

## RADIOLOGICAL DIAGNOSIS OF ACROMIO-CLAVICULAR INJURIES

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**Introduction:** According to the literature, acromio-clavicular injuries represent a problem in the contemporary traumatology because of the possible complications. Radiological diagnosis of acromio-clavicular injuries is important for deciding upon the optimal method of treatment. In acromio-clavicular joint (ACJ) research, by routine radiography of the shoulder, small fractures certainly can not be viewed. It should be viewed simultaneously both ACJ, with a cephalic tilt image from 10° to 15°, especially in the small joint suspected fractures. As with other musculoskeletal injuries, ACJ trauma is not sufficient to perform only single plane radiography. Thus, in suspected ACJ dislocations, radiographs should be performed in an axillary lateral view of both shoulders. This image allows assessing the posterior displacement of clavicle and small fractures. Bossart reports the need of stress radiographic examination, with weights suspended from each arm of the patient.

**Material and methods:** The retrospective study was conducted on 83 patients, treated surgically in the Republican Hospital of Traumatology, department No1, between the years 2000-2011. The Rockwood's classification (1987) and imaging examinations were performed to assess the type of ACJ trauma.

**Discussions:** The distribution of patients by gender was as follows: 79 men and 4 women. Type 3 of lesions were determined in 53 patients, type 4 for was established in 25 cases and the type 5 – in 5 cases. All patients were examined by standard antero-posterior imaging, bilaterally. Rg 10° tilt tube. In 37 cases an axial image was used. Stress radiographs, with 8 kg weights hanging arm, was performed in 3 patients. ACJ angle of 10°-20° was appreciated in 14 patients, 30°-40° - in 27 cases and 50° - in 42 patients. During the research, it was noted that the greater the acromio-clavicular angle the more advanced the degree of dislocation was. Coraco-clavicular distance exceeded the normal range by 50-60%.

**Conclusions:** In order to evaluate the acromio-clavicular injuries it is necessary to examine bilaterally ACJ, using multiple imaging modalities.

**Keywords:** acromio-clavicular injuries, acromio-clavicular joint, radiological diagnosis.

## SCHOOL SPINAL SCREENING IN MOLDOVA: FIRST STEPS

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**Introduction:** Scoliosis presents a great problem for orthopedists in most countries. It is widespread in children and adolescents, and ranges from 1,3-3 to 27,6% of them. Surgical treatment is carried out too late, when the deformation of the spine becomes extremely severe. The risk of surgical intervention in such cases is too high. To solve this problem, many countries develop the scoliosis screening programs. Screening for scoliosis has been practiced worldwide for many years and has provided valuable knowledge about prevalence, aetiology and the natural history of idiopathic scoliosis. School screening for scoliosis beyond its scope of early identification of spine deformities has contributed to the field of research for aetiology of idiopathic scoliosis. Early diagnosis allows for bracing that is reported to be effective by numerous outcome studies. Unfortunately, we have not such a program in the Republic of Moldova. As a