

55. OUR EXPERIENCE IN THE SURGICAL TREATMENT OF ACROMIOCLAVICULAR DISLOCATION

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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

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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.

Result: Dramatic differences were detected in chorionic villi / placental location according to gender. 83.3% of the male fetuses had a chorionic villi/placenta location on the right side of the uterus whereas, 16.7% had a chorionic villi/placenta location to the left of the uterus. On the other hand 91.3% of female fetuses had a chorionic villi/placenta location to the left of the uterus whereas, 8.7% had their chorionic villi/placenta location to the right side of the uterus. Same results received Dr. S. Ramzi, but with greater precision, 97.2% of the male fetuses had a chorionic villi/placenta location on the right side of the uterus whereas, and 97.5% of female fetuses had a chorionic villi/placenta location to the left of the uterus whereas.

Conclusion: This method is using placenta /chorionic villi location as a marker for fetal gender detection at 6 weeks gestation was found to be highly reliable. This method correctly predicts the fetus gender in average 90% early in the first trimester. This study may help parents to decide and choose the type of medical management available in case of inherited genetic problem such as in X-linked genetic disorder.

Keywords: Placenta, Fetal Gender

57. EARLY DIAGNOSIS OF ADOLESCENT IDIOPATHIC SCOLIOSIS IN THE ABSENCE OF SCHOOL SPINAL SCREENING PROGRAM

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Introduction: Adolescent idiopathic scoliosis (AIS) is a three-dimensional deformity of the spinal column and associated rib cage characterized by a lateral deviation and axial rotation. Scoliosis remains an actual problem of pediatrics and orthopedics around the world. Uncorrected static deformation presents an important major factor in the development of structural changes in the spine and diseases of internal organs, which then results in a decrease or lack of work capacity in adulthood. Childhood disability due to scoliosis is 8-9% in the structure of disabled children. Early diagnosis provides adequate correct conservative treatment, may stop or reduce progression of scoliosis curves and avoid surgical intervention.

Materials and methods: Since 2006 there no school orthopedic examination program in Moldova. A project initiated by the author has been started in the schools of Chisinau city. School spinal scoliosis screening was performed in 1015 pupils aged 10-17: there were 493 (48,6%) girls and 522 boys (51,4%). Clinical orthopedic examination of the spine was performed using six standard positions including Adams' forward bending test and the scoliometry - measurement of angle of trunk rotation (ATR). Five degrees of ATR was chosen as cut-off point for referral to radiography.

Results: 41 (4,04%) adolescents were found positive on both standing, forward bending test and scoliometer measurements $> 5^\circ$. There were 29 (70,7%) girls and 12 (29,3%) boys. Definitive diagnosis was confirmed on standing spondilography. The individual treatment program was created for everyone.

Conclusions: School spinal screening permits the early diagnosis of scoliosis that provides us to predict the curve progression at the beginning, to choose the correct treatment program that significantly decreases the rate of spine deformities treated surgically. This program of early diagnosis of adolescent idiopathic scoliosis makes the first steps in the Republic of Moldova. We hope that in the future it will develop to the high level and will cover all the young population of the country.

Keywords: Adolescent idiopathic scoliosis, early diagnosis, spinal screening, scoliometry