

CLINICAL MANIFESTATIONS AND DIAGNOSIS OF CHONDROCALCINOSIS

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Background. Chondrocalcinosis can be associated with severe inflammation and massive joint destruction. Chondrocalcinosis (CC) affected joints can also be asymptomatic for a long time. The prevalence rises by 3.7% in the age group 55–59 and by 17.5% in the 80–84 age group, and with age this prevalence is increasing.

Objective(s). The aim was to study the scientific literature by systematically reviewing the literature, clinical manifestations, diagnosis and treatment in patients with chondrocalcinosis.

Materials and methods. The literature was reviewed in the Scientific Library of USMF "Nicolae Testemițanu", PubMed, Scopus and Web of Science databases, including articles published between 2005 and 2025. 49 studies were selected in the study (we used 29) with the topic about chondrocalcinosis (pseudogout) in clinical manifestations, diagnosis and treatment.

Results. In CC, the knee joint, wrists, and symphysis are frequently affected. CC has been described to occur bilaterally in the knee joints, with the lateral compartment and especially the meniscus being more frequently affected than the medial compartment. In case of polyarticular involvement, the changes come slightly earlier. Screening radiographs frequently involved joints should be obtained in all patients in whom the diagnosis is suspected but in whom radiographs of pertinent affected joints have not yielded a definitive diagnosis. According to the EULAR recommendations, in case of asymptomatic chondrocalcinosis no treatment is necessary.

Conclusion(s). A better understanding of the inflammatory and destructive processes caused by disease-associated particles, together with advances in disease monitoring technology, will be of great help in developing future prevention or treatment strategies for chondrocalcinosis for both genders.

Keywords: microcrystalline arthritis, chondrocalcinosis, diagnosis

THE ROLE OF PHYSIOTHERAPY IN RESTORING GAIT AND MOBILITY AFTER CALCANEAL OSTEOSYNTHESIS

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Background. Calcaneal fractures, among the most complex injuries of the foot, severely affect postural stability and locomotor function. In bilateral cases, treatment and rehabilitation are challenging, requiring surgical intervention, continuous monitoring, and individualized physiotherapy programs.

Objective(s). The aim of the study is to highlight the importance of physiotherapy in restoring gait and mobility after bilateral calcaneal osteosynthesis, through individual sessions adapted to the patient.

Materials and methods. The case study involved a 25-year-old male patient in post-surgical recovery following bilateral calcaneal osteosynthesis after a fall from height. The initial assessment included ankle mobility, unipedal balance and motor control. The therapy included mobilization, toning, and gait re-education sessions.