

At 112(81.0%) the acute pain syndrome was cured by the head-halter traction. At 26(19.0%) the one-time reposition of the C1-C2 sUBLUXATION was performed under the general anesthesia. In the cases of the chronic pain syndrome the optimal methodology turned to be the isometric relaxation with the following one-time reposition of the C1-C2 sUBLUXATION and the elimination of the intervertebral functional blocking.

**Conclusions:** 1.The acute cervical pain syndrome was caused by the acute sUBLUXATION in the atlanto-axial joint. For its treatment the head-halter traction is indicated. If it is impossible, the one-time reposition under the general anesthesia with the following immobilization by the neck collar should be used; 2.The chronic cervical pain syndrome was caused by many different factors. In these cases the treatment should include the procedures of manual medicine which need to be determined in each particular case.

**Keywords:** the cervical pain syndrome, children, treatment.

## ACTIVITY OF THE HUMAN TISSUE BANK FOR ORTHOPEDIC SERVICE IN MOLDOVA



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**Background** The transplantation activities started in the Republic of Moldova with skeletal tissues in 1960. The first valve transplant was performed in 2002 and 30 other valve transplants have been done throughout the following 5 years. On March 2008, was passed the Law no. 42-XVI on the transplant of organs, tissues and cells, modified by Law no.103 of the June 2014.

**Results** The evaluation, by the Council of Europe's experts, of the system of human organs, tissues and cells transplant in the Republic of Moldova confirmed the complicated situation in the field of transplant and encouraged the mobilisation of the domestic forces, aiming at the implementation of priority strategies and activities related to human organs, tissues and cells procurement and transplant.

The first Multi-tissue bank has been authorized in 2013 by the Ministry of Health. It has authorization for procurement, processing, preservation and delivering allogeneic and autologous skin, bones, nerves, cartilage, meniscus, fascia, vessels, amniotic membrane, autologous adipose tissue and autologous bone marrow.

Procurements of tissues in 2014 was performed from 29 deceased donors and 10 living donors were procured 184 tissues (46 cornea), processed – 544, transplanted – 372 (46 cornea) to 218 patients.

**Conclusions** One of the aims pursued by the Republic of Moldova is to establish an efficient, functional transplant system that will cover the country's needs in tissues for the patient's treatment.

The evaluation of the transplant system in the Republic of Moldova has pointed out the key-issues that are at the basis of developing the national transplant programme and building a well-organised infrastructure.

**Keywords:** bone grafts, tendons, tissue bank.

## THERAPY FOR COMPLEX REGIONAL PAIN SYNDROME



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Other names: causalgia, algodystrophy, postraumatic dystrophy, Sudeck's atrophy, shoulder-hand syndrome, Reflex sympathetic dystrophy (RSD).

RSD/CRPS is a multi-system syndrome with diverse symptoms characterized by constant pain. It affects the central nervous system, immune, autonomic and vascular system . Usually CRPS affects one or more extremities but it can affect any part of the body. CRPS symptoms vary in severity and duration.

Anyone can get CRPS. It can strike at any age and affects both men and women. The average age of affected individuals is about age 38-40. Children do not get it before age 5, but it is not uncommon in teenagers. CRPS is rare in the elderly. Precipitating factors include injury and surgery. However, there is no relationship to the severity of trauma while in some cases there is no precipitating trauma at all (9%).

The diagnosis of CRPS cannot be made on imaging or laboratory tests. The condition is diagnosed on the basis of clinical criteria "BUDAPESTA" - 2/4 presence of symptoms: sensory, vasomotor, sudomotor/oedema, motor/trophic.

In 2011-2016, the IMS Private SRL MEDICORT addressed 19 patients with CRPS diagnosis: 4 - men, 15 - women. Two women had the severe form of CRPS. There is no simple cure for CRPS. Treatment often involves a number of approaches and aims to restore movement and function of the affected limb. Options may include: