

4(4.4%), cyst -(tumor-)ectomy + tubectomy - 1(1.1%), ovariectomy 1(1.1%) and contralateral ovary diathermocoagulation - 10(11.8%). Mean operation time was 29.3±1.1 min (95% CI:27.07-31.48), in gr. I this index was slightly lower than in gr. II - 27.9±1.1 min. (95% CI:25.79-30.18) vs. 33.1±2.6 min (95% CI:27.15-39.04), the difference is not statistically significant (NS). Intraoperative hemorrhage was 62.5±2.9 ml (95% CI:56.48-68.41), in gr. I this index is lower compared to gr. II - 59.6±2.8 ml (95% CI:53.98-65.28) vs. 70.8±8.3 ml (95% CI:53.40-88.12), the difference is not significant (NS). The morphological examination revealed: ovarian cysts - 57(62.6%) and benign tumors - 34(37.4%). Complications in the postoperative period were not found, average hospitalization - 4.5±0.2 days.

Conclusions. The results of laparoscopic surgery in case of benign ovarian mass in children and adolescents are comparable to mini invasive interventions in adult patients. In the case of large and giant ovarian mass it is rational to combine laparoscopy with extracorporeal cyst-(tumor-)ectomy.

Key words: laparoscopy, ovary, pediatric patients

DEPARTMENT OF TRAUMATOLOGY AND ORTHOPEDICS

182. SURGICAL EPISODE AND MANAGEMENT OF DEGLOVING SOFT TISSUE INJURIES OF THE LIMBS

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Introduction. Degloving soft tissue injuries are part of multiple and associated trauma, accompanied by haemorrhage and shock. In order to avoid flap necrosis and add a new skin donor area is important to recognize the problem and to manage properly those injuries.

Aim of the study. To study clinical presentation, management of soft tissue degloving injuries of the limbs, outcome and to propose a treatment protocol for varying degrees of severity.

Materials and methods. During the period of 2013-2017, 13 patients with different degrees of degloving injuries were examined and treated. The study group consisted of 4 males and 9 females. Average age was 58 years, with age limits 32-74 years. The injury was classified as pattern 1,2,3,4 (Arnez, Z.M. & Khan, U. 2010). In all cases the flap's viability was appreciated. All patients had treatment with washing, debridement; 5 patients with resection of avulsed flap and converting the flap to split-thickness graft (Krasovitov method), 2 cases - axial flaps, 2 cases - primary split-thickness graft, 3 cases flap was sutured to its original position.

Results. In study group were pattern 1 - 3 cases, pattern 2 - 2 cases, pattern 3 - 2 cases, pattern 4 - 5 cases. In 10 cases - stable patients with deemed unviable flaps who underwent primary plastic surgery. In 1 case - stable patient with non-viable flaps (late admission) who underwent resection of avulsed flap and negative pressure therapy followed by plastic surgery. In 1 case an unstable patient received staged surgical treatment.

Conclusions. In treatment and determination of surgery's timing the active surgical tactic with carrying out autodermoplasty in first 4-6 hours has priority.

Key words: degloving injures, Krasovitov, management

183. SURGICAL MANAGEMENT OF DUPUYTREN'S DISEASE

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Introduction. Dupuytren's disease (M 72.0) is a fibroproliferative disorder, a disease of the conjunctive system of unknown etiology, which often leads to shortening and thickening of the palmar and digital fascia, to a permanent and irreversible flexion of the fingers. Dupuytren's contracture mainly affects the ring finger and pinky, and occurs most often in older men of Northern European descent.

Aim of the study. The retrospective and prospective analysis of the surgical treatment results of MD through various surgical methods.

Materials and methods. During 2013-2017, in department of Hand Surgery with the application of microsurgical techniques in Clinical Hospital of Traumatology and Orthopedics, at 426 patients (361 (84.7%) men and 65 (15.2%) women) Dupuytren's disease was diagnosed and treated with different surgical techniques. The mean age for men was 57.3 years and for women 59.6 years, mean age for both - 58.5 years. Urban patients - 156 (36.7%), rural - 270 (63.3%). The number of patients that had their right hand operated was 246 (57.7%) and the left hand - 180 (42.3%). The most commonly affected finger was finger IV – 129 patients (51.19%); finger V - 92 patients (36.51%); III - 22 (8.73%); I - 8 (3.17%); II - 1 (0.4%). III degree of Dupuytren disease was found in 343 (81%) patients, II degree at 60 (14%) and IV degree in 23 (5.4%) patients. In most cases (289 patients) selective excision of palmar aponeurosis with Z-plasty was performed; in 37 cases percutaneous needle aponeurotomy (PNA) was performed; in 13 patients - the open palm technique (from Mc Cash 1964); in 12 patients - cross finger skin flap; in 3 cases - radial forearm flap and in 2 cases – the amputation of pinky finger

Results. In order to evaluate the patient's condition and the function of the pre- and post-operative upper limb the DASH subjective inquiry "Disability of the Arm, Shoulder and Hand Outcome Measure" was used.

Conclusions. Regardless of the successes in the treatment of orthopedic diseases and experience in the treatment of the serious forms of Dupuytren diseases, the issue of the treatment of these patients remains current. Surgical treatment can correct contractions, but the issue of recurrences and enlargements of the disease remains unresolved.

Key words: Dupuytren's contracture, Dupuytren's diseases, Dupuytren's diathesis

184. THE VASCULARIZED ALLOTRANSPLANT– SUCCESSFUL ALTERNATIVE FOR MASSIVE BONE DEFECTS

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Introduction. The massive bone defects after trauma, in congenital anomaly, tumors, infections or nonunions is a real dilemma for reconstructive surgery of the locomotor system. Contemporary methods that are usually used for reconstruction of the bone structure are: bone transplant, cryopreserved allografts, autograft or prosthesis, having high levels of morbidity and complication rates. Their common features are bad blood circulation and unviability, resulting in mechanical instability and poor bone consolidation (periprosthetic fractures, stress fractures, pseudoarthrosis, sepsis).

Aim of the study. To determine what are the different methods used in reconstruction of massive bone defects.