

## 192. ACROMIOCLAVICULAR DISJUNCTIONS: SURGICAL TREATMENT OPTIONS

**Denis Pasc, Hadari Sabina, Noemi Julia Fori, Mihai Stanca**

Scientific adviser: Ivanescu Adrian, PhD; Chindea Radu, MD; Scoupi Norbert, MD; Cioanca Florin, MD; Oprea Bogdan, MD, M1 Department, University of Medicine and Pharmacy, Targu Mures, Romania.

**Introduction:** Acromioclavicular disjunctions occur most commonly in active or athletic young adults and it is one of the most common shoulder problem, accounting 9% of all shoulder injuries. The aim of our paper is to present several surgical techniques.

**Material and methods:** We conducted a retrospective analysis of the cases of acromioclavicular disjunction from the orthopedic department. It was found that from a total of 42 cases, 15 had surgical indication and the rest were either treated conservatively or refused treatment.

**Discussion:** The two most used surgical techniques were Weaver - Dunn and Dewar – Barrington. Weaver - Dunn is a technique whereby the coracoid tip is fixed to the collarbone with a screw. Dewar - Barrington is a technique that consists in transferring the end coracoacromial external ligament of clavicle.

**Conclusion:** Treatment of acromioclavicular disjunctions has been a subject of debate. In general, surgical management should be offered acutely only to those who require high-level upper extremity function and late to those with significant shoulder pain and/or dysfunction refractory to nonoperative treatment. The orthopedic surgeon has the freedom to choose from a variety of techniques.

**Keywords:** disjunction, coracoacromial, surgical techniques.

## 193. NONDISMEMBERED PYELOPLASTY

**Alexandru Pitserschi**

Scientific adviser: Adrian Tanase, MD, PhD, Professor, Department of Urology and Surgical Nephrology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction:** Despite of wide spread of dismembered pyeloplasty, in some cases like lengthy ureteral stricture and a poorly accessible intrarenal pelvis this type of pyeloplasty are not favorable. Nondismembered techniques like Foley Y-V and Fenger, being technically less demanding and intuitively less traumatic to the ureter's nerves and vasculature in selected cases may have some advantages over dismembered techniques. This study was undertaken to document our experience with nondismembered pyeloplasty in adults; the primary aims were to determine the indications and overall success rate.

**Materials and methods:** This study included 10 patients (6 male and 4 female, mean age 36,1 years, range 21 -62) who underwent nondismembered pyeloplasty in the Department of Urology from Clinical Republican Hospital between January 2009 and November 2014. Preoperatively, all patients