

Was possible to investigate MEP and DASH scores at 19 patients with a mean of 85±17 and 39±23.

Conclusions. Outcome of open reduction and internal fixation of distal humerus fractures can result in high union rates with acceptable outcome DASH and MEP scores.

Key words: distal humerus fractures, column, fracture fixation, bone plates

187. SEPTIC COMPLICATIONS OF THE KNEE ARTHROPLASTY. CLINICAL PICTURE. DIAGNOSIS. TREATMENT

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Introduction. Knee prosthesis in 90% of cases permits the removal of the algic syndrome and improve the quality of patients lives for 15 years and more. According to the arthroplasty records in the US, in 2008 were performed 39286 primary total knee arthroplasties and 2458 revision arthroplasties. In the Republic of Moldova more than 12000 patients are registered in the waiting list for endoprosthesis.

Aim of the study. Evaluation of septic complications in knee arthroplasty, symptoms examination and diagnostics, developing an antibacterial therapy management program.

Materials and methods. A total of 400 analyzed medical records of patients with endoprosthesis knee were evaluated, but the study was conducted on a sample of 16 patients with septic complications after knee endoprosthesis admitted in ward no. 5 Clinical Hospital of Orthopedics and Traumatology between 2011-2017. The study was conducted under a protocol of individual study, and the study criteria included: age, sex, type of surgery, the location of the infection, the pathogen resistance to antibiotics, days of hospitalization and associated risk factors.

Results. Morbidity due to septic complications in knee arthroplasty was 4% cases per 100 operations. The prevalence of septic complications was higher among women - 62,5%. Prevalence increased with age, between 50 - 59 years: 25%, between 60 - 69: 50%. More prevalent pathogens agents were Gram-positive microorganisms, constituting 63.6% of the total of 22 strains and Gram negative - 36.6%. The predominant bacteria were *S. Aureus* (31.8%), followed by *S. Epidermidis* (18.8%), *E. coli* (13.6%). The incubation period of purulent septic infections that occurred in these patients was approximately 12 months. It has been demonstrated that the patients from the units of endoprosthesis were treated with combined antibiotic therapy. According to the study, the top choice was the treatment consisting of two antibiotics - 37.5%. And depending on the surgical treatment of septic complications applied to the knee, the highest percentage rests with the ablation of the prosthesis with the application of a cement spacer and arthrodesis with the application of the Ilizarov-type extra-focal synthesis apparatus - 37.5%.

Conclusions. It has been demonstrated that antibiotic therapy in the treatment of septic complications of knee joints is given empirically and irrational by combining 2 or more antibiotics, which causes resistance of pathogenic microorganism to antibiotics. To this purpose it is necessary to permanently monitor the circulating causative agents from the hospital and the antibiotic-resistance / sensitivity depending on the type of microorganism.

Key words: knee arthroplasty, knee defects, infection, antibiotic treatment

188. CONTEMPORARY METHODS OF SURGICAL TREATMENT OF RECURRENT DISLOCATION OF HUMERAL HEAD

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Introduction. A variety of operative techniques have been described as Bristow-Latarjet technique. In our study we described the experience of surgical treatment in patients with anterior shoulder instability using this procedure. Because of the anatomical peculiarities of shoulder joint, it is more predispose to dislocation. In 16-38% cases recurrent humeral head dislocations represents complication of primary dislocations in first 6 months from the primary injury. They are mostly characteristic for young men, aged between 20-30 years in 90% cases. The open Bristow-Latarjet procedure involves the partial transfer of the coracoid process with attached short tendon of biceps muscle to the front of the glenoid. This placement of the coracoid in „weak area of the joint” acts as a bone block combined with muscle insertion prevents further dislocation of the joint.

Aim of the study. Analyze the results and indication for using open Bristow - Latarjet technique in patients with anterior recurrent dislocation of the shoulder.

Materials and methods. This study includes 53 patients treated with open Bristow-Latarjet procedure. In 10 cases-dislocation was reduced by people with no medical studies, another 14 were without immobilization, in 12 cases was used posterior gyms, in other 10 soft Dessault bandage. In 12 patients was found deformation of anterior and antero-interior labrum

Results. The success of removing and replacement of coracoid process on the anterior part of glenoid fosa was appreciated: during surgery, in 3 weeks after surgery due to the movement in the shoulder joint, and in 6 weeks – according to the x ray results. It showed excellent outcomes in 14 patients, good outcomes in 32 patients and satisfying outcomes in 7 patients, all having started active functional treatment in 3 weeks after surgery. 47 patients mention full satisfaction with the outcomes, no one got recurrent dislocation after treatment.

Conclusions. The Bristow-Latarjet surgery is used in treatment of recurrent dislocation of humerus head with glenoid cavity dysplasia, because this technique ensures prevention of new recurrences and allows upper extremity function recovery in 95-98%.

Key words: shoulder instability, Bristow-Latarjet surgery, treatment outcomes

189. THE SURGICAL TREATMENT OF THE PATIENTS WITH THE SCARRING SEQUELAE OF THE BURN INJURIES OF THE HAND

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Introduction. Hypertrophic and keloid scars as consequences of burn injuries of the hand can be physically, socially and psychologically disabling, and they are a common and an under-managed problem.

Aim of the study. To study the clinical evolution of the burn scars on the hand, of the sequelae and scar stiffness caused by it; to determine the options in the surgical treatment of correction and to establish its efficacy.

Materials and methods. A descriptive-retrospective study of a group of 31 patients with scarring sequelae on the hand, which underwent surgical treatment of correction, was performed. To determine the influence of the scar process on the life quality and the postoperative results VSS (Vancouver Scar Scale), BSHS-R(Revised Burn –Specific Health Scale), UCLA (end-result score) were used.