

## **195. SURGICAL TREATMENT OF FRACTURE-DISLOCATIONS OF THE FOREARM**

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**Introduction.** Unstable fracture-dislocations of the forearm are Monteggia and Galeazzi lesions. Monteggia fractures account for approximately 1% to 2% and Galeazzi fractures account for approximately 7% of all forearm fractures. Distal forearm fractures are far more frequent than midshaft forearm fractures, which occur in about 1 to 10 per 10,000 people per year. One in four radial shaft fractures is a true Galeazzi injuries.

**Aim of the study.** To make a retrospective study (follow up of two years) of fracture-dislocations of the forearm according to data from medical records, type surgery method used in stabilization of Monteggia and Galeazzi lesions.

**Materials and methods.** A retrospective study was performed on patients with fracture, dislocation, fracture-dislocations of the forearm, Monteggia(M) and Galeazzi(G) lesions which consecutively were treated in department of Hand Pathology with the application of microsurgical techniques (6 Section) of Traumatology and Orthopedics Clinical Hospital, Chisinau in the period 2015-2016.

**Results.** A total of 24 patients was analyzed. The gender ration was 1:1, with a predomination a population from rural zone 7:1. According to age, the study group was assigned as follows: <35 years 7 (29.2%), 36 - 49 years 7 (29.2%), 50 - 65 years 8 (33.3%), 66 - 75 years 2 (8.3%). The fractures had the following distribution: ulnar and radial shaft - 7(29.2%) each. The dislocation of the elbow joint were 7 (29.2%). The fracture-dislocations of the forearm were 3 (12.5%), of which the G was in 2, M in 1. Lesion management was in 100% surgical. At the fracture of ulnar shaft (7 cases) were open reduction internal fixation (ORIF) of the fracture with AO plate. In radial shaft fracture (7 cases) ORIF of the fracture with AO plate was used and in one case with radial shaft bone fragmentation (14.2%) intramedullary osteosynthesis with K-wire with external fixation in Ilizarov apparatus was performed. In case of forearm dislocation, closed reduction was performed (one patient); the open reduction was in the other 6 cases with K-wire arthrosynthesis (KwA). In the case of the M - ORIF of the fracture with AO plate and the open reduction of radial head and with KwA. In the case of the G - ORIF of the fracture with AO plate and with KwA of the distal radioulnar joint.

**Conclusions.** Monteggia and Galeazzi lesions are rare nosology in orthopedics surgery with the highest incidence occurring people after 35 years. ORIF with plating of the ulnar or radial shaft fractures are the most used method of stabilization.

**Key words:** unstable fracture-dislocations, Monteggia and Galeazzi lesions, fracture fixation

## **DEPARTMENT OF PLASTIC AND RECONSTRUCTIVE MICROSURGERY**

## **196. RECONSTRUCTION OF THE AVULSED THUMB WITH NONMICROSURGICAL TECHNIQUES – FUNCTIONAL AND AESTHETIC RESULTS**

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