55. OUR EXPERIENCE IN THE SURGICAL TREATMENT OF ACROMIOCLAVICULAR DISLOCATION

Croitor Dan, NegruTeodor, Caşu Ileana, Farhangee Arsalan

Academic advisers: **Daniel Razvan Dita**, M.D., **Didu Sorin,** M.D., **Grecu Dan**, Associate Professor,University of Medicine and Pharmacy of Craiova, Romania

Background: Acromioclavicular dislocation is not a rare post-traumatic lesion. The treatment is still a controversial problem due to the inconstant results of the orthopaedic or surgical approach. The proof is the very high number of methods developed over 50 orthopaedic treatments and over 140 the surgical ones. Starting from Weaver-Dunn procedure we have performed a surgical technique which had pleased us with its results.

Material and methods: We have performed a surgery on 21 patients (17 males and 4 females) aged between 23 – 47 years which had a clinical and radiological diagnostic of acromioclavicular dislocation. The surgical technique uses the coracoacromial ligament which is reinserted into a tunnel in the lateral third of the clavicle and is fixed with a screw. In 13 cases we cut the ligament straight from the bone and reinforced it with a Nr.1 polyglactine or poliglicolic acid wire, and in 4 cases we harvested it with its acromial bone insertion to achieve more length and strength of fixation. Also the acromioclavicular joint it was secured with a K wire for more stability. We have immobilized the shoulder for 28 days, and the kinetotherapy was performed for another 14-21 days. The wires were removed after 6-10 weeks, the interference screw was not removed. In 3 cases the coracoacromial ligament appeared to be too short for our purposes, and we converted the procedure to another technique. The follow-up period lasted no longer than 3 month in all cases and was done when the patients have returned to their previous activity.

Results: After kinetotherapy fast and good recovery was obtained with full or almost full range of motion also, good stability and mobility of the shoulder was obtained. We haven't encountered any recurrent dislocation in 17 cases. In 3 cases we had a too short coracoacromial ligament, in one of these 3 cases our procedure failed and in the other 2 cases we saw the failure from the beginning of surgery. In all 3 cases we have converted the surgical technique to another procedure. These cases were excluded from final evaluation. The Glorion-Delplace score was 10 in 14 cases and 9 in 3 cases, due to the lack of shoulder mobility. The heterotopic ossification was encountered in 6 cases, but pain-free and with no impair on the joint function, a pain-free shoulder was noticed in all cases.

Conclusions: This technique is faster (30-60 minutes) and easier than current procedures (Dewar-Barrington or Weaver-Dunn procedures). This procedure is more physiological than all others – replaces a ligament with another in about the same position. It also provides a passive stability and it doesn't modify the forces exerted on the bone, there is no momentum exerted on clavicle.

56. THE RELATIONSHIP BETWEEN PLACENTAL LOCATION AND FETAL GENDER (RAMZIS METHOD), AMONG PREGNANT WOMEN IN MOLDOVA

Draganel Andrei, Ipati Vladimir

Academic adviser: **Nadejda Codreanu**, M.D, Ph.D., Associate Professor of the Department of Obstetrics and Gynecology, State Medical and Pharmaceutical University „Nicolae Testemiţanu", Chişinău, Republic of Moldova

Introduction: One such study was conducted by Saad Ramzi Ismail in 2011. We intend to apply the same study among pregnant women in Moldova, to compare the results obtained by Dr. S. Ramzi with ours.

The aim of this study is to determine the relationship between placental /chorionic villi laterality and fetal genders early in pregnancy using 2-D ultrasonography and color flow Doppler.

Material and Method: Cohort study was conducted on 41 pregnant women who have undergone a Trans-Vaginal sonograms at 6 weeks pregnant, and Trans-abdominal sonograms were used at 18-20 weeks gestation, at this time the fetal gender were confirmed in 98-99%. The fetal sex will be confirmed 100% after birth. The result was tabulated according to gender and placenta / chorionic villi location.