Scientific adviser: Vitalie Chirila, MD, PhD, Associate professor, Department of Traumatology and Orthopedics
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

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 gyps, in other 10 soft Dessault bandage. In 12 patients was found deformation of anterior and anterio-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 hummerus 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

Authors: **Alina Panciuc, Natalia Cucos**
Scientific adviser: Cirimpei Octavian, MD, PhD, Department of Traumatology and Orthopedics
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

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.

Results. The scar excision and local tissue plasty by advancement or transposition was used in 51.61% (16 patients). In 35.48% (11 patients) the substitution of the defect was performed by autodermoplasty, and in 12.9% (4 patients) a vascularized flap was used.
Conclusions. The scar sequelae after burn injury limits the function of the upper limb and has a significant influence on the life quality and social integration of the patient, while its surgical correction provide functional recovery of the hand with better aesthetic restoration.
Key words: burn; scar stiffness; surgical correction

190. SURGICAL TREATMENT IN WRIST INSTABILITIES

Authors: **Vitalie Iacubitchii, S. Ursu[1, 2], Dumitru Maftei[2]**
Scientific advisers: Ion Vacarciuc[1,2], D. Buzu[2], Department of Traumatology and Orthopedics
[1] *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova
[2] Clinical Hospital of Orthopedics and Traumatology

Introduction. Wrist joint instabilities are ligament injuries associated with subluxations, luxations, fractures, nonunions or osteoarticular diseases of carpal bones. There are type of surgery to resolve these problems.
Materials and methods. Our experience is based on the treatment of 129 patients with wrist instabilities of different etiology aged between 17 and 68 years who underwent various selective arthrodesis. The average duration of disease was 3 years and 2 months. Kienbock disease was diagnosed in 41 patients, in various stages, pseudoarthrosis of the scaphoid complicated by deforming osteoarthritis - in 71 cases, rotational subluxation of the scaphoid - in 9 cases, trapezium-trapezoid-scaphoid osteoarthritis – in 4 patients and malunion of the distal radius fracture – in 4 cases.
Results. Arthrodesis directed to obtain an ankylosis of the carpal bones by losing the amplitude of movements, but allows to achieve a stable joint, without pain and to restore gripping power. In 71 patients with scaphoid pseudoarthrosis, complicated with deforming osteoarthritis, arthrodesis of 4 carpal bones with scaphoidectomy in different variants was performed in 49 cases, total wrist arthrodesis in 8 cases, scaphocapitate arthrodesis in 4 cases, removing the first row of carpal bones in 3 cases, scaphoidectomy in 5 cases, radial-scaphoid arthrodesis – in 1 case, and 1 other in scapho-trapezium-trapezoid arthrodesis. In 41 patients with Kienbock disease, Graner operation was performed in 16 cases, arthrodesis of 3 carpal bones in 10 cases, capitate-scaphoid arthrodesis – in 8 cases, radial-semilunar – in 4 cases, radial-scaphoid arthrodesis – in 1 case, removing the first row of carpal bones – in 2 cases. Arthrodesis of 3 carpal bones (scapho-trapezium-trapezoid), was performed in 4 cases of deforming arthritis. Also triple scaphoid arthrodesis was done successfully in 9 patients with rotational subluxation of the scaphoid. Total wrist arthrodesis was performed in 4 cases of the intraarticular radial fracture malunion. Long-term results were followed up in 46 patients: good (18), satisfactory (23). Unsatisfactory outcomes were in 5 cases because of absence of the ankylosis and presence of the pain.
Conclusions. Selective wrist arthrodesis is indicated in deforming arthritis grade II or III of diverse etiology, when outstanding amplitude movements are up to 50% of normal range.
Each case of selective wrist arthrodesis is chosen individually according to disease, the spreading grade of deforming osteoarthritis and patient profession.
Key words: wrist instabilities, pseudoarthrosis of the scaphoid, Kienbock disease, selective arthrodesis

191. FREE FLAP IN HEAD AND NECK RECONSTRUCTION – OUR EXPERIENCE

Authors: **Olesea Catarau[1,2], Maxim Melenciuc[2], Vitalie Vrabie[1,2], Vladimir Stratan[1,2], Mihai Garbuz[1,2], Mihail Crudu[2], Elvira Fortuna[1,2]**