Results
A total of cases were introduced in our study: 2 trochanteric fractures, 3 trochantero-diaphiseal fractures, 2 diaphiseal fractures, 1 distal periprothetic fracture, 1 supracondylar fracture. Every case had own particularities and the therapeutical stages were: choice of surgical approach, method of implant ablation with minimal bone loss, more stable osteosinthesis, bone graft. The time of the operation should be as short as possible to minimize infection risk.
Conclusions
Pseudarthrosis of the femoral fracture with breakage of the implant is a tough situation for any surgeon. Understanding the causes which produced the implant failure and establishing a therapeutical strategy to correct them are the goal of the treatment.
Keywords: femoral fracture, implant failure, breakage, pseudarthrosis

OSTEOSYNTHESIS METHODS IN POLYTRAUMA WITH MUSCULOSKELETAL SYSTEM INJURIES

Alexandr Stanev, Mihail Darciuc, Sergiu Șoric, Liviu Volentir
Orthopedics and Traumatology Clinic "Vitalie Beţişor", State University of Medicine and Pharmacy "Nicolae Testemiţanu", Republic of Moldova

Purpose: to analyze osteosynthesis methods in polytrauma and their performing time.
Material and methods: were analyzed methods and early results of surgical treatment in polytrauma patients treated in IEM, in period 2011-2015.Polytrauma were classified according to 4 regions in: cvadriregional – 2(2,6%), triregional – 19(24,7%), biregional – 56(72,7%). The study group was – 77 patients surgically treated, including 29(37,7%) women and 48(62,7%) men. Average age was 37.5 years, predominantly affecting working-age population (21-60 years) - 68 (88.3%), with highest incidence in group 18-30 years - 31(40.2%). Musculoskeletal lesions were: 140 fractures, multiple - 53(68.8%) and single - 24(31.2%); open fractures-13(9.3%) cases. Fractures in upper limb and scapular-humeral belt were 56(40%), pelvis-21(15%), lower limb - 57(40.7%) and spine - 6(4.3%) cases.
Results: immediate surgery - 13(16,9%) cases of open fractures, chosen osteosynthesis material being external fixator. Delayed surgical treatment - 64(83,1%) cases, performed at 1-19 days after trauma, with an average of 6.5 days. Osteosynthesis methods consisted of: intramedullary nail – 29(37,6%), DCS – 2(2,6%), plate and screws – 26(33,7%), modular plate – 7(9,1%), angular stable plate – 1(1,3%), transkeletal traction – 5(6,5%), PFN – 2(2,6%), supporting plate – 4(5,2%), K-wire – 13(16,8%), screws – 4(5,2%). The immediate results were appreciated by X-ray aspect, being satisfactory in all cases.
Conclusions: Surgical treatment of MS injuries is divided into serial operations, respecting the order of priority of injuries depending on their vital risk (Damage Control Orthopaedics) and simultaneous surgeries performed along with deshock supported therapy (Early Total Care), which tend to settle early and definitively maximum of lesions in polytrauma. Duration and volume of surgical interventions for skeletal injuries in polytrauma should be chosen with consideration of injuries severity, patient's state and traumatic disease period.
Keywords: osteosynthesis, polytrauma, DCO, ETC.

TREATMENT OF DIAPHYSEAL FRACTURES OF THE HUMERUS

Adrian Ţăruş, Mihail Darciuc, Vitalie Tocarciuc, Sergiu Șoric, Stepan Chedric
Orthopedics and Traumatology Clinic "Vitalie Beţişor", State University of Medicine and Pharmacy "Nicolae Testemiţanu", Republic of Moldova

Introduction: Humeral shaft fractures represent approximately 3% of all fractures and 20% of the humeral fractures. Treatment modalities have evolved greatly, however, fundamental management principles have remained the same over time. Currently the surgical techniques and treatment outcomes improved a lot. Despite numerous treatment techniques, plate osteosynthesis remains the gold standard for fixation of diaphyseal fractures of the humerus. Locked intramedullary rods have become very popular in recent decades due to the minimally invasive treatment trends. Thus today there are still controversies in the treatment tactics of diaphyseal fractures of the humerus.
Objectives: Evaluation of treatment of patients with diaphyseal fractures of the humerus.
Materials and methods: The study was conducted on a sample of 225 patients, between 01.01.2013-31.12.2015 in the Orthopaedics and Traumatology Clinic of IMSP IMU.
Results: Of the 225 patients, surgery was performed on 68.4% of cases and 31.5% - conservative treatment. The surgical treatment used the following methods of osteosynthesis: ORIF the anterior-lateral approach -39.61%; ORIF through posterior approach -35.06%; Closed intramedullary nailing - 22.72%; Extrafocal osteosynthesis with rod type apparatus - 2.59%.