

## PERCUTANEOUS INTRAMEDULLARY FIXATION WITH THE WIRES FOR FRACTURES OF THE DISTAL RADIUS METAEPIPHYSIS IN CHILDREN

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Fractures of the forearm bones in children are among the most common injuries and they occupy a leading place among limb fractures. The method of treatment of the fracture of the distal metaepiphysis of the radial bone in children determines the type and place of the fracture, the degree of displacement of the bone fragments and the method of repositioning the bone fragments.

The purpose is to verify the effectiveness of percutaneous intramedullary Kirschner wires fixation in the treatment of fractures of the distal radius metaepiphysis in children.

Over the past 10 years the surgery department provided treatment for 107 children of different age and sex with fractures of the distal radius metaepiphysis. There were 67 boys and 40 girls. Damages were as follows: epiphyseolysis distal epiphysis in 39 (36%); osteoepiphyseolysis of distal metaepiphysis in 43 (40%); fracture of the distal radius with displacement of bone fragments in 25 (23%) children. The tactics of treatment depended on the fracture line, the shape of the fracture, and the age of the patient. All children reposition and percutaneous fixation was performed under general anesthesia with X-Ray control.

Wires as a retainer of bone fragments were applied for 30-35 days averagely. These patients were constantly observed by a traumatologist.

From all observations (107), the complications were in 7 (5%) patients, out of which 5 had an inflammation of the soft tissues, one patient had a soft tissue abscess rear of the wrist and one had a wire on the 30th day after the repositioning was broken at the level of the wrist joint.

All of these patients underwent treatment tactics correction that did not affect the final outcome.

## COCCYGDYNIA IN CHILDHOOD AND ITS TREATMENT

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Coccygodynia is the pain in the zone of the coccygeal bone. The cause is injury.

**The purpose is** to determine the main clinical and X-ray signs of coccygodynia in childhood and to justify the effectiveness of her surgical treatment.

Since 2005, 33 children have been observed with a clinical symptoms of coccygodynia - age from 8 to 17 years old. There were 5 boys and 28 girls. On examination, all patients were determined constant pain in the coccyx. Clinically - the coccygeal zone without pathological changes. Palpation in this area defined pain at all 33 patients, 24 patients have pain while sitting on a solid surface, pain during the act of defecation at 16 patients. Vicious position of coccygeal bone and pain determined in all patients with rectal examination and X-Ray. Anamnesis contains a fall on the buttocks. All patients underwent surgery - removal of coccyx bone. The pain syndrome disappeared on the second day after surgery at 27 patients, all children without pain syndrome were prescribed for outpatient observation. All patients treated with a surgical method had a persistent cure - the pain syndrome in the coccyx region disappeared. Long-term results were followed to a depth of 5 years, recurrence of pain wasn't observed.

Coccygodynia is a consequence of traumatic damage of the coccygeal bone followed by non-union of the fracture, and the rapid development of scar tissue with involvement in the process of sensory nerve endings to the clinic constant pain in the coccyx.

Diagnosis is simple - a constant pain in the area of the coccyx. Radiographically is a vicious position of the coccygeal bone. The removal of the coccygeal bone is an effective way to treat coccygodynia.