were analyzed 110 clinical cases with tibial plateau fractures: men – 46(42%) and women – 64(58 %), with mean age 52,4 years. Trauma circumstances: habitual trauma – 69 cases, traffic accident – 18, precipitation – 12, sport – 7, aggression – 4. Fractures were classified as Schatzker: type I – 14 cases, II – 28, III – 17, IV – 10, V – 28, VI – 13, including 107 close, 3 open (Gustillo-Andersen type I). All patients were examined by X-ray, 78 by CT. Management tactics applied: 68 patients- surgical treatment, 42 cases – orthopaedic. Surgical treatment consisted of close reduction – 8 cases (6 - percutaneous canulated screws, 2- Ilizarov apparatus), open reduction – 60 cases: 49- plate (15 with submeniscal approach), 11- 2 plates. It was performed autoosteoplasty in 12 cases (3-type II, 4-III, 2-V, 3-VI).

Results: Until the present 50% of patients were examined clinically, radiologically and evaluated according to Lysholm Knee Scoring Scale to a term of 3,6,12,24 months. Bone consolidation was achieved in a period of between 10 to 20 weeks. To 8 patients during the postoperative period appeared complications, which were depending on the complexity of fractures and accuracy of surgical treatment. Remote results were depending on the stability of osteosynthesis, precocity, rightness of functional reeducation and patient compliance.

Conclusions: Individual approach of tibial plateau fractures management, the right choice of implants and minimally invasive surgical techniques is an optimal tactics to obtain favorable functional results and avoid possible complications.

Keywords: tibial plateau, fracture, management

TREATMENT OPTIONS FOR DISPLACED FEMORAL NECK FRACTURES IN ELDERLY PATIENTS



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Objective

There are few studies known about the influence of different surgical procedures in patient mortality and postoperative outcome in these kinds of patients. In this study we compare the outcome of cannulated hip screws (CHS) with hemiarthroplasty (HA) for management of intra-capsular femoral neck fractures in elderly with severe systemic conditions.

Material. Methods.

We conducted a retrospective cohort study of all patients admitted to our trauma center with a femoral neck fracture between January 2009 and June 2011. Inclusion criteria are: 70 years or older, ASA 3 or higher, a displaced femoral neck fracture and treatment with either three cannulated hip screws or a cemented hemiprosthesis. The primary outcomes was mortality during follow up. Secondary outcomes were post-operative complications, re-operations rate and length of hospital stay. We tracked this using the Romanian personal registration system.

Results

Between the first of January 2010 and December 2012, underwent 326 patients a surgical procedure for an intra-capsular femoral neck fracture: 173 underwent hemiarthroplasty (HA), 11 underwent total hip replacement (THR), 96 underwent closed reduction and internal fixation with Canulated Hip Screws (CHS) and 46 underwent closed reduction and internal fixation with Dynamic Hip Screw (DHS), 74 patients met our inclusion criteria. The medical records retrieved 34-64 months