

Purpose and Objectives: Studying extensive literature on the etiology and pathogenesis of urinary stones, highlight and describe the clinical picture and treatment of coraliform gallstones. Elucidation of the clinical case of kidney coraliform stones and treatment methods used.

Material and methods: They examined the new data from the literature on etiopathogenesis, clinical and treatment coraliform stones. the clinical case of a patient hospitalized in the Department of Urology and Nephrology SCR and treatment was examined.

Results: According to the epidemiological study conducted by Johnson and Wilson Minnesota a period of 25 years 12% of men and 5% of women will have at least one symptom of renal colic until the age of 70 years. Unlike other types coraliform kidney stones are more common in women (in 70 percent cases) than in men. Since 2005 LR tops in renal pathologies in our country in recent years has increased the number of nephrectomy because of complicated and infected calyces stones in Moldova.

The etiology of coraliform gallstones is varied with exogenous and endogenous factors, and one of them occupies a prominent place urinary infection. In the coraliform stones pathology all the theories are involved equally. Randall's theory, Carr's theory, the theory stones intranefrone theory of crystallization, glycoprotein matrix theory, ring theory precipitating urinary theory of crystallization inhibitors..As a rule, coraliform urolithiasis has hidden symptoms that lead to a massive increase coraliform stone before being detected, especially it can form within a few weeks or months. The methods of treatment for the coraliform stones are Nephrolithotomy percutaneous, open surgery, laparoscopic surgery, extracorporeal lithotripsy (ESWL), multimodal treatment, conservative treatment and prophylaxis. Patient B., aged 66, was scheduled treatment in urology department with clinical diagnosis Republican Clinical Hospital. Nephrolithiasis. The coraliform stones on the right kidney. The coraliform stones in the left lower pelvis. Latent chronic pyelonephritis coraliform. Treatment - Right rear Pyelolithotomie.

Conclusion: Coraliform stone is a particular entity for the urological diseases with a relatively high incidence, with a varied and complex etiology, and one of the primary factors occupy kidney infection. Treatment for each patient is individual. Prevention and metafilaxia provides relapse prevention and are performed in dependency of the chemical composition of calculation extracted.

Keyword: Coraliform Stone

95. SURGICAL TREATMENT OF DISTAL FEMURAL BONE FRACTURE

Stepan Nicolae

Academic adviser: **Chirila Vitalie**, M.D, Ph.D., professor assistant of the department of Orthopaedics and Traumatology, State Medical and Pharmaceutical University „Nicolae Testemițanu”, Chișinău, Republic of Moldova

Introduction: Distal femoral fractures largely occur as a result of high-energy trauma in the younger population and as osteoporotic fractures in the elderly population. This kind of fracture leads to functional impotence over a long period of time and therefore seriously affect the quality of life in these patients. Whichever method of treatment is chosen, the goal is to restore joint congruence, anatomical length, function of rotation and axial alignment, which will determine early initiation of recovery treatment and range of movements knee joint.

Materials and methods: This study is based on 56 patients who were treated in Clinical Hospital of Traumatology and Orthopaedics, in 2-nd department, between 2011-2013. Patients of both sexes aged between 20-83 years. The examination was performed on study cases by :sex, age, affected side (right or left) period of hospitalization and up to surgery, urban or rural, period of time from injury until surgery.

Discussion results: In this study showed a prevalence of sex, namely the incidence in women is 67.9% and 32.1% men. The circumstances for the production of fracture was: habitual accident - 40 cases (71,4%), car crash - 11cases (19,6%), falls in the street - 5 cases (9%). In these 56 cases were used following types of fixation: locked plate-35cases (62,4%), blade plate - 11cases (19,6%), cortical plate -6 cases (10,7%), blocked intramedular nail - 4cases (7,1%).

Conclusion: Incidence rates for distal femoral fractures do indeed rise exponentially with age. This injury will affect the quality of life and working capacity for a long period of time. A

complete and accurate assessment followed by appropriate treatment gives good results away with resumption of previous trauma

Keywords: Distal femoral fractures, trauma, types of fixation

96. MANAGEMENT OF TIBIAL BONE DEFECTS SURGICAL TREATMENT

Stratan Vladimir

Academic advincer: **Verega Grigore**, M.D., Ph.D., professor, State University of Medicine and Pharmacy "Nicolae Testemițanu", Chișinău, Republic of Moldova

Introduction: Treatment of bone defects remains a pressing dilemma, to which the tibial bone and damage. Issues that need to be considered in resolving this problem anatomical and functional recovery of integrity affected bone segment. So to get a positive result in treatment must to choose the optimal treatment method that best. Which is the purpose of this work - studying surgical methods of treat in tibial bone defects.

Material and methods: This study is a retrospective and was carried out based on having cases of tibial bone defects were treated in the years 2007-2013 in the IMSP SCTO and IMSP CNȘPMU. The object of study is 52 patients, residents of various districts of Moldova addressed by specialized medical care, based on which we aimed to study some aspects of bone plasty of tibial bone defects.

Results: Tibial bone defects in solving surgical treatment plays a key role. Analyzing data files studied we found that the total number of bone plasty tibial bone defects plastic used in patients with tibial bone defect marginal method was used only bone plasty with vascularized fibula in tibial total circular defects in 18 patients were returned by the migration of the fibula, which functionally integrated in 18-20 months. Patients throughout the functional integration wore protective external fixators.

At 31 patients with circular defects were restored tibial bone lengthening method AFE Ilizarov callus fun. Fault with small (<3 cm) or treated relatively more often by means of bone plasty with vascularized fibula, these large (3-8 cm and > 8 cm) by the method of stretching fun AFE Ilizarov callus.

Conclusions:

1. Surgical treatment of tibial bone defects is varied and existing methods are not perfect, so that the best methods of treatment of infected defctelor still remain to be vascularized fibula method and callus fun with AFE Ilizarov.

2. Statistical analysis of addiction treatment method size circular bone defects - correlation reveals that the majority of small defects are treated by vascularized fibula method and the large callus an entertaining method of Ilizarov AFE.

97. FRACTURES OF LOWER END OF THE HUMERUS. CLINICAL MANIFESTATIONS, DIAGNOSIS AND TREATMENT

Tofan Cristina

Academic adviser: **Vacarciuc Ion**, M.D., Ph.D., Associate Professor, Orthopaedics and Traumatology Department, "Nicolae Testemițanu" SUMP, Chișinău, Republic of Moldova

Introduction: Fractures of the distal humerus have been shown to account for 2-6% of all fractures. These fractures occur in a bimodal age distribution, with fractures in younger patients occurring as a result of high energy mechanisms and fragility fractures occurring in the elderly as a result of low energy falls. All of these fractures represent a challenge to the surgeon due to the distal location and predilection towards articular involvement. Due to these issues multiple treatment strategies have emerged with the majority of current recommendations including open reduction and internal fixation (ORIF.)

Purpose and objectives: The analysis of clinical material of the lower end of the humerus fractures and treatment tactics used in the, Department of Hand Pathology and Microsurgery during 2010-2013.

Materials and methods: The study was realized in the Orthopaedics and Traumatology Department, of the Public Medical Institution The Hospital of Traumatology and Orthopaedics, Department of Hand Pathology and Microsurgery.