

Results. The scar excision and local tissue plasty by advancement or transposition was used in 51.61% (16 patients). In 35.48% (11 patients) the substitution of the defect was performed by autodermoplasty, and in 12.9% (4 patients) a vascularized flap was used.

Conclusions. The scar sequelae after burn injury limits the function of the upper limb and has a significant influence on the life quality and social integration of the patient, while its surgical correction provide functional recovery of the hand with better aesthetic restoration.

Key words: burn; scar stiffness; surgical correction

190. SURGICAL TREATMENT IN WRIST INSTABILITIES

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Introduction. Wrist joint instabilities are ligament injuries associated with subluxations, luxations, fractures, nonunions or osteoarticular diseases of carpal bones. There are type of surgery to resolve these problems.

Materials and methods. Our experience is based on the treatment of 129 patients with wrist instabilities of different etiology aged between 17 and 68 years who underwent various selective arthrodesis. The average duration of disease was 3 years and 2 months. Kienbock disease was diagnosed in 41 patients, in various stages, pseudoarthrosis of the scaphoid complicated by deforming osteoarthritis - in 71 cases, rotational subluxation of the scaphoid - in 9 cases, trapezium-trapezoid-scaphoid osteoarthritis – in 4 patients and malunion of the distal radius fracture – in 4 cases.

Results. Arthrodesis directed to obtain an ankylosis of the carpal bones by losing the amplitude of movements, but allows to achieve a stable joint, without pain and to restore gripping power. In 71 patients with scaphoid pseudoarthrosis, complicated with deforming osteoarthritis, arthrodesis of 4 carpal bones with scaphoidectomy in different variants was performed in 49 cases, total wrist arthrodesis in 8 cases, scaphocapitate arthrodesis in 4 cases, removing the first row of carpal bones in 3 cases, scaphoidectomy in 5 cases, radial-scaphoid arthrodesis – in 1 case, and 1 other in scapho-trapezium-trapezoid arthrodesis. In 41 patients with Kienbock disease, Graner operation was performed in 16 cases, arthrodesis of 3 carpal bones in 10 cases, capitate-scaphoid arthrodesis – in 8 cases, radial-semilunar – in 4 cases, radial-scaphoid arthrodesis – in 1 case, removing the first row of carpal bones – in 2 cases. Arthrodesis of 3 carpal bones (scapho-trapezium-trapezoid), was performed in 4 cases of deforming arthritis. Also triple scaphoid arthrodesis was done successfully in 9 patients with rotational subluxation of the scaphoid. Total wrist arthrodesis was performed in 4 cases of the intraarticular radial fracture malunion. Long-term results were followed up in 46 patients: good (18), satisfactory (23). Unsatisfactory outcomes were in 5 cases because of absence of the ankylosis and presence of the pain.

Conclusions. Selective wrist arthrodesis is indicated in deforming arthritis grade II or III of diverse etiology, when outstanding amplitude movements are up to 50% of normal range.

Each case of selective wrist arthrodesis is chosen individually according to disease, the spreading grade of deforming osteoarthritis and patient profession.

Key words: wrist instabilities, pseudoarthrosis of the scaphoid, Kienbock disease, selective arthrodesis

191. FREE FLAP IN HEAD AND NECK RECONSTRUCTION – OUR EXPERIENCE

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