

192. ACROMIOCLAVICULAR DISJUNCTIONS: SURGICAL TREATMENT OPTIONS

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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

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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

were evaluated with intravenous urography and isotope scans. The uretero-pelvic junction obstruction (UPJO) was corrected by either Fengerplasty (4) or Foley Y-V plasty (6).

Results: In all cases nondismembered pyeloplasty were performed in patients with small symptomatic hydronephrosis. When the etiology of UPJO was a high ureteral insertion we performed more often Fenger (75%) then Foley Y-V pyeloplasty (16,7%). In the presence of congenital stenosis the first choice was Foley Y-V pyeloplasty (83,3%). The mean operative time was 93,7 minutes. No intraoperative complications were seen. Mean postoperative hospitalization 13,3 days. The only postoperative complication was a case of pyelonephritis that occurred in a patient with UPJO and concomitant urolithiasis. After 12 months of follow-up there has been no evidence of obstruction, complete resolution of clinical symptoms was achieved in all patients.

Conclusions: In selected cases nondismembered pyeloplasty could be a good treatment option for patients with UPJO. Being simpler from technical point of view they allow us to achieve same high result as dismembered techniques.

Keywords: uretero-pelvic junction obstruction, nondismembered pyeloplasty, Foley Y-V pyeloplasty, fengerpyeloplasty.

194. TOTAL HIP REPLACEMENT IN DEVELOPMENTAL HIP DYSPLASIA

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Introduction: Hip dysplasia is a congenital disorder of the hip joint, when femoral head is not sufficiently covered by acetabulum, which leads to a premature degradation of the joint cartilage, a severe degree of osteoarthritis and need of total hip arthroplasty at a younger age. Each 3rd case of osteoarthritis and 10th hip arthroplasty in USA is dysplastic. The study shows us some aspects of patients with displastic hip comparatively with hip osteoarthritis from other origins.

Materials and methods: This comparative study, involves 106 patients which supported a total hip replacement, in period between 01.2014 and 04.2015 in the 2nd and 8th departments at the Clinical Hospital of Orthopaedics and Traumatology, Chisinau, Republic of Moldova. The research was divided into two groups, study group: patients with displastic hip osteoarthritis (n=53) and the control group with osteoarthritis from other causes (n=54), 62 females and 44 males.

Results: The mean age of patients in the study is 56,3 +/-11,5. From all 106 cases evaluated, 61,3% are rurals and 39,7% urbans. The mean age in the 1st group is 53,1 years but in control group 59,8 years. Woman from the 1st group represent 72,2% (n=39) but in the 2nd group 36,5% (n=19), compared with mens 27,7% (n=15) in the 1st lot and 61,5% (n=32) in the 2nd. In the rural area distribution of developmental hip dysplasia was 59,25% and in the urban area 41,7%. Coxarthrosis from other cause had 55,7% in rurals and 42,3% in urbans. Duration of hospitalization in both groups is almost similar. The study group includes 30 cases of left hip endoprosthesis compared with 16 cases in the control