

had reached to a point 10 cm up to 15 cm distal to the olecranon without significant elongation of the pedicle. 2 (40%) cases developed marginal distal necrosis of about 5 cm, being carried out necrectomy and skin grafting. In 4 (80%) cases migration paths were sutured during first surgical stage and in 1 (20%) cases – at second surgical stage, using skin grafts. No complications at donor site were reported.

Conclusions: This study revealed that latissimus dorsi pedicle flap can be used to cover large skin defects localized on thoracic limb's level, down to the proximal third of the forearm. It can be used up to 60% of the LD surface to cover the defects, without compromising the function of the shoulder. Migration distal from olecranon is not always safe, being accompanied by complications such as marginal necrosis.

Keywords: latissimus dorsi flap, migration, limits.

RECONSTRUCTION OF SOFT TISSUE LOSS IN OPEN FRACTURE OF LOWER LIMB – CASE REPORT



Olesea Catărău, Grigore Verega, Alina Stoian, Rodica Iordăchescu, Maxim Melenciuc, Vitalie Vrabie

Plastic, Reconstructive and Microsurgery Clinic, State University of Medicine and Pharmacy "Nicolae Testemițanu" Republic of Moldova

Purpose: to report a clinical case of open fracture of leg with tissues defect treated ortho-plastic and to analyze final outcome with regards to time taken for union and complications.

Clinical case: this paper reflects one clinical case of a man of 35 years old, smoker, admitted in Emergency Department with Gustilo Anderson type IIIA open fracture in medio-distal 3rd of right calf's both bones with pilon fracture and soft tissues damage AO IO2. In acute stage was performed debridement, fracture fixation in external fixator and reconstruction with posterior tibial artery distal perforator flap. The donor area was covered in second stage with a split thickness skin graft harvested from the thigh. Within 4 days was performed open reduction and pilon's internal fixation with screws. The flap was monitored hourly during first 24 hours, every 4 hours for the next 48 hours and every 8 hours for the next 72 hours. At 7 days postoperative was determined skin graft's infection with its partial loss, being performed debridement and repeated skin grafting. After the immobilization period, that was for a total of 2 weeks, followed by offloading of 1 week, the patient started to walk using a fracture boot, being discharged for ambulatory treatment. After the 5th month, patient started a full weight bearing status without any assistant devices. At 2 months follow-up was determined fistular tibial osteitis, flap's oedema, being underwent sequester-necrectomy and complex conservative treatment. At 5 months follow-up was determined acceptable primary union and satisfactory flap's integration with good aesthetic appearance.

Conclusion: Open fracture of leg's bones which needs flap coverage should be treated with high priority of radical early debridement, rigid fixation, and early flap coverage. A majority of these wounds can be satisfactorily covered with local or regional flaps.

Keywords: Open fracture tibia, nonmicrovascular flap, regional flap

THE TREATMENT OF POST-BURN SCARS AND CONTRACTURES AT THE LOCOMOTORUM



Octavian Cirimpei, Anatol Cociorva, Vadim Anisei, Constantin Furtună, Eugeniu Gaponenco, Arcadie Nicoară

Department of Burns, Clinical Hospital of Traumatology and Orthopedics, Chișinău, Republic of Moldova

INTRODUCTION

Historically, survival was the only gauge of success in managing those with serious burns. Survival is no doubt the immediate concern; it is the restoration to pre-injury status, and social return becomes important for the victim and the treating team. An extensive burn is the most devastating injury a person can sustain and yet hope to survive. More recently, the overriding objective of all aspects of burn care has become the reintegration of the patient into his or her home and community. This objective has extended the traditional role of the burn care team to well beyond completion of acute wound closure. The 3 broad aspects of this effort are rehabilitation, reconstruction, and reintegration.

MATERIALS AND METHODS

Different principles of the surgical treatment were implemented in the practical activity thorough various plastic methods. The research includes a lot consisting of 386 patients with post-burn sequels in the locomotors system. Patients were divided into 3 groups according to the location of their lesions: upper limb and axillary region (n=192); trunk and neck (n=88); lower limb and perineum (n=106).