complete and accurate assessment followed by appropriate treatment gives good results away with resumption of previous trauma

Keywords: Distal femoral fractures, trauma, types of fixation

96. MANAGEMENT OF TIBIAL BONE DEFECTS SURGICAL TREATMENT

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Introduction: Treatment of bone defects remains a pressing dilemma, to which the tibial bone and damage. Issues that need to be considered in resolving this problem anatomical and functional recovery of integrity affected bone segment. So to get a positive result in treatment must to choose the optimal treatment method that best. Which is the purpose of this work - studying surgical methods of treat in tibial bone defects.

Material and methods: This study is a retrospective and was carried out based on having cases of tibial bone defects were treated in the years 2007-2013 in the IMSP SCTO and IMSP CNŞPMU. The object of study is 52 patients, residents of various districts of Moldova addressed by specialized medical care, based on which we aimed to study some aspects of bone plasty of tibial bone defects.

Results: Tibial bone defects in solving surgical treatment plays a key role. Analyzing data files studied we found that the total number of bone plasty tibial bone defects plastic used in patients with tibial bone defect marginal method was used only bone plasty with vascularized fibula in tibial total circular defects in 18 patients were returned by the migration of the fibula, which functionally integrated in 18-20 months. Patients throughout the functional integration wore protective external fixators.

At 31 patients with circular defects were restored tibial bone lengthening method AFE Ilizarov callus fun. Fault with small (<3 cm) or treated relatively more often by means of bone plasty with vascularized fibula, these large (3-8 cm and> 8 cm) by the method of stretching fun AFE Ilizarov callus.

Conclusions:

1. Surgical treatment of tibial bone defects is varied and existing methods are not perfect, so that the best methods of treatment of infected defctelor still remain to be vascularized fibula method and callus fun with AFE Ilizarov.
2. Statistical analysis of addiction treatment method size circular bone defects - correlation reveals that the majority of small defects are treated by vascularized fibula method and the large callus an entertaining method of Ilizarov AFE.

97. FRACTURES OF LOWER END OF THE HUMERUS. CLINICAL MANIFESTATIONS, DIAGNOSIS AND TREATMENT

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Introduction: Fractures of the distal humerus have been shown to account for 2-6% of all fractures. These fractures occur in a bimodal age distribution, with fractures in younger patients occurring as a result of high energy mechanisms and fragility fractures occurring in the elderly as a result of low energy falls. All of these fractures represent a challenge to the surgeon due to the distal location and predilection towards articular involvement. Due to these issues multiple treatment strategies have emerged with the majority of current recommendations including open reduction and internal fixation (ORIF.)

Purpose and objectives: The analysis of clinical material of the lower end of the humerus fractures and treatment tactics used in the , Department of Hand Pathology and Microsurgery during 2010-2013.

Materials and methods: The study was realized in the Orthopaedics and Traumatology Department, of the Public Medical Institution The Hospital of Traumatology and Orthopaedics, Department of Hand Pathology and Microsurgery .

The study had a retrospective character, based on the analysis of clinical observation records , laboratory data and surgical examination in a group of 38 patients with a diagnosis of humeral palette fracture, treated during 2010-2013 .

Results:

1) Humeral palette lesions are more frequent at people of young age , working age (<60 years) - 25 persons (66%). The average age of the patients was 54.07±4,4 years. Female average age was 52.96±3,6 years (varying between 26 to 76 years), while men's average age was 57.2±5,2 years (varying from 22 to 75 years).

2) In this study it was demonstrated that the lesion of the right member represent - 25 cases (66%), which is closely connected with work activitys of the patients.

3) In rural areas humeral palette fractures (79%) occurs more frequent than in urban areas (21%) because of the daily activities and work in agriculture.

Conclusion: In the hospital are focused grave cases from all the country, that is why the largest share is formed of patients with humeral palette fracture type C- 30 cases (79%).

Keywords: fracture, lower end of the humerus, fixation

98. PANCREATIC PSEUDOCYSTS

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Introduction: Pancreatic pseudocysts are best defined as localized fluid collections that are rich in amylase and other pancreatic enzymes, that have a non-epithelialized wall consisting of fibrous and granulation tissue, they usually appear several weeks after the onset of pancreatitis. They are to be distinguished from acute fluid collections, organized necrosis, and abscesses. The purpose of this study was to optimize the diagnosis methods and to elaborate a rational surgical management of the pancreatic pseudocyst, through the correlation of surgical techniques with the optimal surgical timing, given by the maturation degree of pseudocystic wall, thus the complications and recurrences rates to be minimum.

Materials and methods: In this retrospective study I have described the results of the complex treatment of 121 patients with pancreatic pseudocyst, communicating or not with pancreatic duct, and wirsungian hypertension, operated at the Surgical Clinic No. 2 during the period of 2006 to 2013. The studies propose a contemporary diagnosis algorithm, which includes clinical, and laboratory data and imagistic explorations (echography, simple abdominal radiography, gastro- and duodenography, retrograde endoscopic colangiopancreatography - ERCP, CT, MRI, wirsungography and intraoperative echography).

Results: The surgical indication was mature pancreatic pseudocyst in 45 (37,2%) cases, by pancreatic pseudocyst during maturation (less than 6 month from the debut) in 17 (14%) cases, and by pancreatic pseudocyst with postoperative complications in 59 (48,8%) cases, facts which bring to the elaboration of a self surgical management. Cystopancreatojejunostomy on isolated Roux loop, was made in 50 (41,3%) cases – 16 (29,7%) in group I, 34 (49,55%) in group II. External drainage was made in 49 (40,5%) cases. Minimally invasive operations were made in 5 (4,1%) cases. Retrograde endoscopic ERCP with papilosphincterotomy were made in 2 (1,65%) cases. In 4 (3,3 %) cases there were applied cystopancreato-jejuno anastomosis on Omega loop. In 5(4,1%) cases there were made cystopancreato-jejuno anastomosis with colecysto-jejuno anastomosis, respectively coledoco-jejuno anastomosis in patients with pancreatic pseudocyst complicated with mechanical jaundice. In one case (0,83 %) was made colecystectomy with cystopancreato-jejuno anastomosis on isolated Roux loop. In one case (0,83 %) with pyloric stenosis there were made cystopancreato-jejuno anastomosis associated with coledoco-jejuno anastomosis, gastro-entero