

11. STAGED MEDICAL TREATMENT OF A PATIENT WITH PELVIC LESION TYPE C (TILE CLASSIFICATION)

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Introduction. Pelvic trauma is one of the most difficult problems in lesion surgery, and usually to restore the integrity of the posttraumatic pelvic ring several stages of surgical treatment are required.

Case presentation. Patient - a 35-year-old man, suffered compression trauma, a 150 kg wooden cart fell over the pelvis. Urgently admitted to a rational hospital in the anesthesia and intensive care unit where he was under supervision for the first 72 hours. After the transfer, the patient was further investigated, reassessed, and the pelvic external fixation applied. Postoperatively, after the first stage of surgical treatment, the patient was in the intensive care unit for 48 hours. When the general condition of the patient improves, more than 8 days of external pelvic fixation. The following was performed: 1) Reduction of pubic symphysis disjunction and osteosynthesis with plate and screws. 2) Reduction of disjunction in the sacroiliac joint on the left. Percutaneous osteosynthesis with ilio-sacral screw. On the 4th postoperative day, the patient found Sars Cov-2 positive and left the medical institution on his own - refusing special help. Subsequently, on the 6th day after leaving the medical institution and on the 10th day postoperatively, the patient announces that serous eliminations with suture dehiscence have appeared from the suprapubic wound. After 16 days PCR test - negative, readmission: 1) Revision of the suprapubic dehiscent wound, refreshing of the edges of the dehiscent wound, lavage, repeated collection of microbiology, application of secondary sutures. 2) Fixation of the left spino-pelvic. The patient was discharged on the 15th day of admission and 7 weeks after the trauma.

Discussion. The patient needed several stages of medical help. SarsCov-2 disease has aggravated both the general condition of the patient and the regeneration of wounds, with their infection. Only the staged work allowed the successful resolution of the medical case.

Conclusion. Patients with unstable pelvic fractures type C usually require staged multidisciplinary treatment. Traumatologically it is necessary to restore the integrity of half-rings anterior and posterior.