

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 .