

joint stiffness - 88%; segment's shortening - 92%; misalignment - 12%, ankle and foot edema - 18%; reactive arthritis - 15%; allergic and local exematic response- 3%; painful segment - 5.5% and 11% - local osteoporosis.

**Results:** in all patients claimed purpose has been achieved. However, the level of satisfaction of the healthcare professionals and the patient was influenced by installed complications.

**Conclusions:** postoperative complications of tibial bone defects treatment by Ilizarov method are inevitable. This requires a postoperative conduct with frequent monitoring recklessly the period after the surgery.

**Keywords:** bone defects, Ilizarov method, complications.

## SURGICAL MANAGEMENT OF DUPUYTREN'S DISEASE



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**The aim:** Presenting the retro and prospective analysis of the results of surgical treatment of DD through various surgical methods.

**Materials and methods:** In the department of Hand Surgery, during the years 2011-2015, 426 patients (361 (84.7%) men and 65 (15.2%) women) were diagnosed and treated surgically DD. The average age for men 57.3 years and women 59.6 years, mean age 58.5 years. Urban residents 156 (36.7%), rural 270 (63,3%). The number of patients operated on right hand - 246 (57.7%) and left hand - 180 (42.3%).

The most commonly affected finger was IV-129 patients (51.19%); finger V-92 patients (36.51%); III-22 (8.73%); I-8 (3.17%); II-1 (0.4%). One affected finger was detected in 312 patients (73.24%); two fingers in 104 patients (24.41%); three fingers in 5 patients (1.17%); four fingers 5 (1.17%). DD grade III was found in 343 (81%) patients, grade II in 60 (14%) and grade IV 23 (5.4%) patients.

**Results:** In most cases was performed selective fasciectomy with Z-plasty - 326 (75%) patients. 13 patients was performed transverse incisions of McCash's open palm technique, cross finger flap - 12 patients, forearm flaps for hand coverage 3 cases, little finger amputation 2 cases. As part of the surgery in 24 cases was performed arthrolysis with K-wire and at 18 patients was effected capsulotomy.

**Conclusions:**

- Despite of successes in the treatment of orthopedic diseases and of the experience in the treatment of severe forms of Dupuytren's disease, the treatment problem of these patients up to now remains actual.
- Out of our statistics, the vast majority of patients (gr.III-343-81% and gr.IV-23-5.4%) is addressed in advanced degrees of the disease.
- Surgical interventions in Dupuytren's disease requires deep knowledge in anatomy and plastic surgery skills.
- Complication rate is high, and therefore patients should be directed before surgery to a long and difficult treatment.
- Surgical treatment can correct contractures, but the problem remains unresolved relapse and extensions of given disease.

**Keywords:** Dupuytren's disease, Dupuytren's contracture.

## MANAGEMENT OF LOWER LIMB FRACTURES IN PATIENTS WITH DIABETES



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**Purpose:** Analysis of the posttraumatic damage coupled with diabetic polyneuropathy of the pelvic limb and possibilities of healing the defects.

**Material and methods:** A retrospective study was carried out over a period of two years (2014-2016) and included 15 patients with diabetic polyneuropathy. The patients were treated at the Clinic of Plastic Surgery and Reconstructive Microsurgery. The selection criteria included:

- Diagnosis of diabetes with skin and soft tissue ulceration.
- Non-healing traumatic or surgical wounds, with no tendency of healing in diabetic patients.

The 15 patients were divided in 4 subgroups according to the type of surgical procedure performed: split skin grafts, the neighboring flaps, distant flaps, amputation at different levels. The descriptive parameters included: age, gender, the presence of type I or type II diabetes, the location. Additionally, the post-surgery complications were monitored.

**Results:** 15 patients included in this study, out of which 4 women and 11 men were divided into four subgroups based on type of performed surgeries: the neighboring flaps - 4, distant flaps - 2, split skin grafts - 7, amputation in 2 cases. 12 patients had diabetes of type II, and the remaining 3 patients were insulin dependent. The 6 patients who had reconstruction through

flaps, had distal defects (foot or ankle), whereas the patients who suffered per primam amputation had lesions at the ankle which were skin and soft tissue necrosis, with bone disease and osteitis, with signs of severe vascular disease. The majority of patients who had benefited from split skin grafts, suffered from skin lesion at the ankle level.

**Conclusions:** Posttraumatic defects in patients with diabetic polyneuropathy of the pelvic limb can be treated through flaps or split skin grafts, so the amputation rate decreases significantly.

**Keywords:** defects, diabetic, posttraumatic.

## METHODS OF AURICULAR RECONSTRUCTION



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**Introduction:** The article represents a summary article, presenting literature review in the area of auricular reconstruction procedures, accepted worldwide. The article presents the methods of ear reconstruction by implanting various autologous and allogenic materials.

**Aim of the study** was to find and elucidate lacks and improvement possibilities of contemporary methods of auricular reconstruction.

**Materials and methods:** to find out the contemporary state of science in the field of auricular reconstruction, more than 130 scientific sources were studied, which resulted in a synthesis article presented.

**Conclusion:** The importance of this literature review is represented by a critical analysis of advantages and disadvantages of various reconstruction methods applied in today's aesthetic and reconstructive surgery.

There are ways of improvement trying different tissues (natural and synthetic) as a filler for the reconstructed ear.

**Keywords:** ear, reconstruction, auricular, surgery.

## AMNIOTIC MEMBRANE AS A TEMPORARY BIOLOGICAL DRESSING IN THE TREATMENT OF SEVERE BURN INJURIES



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**Introduction:** burn injuries represent a major problem of public health due to high incidence of lethal cases, and due to severe medical and social consequences, causing long term hospitalization, patient's mutilations and invalidity. Deep burns cause dermo-epidermic defects, which don't heal per primam intentionem, requiring specialized medical care. Promotion of wound regeneration, structure's restoration and function's recovery using temporal biological substituents represents a true challenge for clinicians.

**Aim:** determination of clinical effectiveness of processed amniotic human membranes as dressing in patients with severe and deep burns; of influence on wound's evolution; of regeneration's time and aesthetic results of sequelae.

**Material and methods:** it was performed a descriptive retrospective study in a group of 14 patients with 3rd and 4th degree burns treated with amniotic membrane as biologic dressing. At the same time was studied a control group treated using traditional methods. Amniotic membrane (AM) was applied on skin's donor sites, on post burn wounds after early tangential surgical debridement. Results were compared with those obtained in use of traditional treatment methods in patients with similar burns.

**Results:** using AM on debrided wound diminishes: pain, electrolytic and protein losses, stimulates production of granular tissue and healing, reducing regeneration's time. Using AM as dressing of donor site, promotes faster wound's epithelization with formation of a thin and gentle epithelium.

**Conclusions:** Amniotic membrane as dressing promotes production of granular tissue and epithelization of debrided burn wound and of donor site.

**Keywords:** deep burn, skin's substituent, amniotic membrane.

## ANALYSIS OF SEPTIC COMPLICATIONS AFTER USING METALLIC IMPLANTS AT PELVIC LIMB



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