screening method we analyzed: the spine in the frontal, lateral, symmetry of scapula, symmetry of shoulder, symmetry of hips, triangles waist. Also, was performed Adam's method: patient leans forward having the basin right and is noticed if one part of back is higher than the other.

Results: Out of 68 children examined, four girls accused back pain, a boy has spinal deformities lumbar lordosis and kyphosis type thoracic emphasized.

Conclusions: Although the disease of scoliosis does not manifest pains, though was recommended to submit children to specialist to confirm or infirm out the presence of scoliosis, and if necessary to receive an appropriate treatment. The presented screening method is non-invasive and does not require sophisticated equipment. They can be carried out by the family doctor or by the doctor from the child's school network to guide the child to a specialist.

Keywords: scoliosis, prevention

190. STERNOCHONDROPLASTY WITH METAL BLADE RETAINERS LOCATED RETROSTERNAL EFFICACY IN PATIENTS WITH PECTUS EXCAVATUM

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Introduction: Pectus Excavatum (PE) is a deformity of the anterior chest wall, in which the sternum and rib cartilage presents an abnormal development. In these cases, the anterior thoracic wall presents a concave shape depression. Surgical treatment of this condition is a great need for patients, because symptoms are often severe and affect the quality of life of these patients. Objective: Present study aims to objectify early and late postoperative complications after it was performed sternochondroplasty with metal blade retainers located retrosternal.

Material and methods: We conducted a retrospective observational study over a period of 20 years (1.10.1995-1.10.2015). In this regard I used casuistry of Surgical Clinic no. 1 of SCJU Mures. We introduced in the study 68 patients (41 male, 27 female) diagnosed with PE, on whom we practiced sternochondroplasty with metal blade retainers located retrosternal.

Results: Mean age of the patients in the study was 17.4 years, with a range between 8 and 20 years. Most common symptoms on this patients were recorded: palpitations (n=23), exertional dyspnea (n=15), cough (n=15), chest pain (n=22) and dysphagia (n=2). Also 29 patients at clinical examination presented deformations of the spine (12 patients – kyphosis; 17 patients- scoliosis). The degree of deformation was evaluated by measuring the angle formed by the body of the sternum and the manubrium towards the spine. Thereby, we obtained the following results: 42 patients had an angle of 10 to 15 degrees; 20 patients had an angle of 15 to 20 degrees and 11 patients with an angle greater than 20 degrees. Of the total number of operated patients, 11 had immediate postoperative complications, as follows: 3 hematoma patients, 4 patients with bilateral pneumothorax, 3 with unilateral pneumotorax and one patient experienced hemorrhage at cartilage section. Late complications were represented by 2

cases of thoracic deformity recurrence and 4 cases of patients with keloid scars. In the study group we observed that early complication rate was 16%, while the late complications rate was 9%.

Conclusions: Surgery is the only treatment able to lead to improvements of symptoms in patients with PE. Sternochondroplasty with metal blade disposed retrosternal represents a viable surgical method of treatment of these parietal chest defects.

Keywords: sternochondroplasty, Pectus Excavatum, metal blade.

191. THE USE OF AMNIOTIC MEMBRANE AS TEMPORAR BIOLOGICAL DRESSING IN SURGICAL TREATMENT OF SEVERE BURN INJURIES

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Introduction: Burn injuries represent a major problem of public health due to high incidence of letal 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 prima intention, 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 use of amniotic human membrane (AHM) as biologic dressing in patients with severe burns; of influence on pathology's evolution; of regeneration's time of the wounds and patients hospitalization.

Material and methods: It was performed a descriptive retrospective study in a group of 11 patients with 3rd and 4th degree burns treated with AHM as temporal biologic dressing. At the same time was studied a control group with severe burns, treated with standard methods.

Results: The study group was formed by 4 men and 7 women. In 7 cases AHM was applied on skin's donor sites, in 4 cases – on post burn wounds after tangential surgical debridement. Results were compared with those obtained in use of standard treatment methods in patients with similar diagnostics.

Conclusions: Using AHM on debrided wound diminishes pain, electrolytic and protein losses, stimulates production of granular tissue and promotes epithelization reducing regeneration's time. Using it as biologic dressing of donor site, promotes wound's epithelization with formation of a new, thin and gentle epithelium.

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