

## PERCUTANEOUS TREATMENT OF CERVICAL AND LUMBER DISC HERNIATIONS



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**Work's goal:** Determinate the safety and efficacy of gelified ethanol in the percutaneous treatment of lumbar disk hernias.  
**Material and methods.** A total of 49 patients were included in this study and treated with radio opaque gelified ethanol and intraarticular steroids of a lumbar and cervical intervertebral disk hernia. We evaluated each patient's pain levels during the procedure itself and then after 3-4 and 8 weeks, and 4, 8, 12, 24 months after procedure.

**Results.** Pain levels immediately after the procedure were markedly lower than before the procedure. There were no complications. Two months after procedure administration, the initial pain level had fallen by an average of 84 %. The outcome was quite stable over time (mean follow-up: 2 years). Short-term follow-up with magnetic resonance showed little or no changes in the intervertebral disk but there was discordance with clinical signs. Long-term follow-up magnetic resonance showed a dramatic reduction in hernia volume. Very good or good results were obtained in 42 (89,1%) of the 49 patients, fair — in 16 cases and bad in 3 cases (8,6%). Only 2 cases with a bad outcome at lumbar level went to surgery.

**Conclusion.** This preliminary study shows the efficacy and inocuity of this substance. More especially, it demonstrated the absence of complications and recidivates in the immediate and long-term follow-up for more than 3 years for the first cases.

**Keywords:** disk hernia, radio opaque gelified ethanol, nucleoplasty.

## ALLOPLASTY BECOMES SAVING IN SOME DIFFICULT CASES OF RECONSTRUCTIVE SURGERY OF THE LOCOMOTOR SYSTEM



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### Objectives of study

During surgical interventions on osteoarticular apparatus appear difficult cases when highly professional orthopedic doctors are facing unusual tactical and technical hardships, unclear safety prognosis of a rationally planned treatment. As usually, surgeons tend to choose the most appropriate method in given circumstances, and even invent new surgical procedures, but alloplasty still remains a saving method.

### Material and methods

According to our experience, alloplasty seemed to be necessary during following operations: removing by resection of tumors and pseudo tumors, bone defects and cervico-cephalic endoprosthesis in 3rd age patients with femoral neck fracture in which the intramedullary channel is enlarged.

We have proposed a stable fixation of prosthetic rod in channel by application of a cortical graft in cases of purulent complications, bone defects, after sequestrectomy, when the remaining defect is too large and may be substituted by allograft.

### Results

The results were confirmed in 200 patients with these pathologies, operated in our clinic. Alloplastic grafting contributed favorably to fix, restore, and maintain the integrity of the affected bone, substitution of remaining defect and creation of prodigious medical and biological conditions in local osteogenesis and their perfect integration.

### Conclusions

In selection of the rational treatment in difficult situations, we were based on our experience in osteoarticular alloplasty during last 50 years. Positive results were obtained in 95.2% of cases. Retrospective analysis of the results of treatment using given method shows the absence of better alternative regenerative treatment.

**Keywords:** osteoarticular alloplasty, pseudo-tumor, allograft

## SOLITARY BONE CYST ON HEEL, SURGICAL TREATMENT



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### Objectives

Solitary bone cyst on heels Represents a pseudotumoral pathology with asymptomatic onset. There are controversial opinions – to use conservative treatment in these patients, but some authors believe that during the consolidation of pathological fracture, the given could regress. .

### Material and methods

8 patients were included in our study: 6 females and 2 males; age 15-22 – 7 patients, 1 patient – 35 y.o. All the patients were treated surgically – marginal and parietal intracavitary resection followed by substitution of remaining defect with cortical allograft cortical.

### Results

In the postoperative and distant period in 7 cases the recovery process was completed with good results. At 35 years old patient during postoperative evolution was developed purulent process – removing of allograft, antiseptic treatment. Later, in ЦИТО was performed the endoprosthetic operation of calcaneus by the method S.T.Zațepin, satisfactory result.

### Conclusions

Surgical interventions include various procedures: endoscopic curettage, cryodestruction or electrocautery of cyst walls, osteoplasty of outstanding defect, sealing the remaining cavity with carbon or bioceramic substances. Independently of the treatment methods used, often relapses occur. According to the experience of many authors, including our, we consider that currently the safest method of treatment is surgical intervention: removal of pathological outbreak through different types of resection, and osteoplasty of remaining defect.

**Keywords:** solitary bone cyst, surgical treatment, cortical allograft.

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## TREATMENT OF CHRONIC COCCYDYNIA



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Coccydynia is a rare but painful disorder characterized by axial coccygeal pain which is typically exacerbated by pressure. 35 patients with chronic coccydynia were included into the study. Among them 30 females and 5 males; mean age 39 years – range 12 to 58 years. The mean symptom duration was 3 months (range 1 to 6 months). Twenty-one patients had a history of trauma and the rest were considered idiopathic. No patient with trauma addressed at the time of the incident.

The results of our study allowed to establish that the conservative treatment is the treatments of choice for patients with coccydynia despise etiology, radiographic data and intensity of clinical symptoms. Successful results can be obtained and maintained with no less then two courses of conservative treatment. For patients unresponsive to conservative treatment, coccygectomy is a successful method of treatment.

**Keywords:** chronic coccydynia, trauma, conservative treatment, coccygectomy.

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## ASOCIATED INJURIES OF THE PERIPHERAL NERVES OF THE FOREARM AND MANAGEMENT OF SURGICAL TREATMENT



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### Introduction

Repair of a peripheral nerve has considerable functional consequences for the individual, due to sensory and motor loss, as well as the pain and discomfort from cold intolerance.

### Material and methods

Our experience refers to the period 1998-2016 years based on the treatment of 104 patients with associated nerve injuries. Patients were aged between 16 and 65 year, 83 were male and 21 female; in 87 cases the nerve lesions were associated with flexor tendons injuries and in 42 cases with a variety of fractures. Nerve injuries consisted in multiple lesions of the proper digital nerves - 16 cases, lesions of the common digital nerves at palm level— 19 cases, lesions of the median or ulnar nerves in the fore-arm- 50 cases, combined injuries of median and ulnar nerves were found in 19 cases.

Primary surgical approach included anatomical restoration of skeletal and tendinous elements. In 54 the nerve reconstruction was also performed, utilizing epineurolysis in 61 cases and the epineurolysis in 7 cases, neurolysis in 29 cases. In 7 cases with irreparable radial nerve palsy we used with successful transfers of muscle tendon.

### Results and discussion

There still are discussions about the optimal posttraumatic delay for nerve reconstruction, but one condition must be clear: injuries of the nerves in the hand require — especially if the motor component is involved - an as early as possible surgical