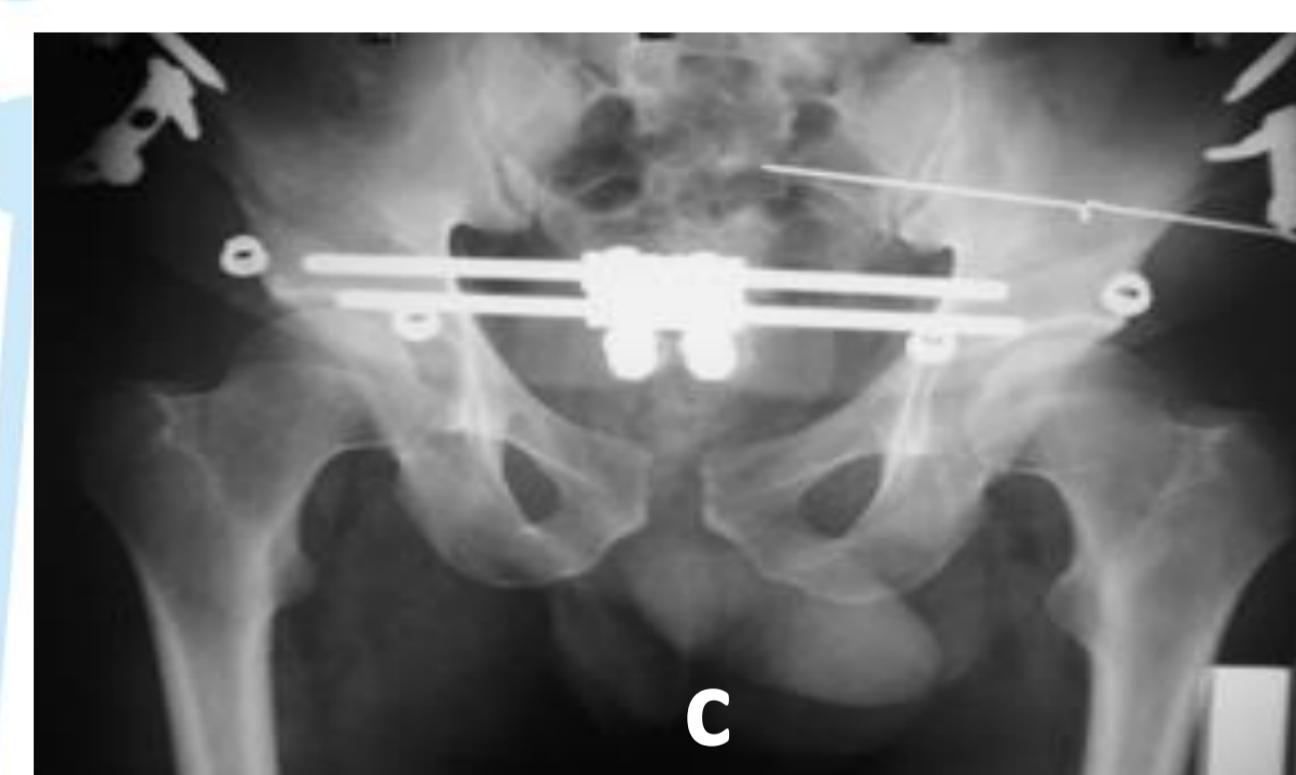
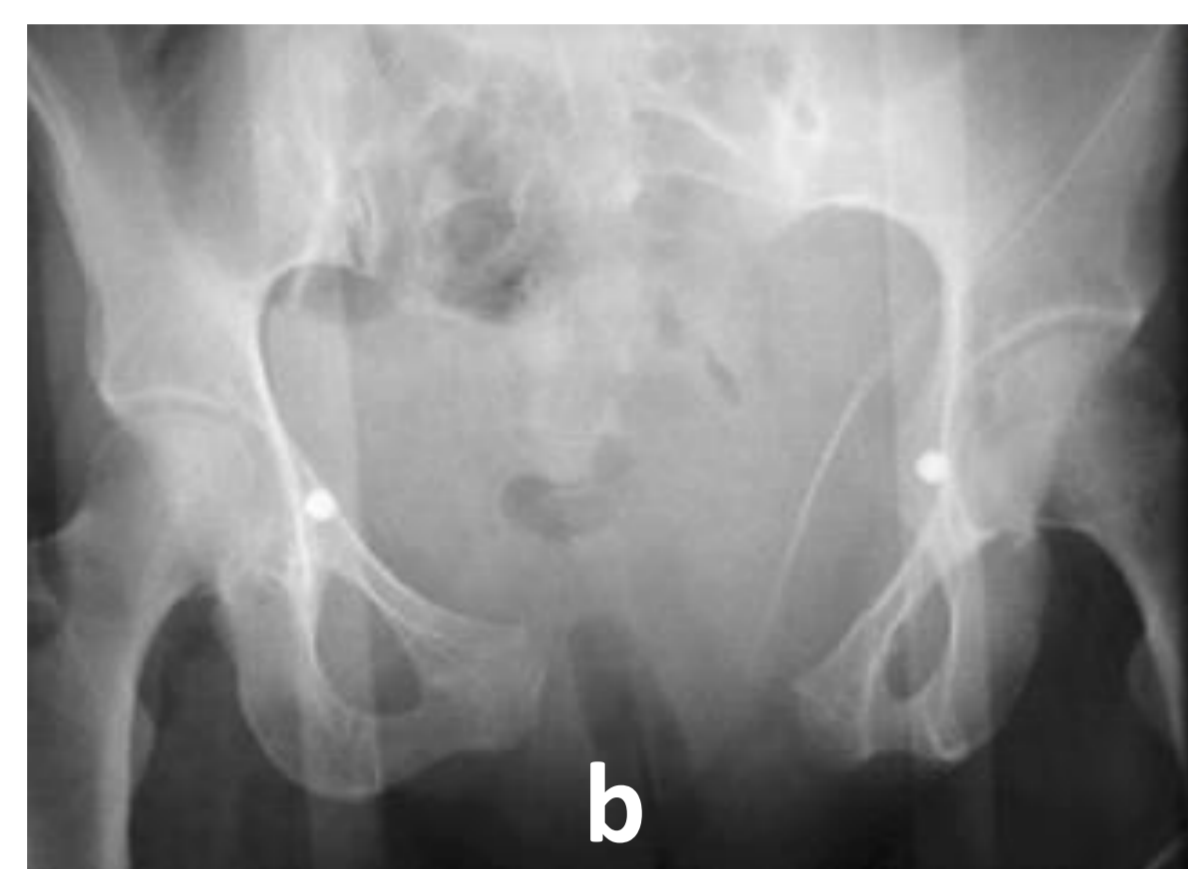




COMPRESSION - DISTRACTION OSTEOSYNTHESIS ACCORDING TO ILIZAROV IN THE TREATMENT OF POLYTRAUMA PATIENTS

Anna Kusturova, Vladimir Kusturov

Department of Orthopedics and Traumatology, Department of Surgery No. 1 “N.Anestiadi” and Laboratory of Hepatic-Pancreatic-Biliary Surgery, State University of Medicine and Pharmacy “Nicolae Testemitanu”, Laboratory of Polytrauma, Institute of Emergency Medicine, Chisinau, Republic of Moldova

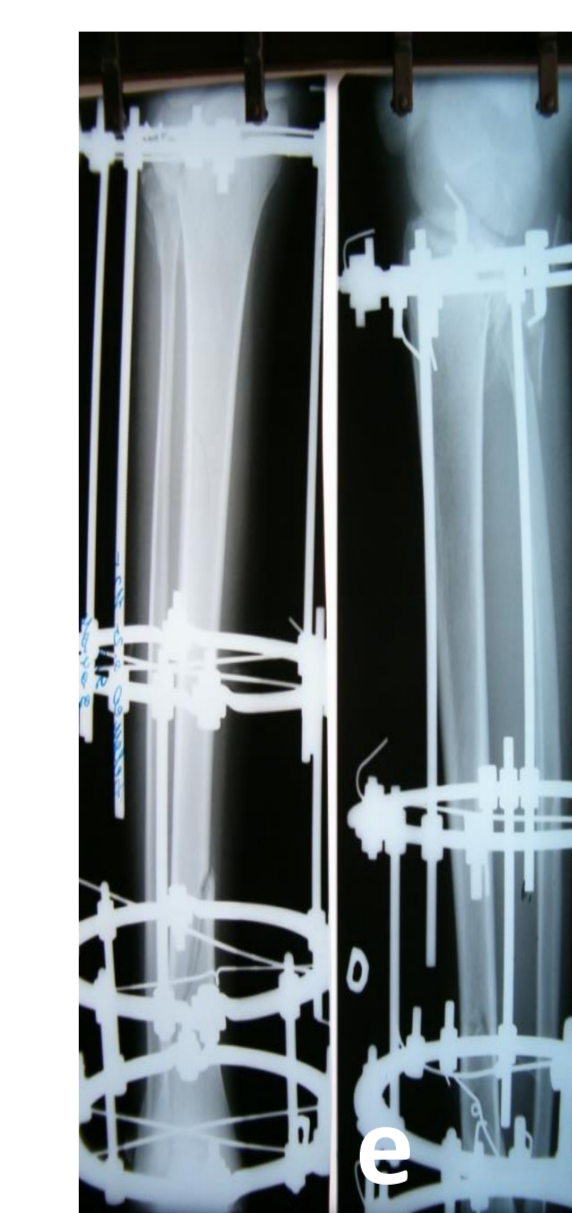
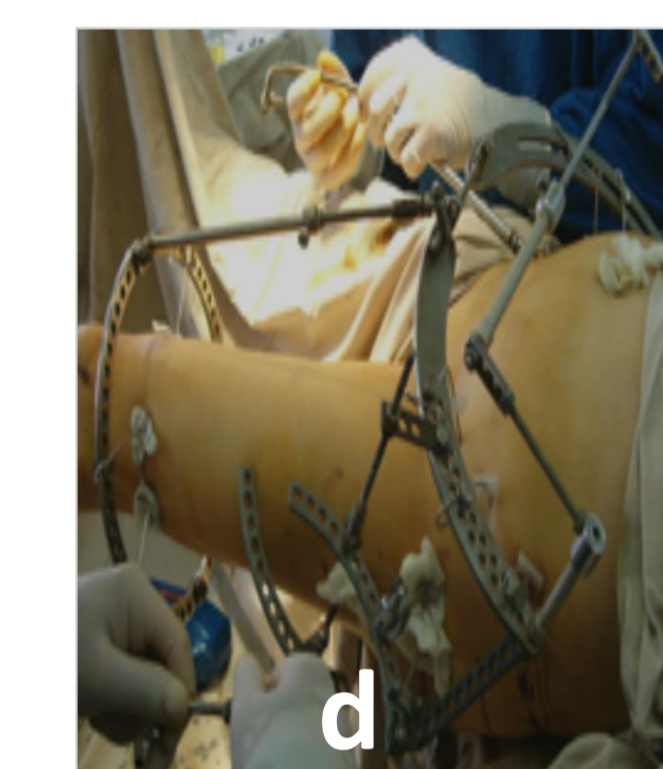
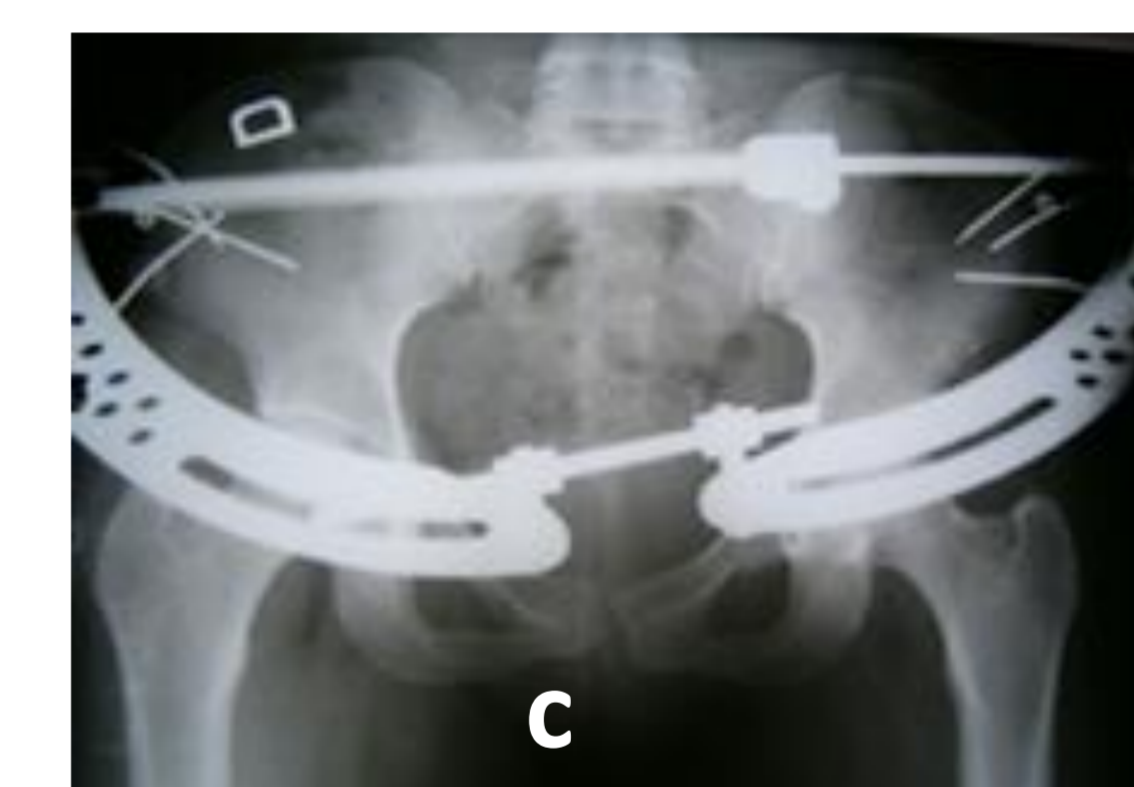
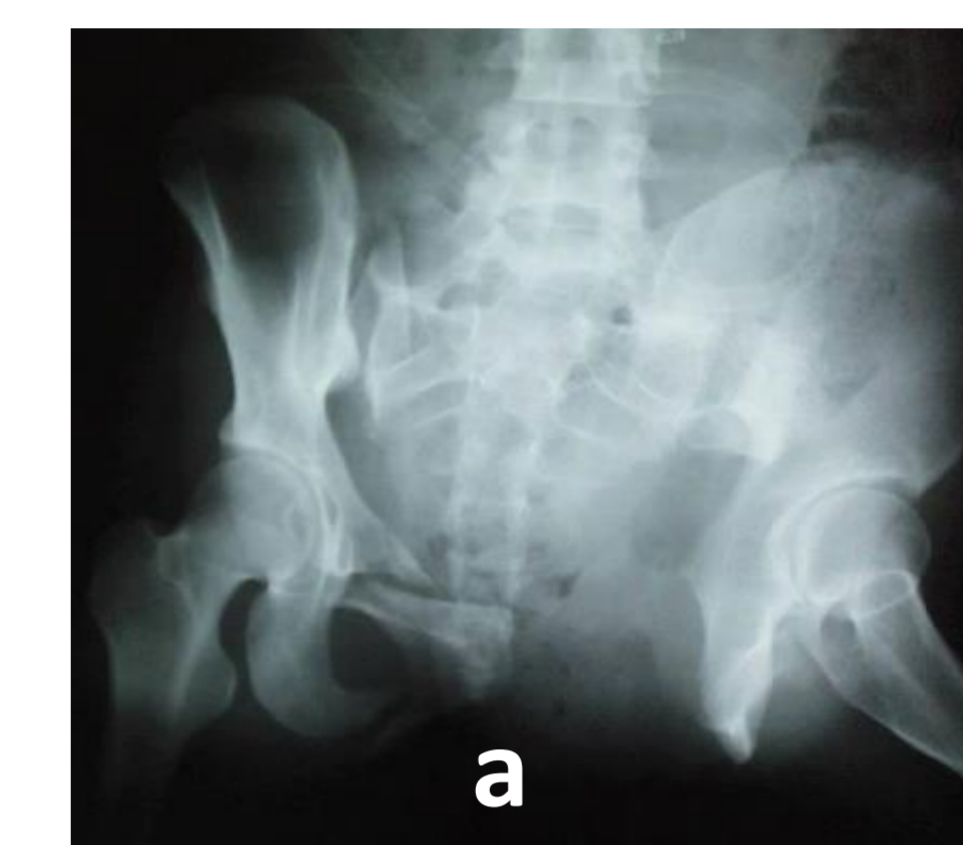


Introduction: Bad results of conservative treatment, prolonged bed rest of patients and inadequate anatomical and functional restoration of damaged structures of the pelvis and lower extremities force traumatologists to use active surgical tactics.

Materials and methods: The study included the treatment results of 137 polytrauma patients with unstable pelvic and limb fractures, associated with chest trauma-76, abdominal organs injury-64. Pelvis was stabilized by external device, femoral shaft fractures-by rod devices, distal femur-by a combined system, forearm and leg fractures - by Ilizarov apparatus.

Results: The analysis of treatment outcomes was carried out according to the Majeed scale in 134 (97.81%) patients, in the period from 1.5 to 16 years after the operation. Three patients died due to thromboembolism. Other patients presented healing of the pelvic and limb bones fractures and were functionally recovered. Patients could stand, walk and maintain the functional stability of segments of the lower limbs and the pelvic ring as a whole during static physical test and in dynamics. Long-term results were studied in 104 patients: good-67.30%, satisfactory-28.85%, unsatisfactory-3.85%.

Conclusions: Early compression-distraction osteosynthesis of unstable pelvic and limb fractures ensured patient stabilization, that made possible to perform the necessary investigations and surgical interventions and improved the treatment outcomes.



Female, 21 y.o. Ds: Polytrauma, TBI, closed abdominal trauma, intraabdominal bleeding, closed pelvic fracture type C (a), closed femoral and leg (b) shaft fractures on the left, traumatic shock III gr. Urgent laparotomy was performed. Pelvic ring and left femur were stabilized by “one system” external device (c, d). Then Ilizarov apparatus was applied on the left lower limb (e, f).

Male, 29 y.o. Ds: Polytrauma, TBI, closed thoracic trauma, multiple rib fractures, pneumothorax, closed abdomen trauma, closed shaft fractures of both left forearm bones (a), open pelvic fracture type B3 (b), lymphatic collector injury, lymphorrhea, traumatic shock II-III gr. Pelvis was stabilized by external device (c), lymphatic collector was sutured (d), left forearm was fixed by Ilizarov apparatus (e). P/o: patient is active (f), no complications.