

Introduction. Trochanteric fracture in adults overwhelming affects elderly subjects. Frequency is increasing with population aging despite the development of treatments for osteoporosis. In elderly subjects, fracture entails a serious risk of loss of independence best reduced with surgery (usually conservative) that should be undertaken with minimal delay. Treatment is surgical, of various sorts. Open reduction internal fixation (ORIF) with intra- or extra-medullary implants is the most frequent attitude in these fractures, which usually heal easily. In elderly patients, arthroplasty is an alternative of choice for some authors. These different treatment modalities are presented, focusing on technical details.

Aim of the study. To evaluate the treatment methods of the pertrochanteric hip fractures

Materials and methods. We studied a patient-based cohort, overall 209 patients from Orthopedic Department of Emergency Medicine Institute during period 07.02.2018 – 07.02.2020.

Results. The majority of pertrochanteric hip fractures was found in women – 65% (137), men – 35% (72). In 95% the main cause of the fracture was usual (habitual) trauma, 5% - car accidents. The group was divided by age: 75-96y – 103p (49%), 45-60y – 78p (37%), 45-60y – 24p (11%), <45y – 4p (1.9%). Fractures were divided by Evans Classification: Evans I – 9p (4.3%), Evans II – 22p (10,5%), Evans III – 28p (13,3%), Evans IV – 28p (13,3%), Evans V – 118p (56.4%), Evans R – 4p (1.9%). 37% (79p) had benefit from the orthopedic treatment, 63% (130p) have undergone the surgical method. In 76% (99p) was used PFN, in 17% (22p) – DHS, in 4.5% (6p) – cemented hip hemiarthroplasty was performed, in 2.3% (3p) – DCS, in 1.5% (2p) – uncemented hip hemiarthroplasty, in 0.7% (1p) – total hip joint replacement was performed. The average length of hospitalization was 9 days.

Conclusions. Even though there is a large pool of surgical methods of treatment, a big number of patients had the benefit from orthopedics type of treatment. The main cause is the existence of high anaesthetical and surgical risks. Surgical type of treatment in case of pertrochanteric hip fractures allows to prevent different types of complications. Kaufer variables are used to choose the fixator for the osteosynthesis. The key for better results is to choose an individual postoperative regimen for every patient.

Key words: Trochanteric fractures, Internal fixation, Arthroplasty, Surgical technique

108. PERIAREOLAR BREAST REDUCTION

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Introduction. The purpose of this study is to examine the preoperative, operative and postoperative management of the periareolar breast reduction intervention. These include marking, anticipating anatomical changes by reducing weight and volume, adjusting the nipple-areolar complex as a whole, and monitoring post-traumatic regeneration.

Aim of the study. Indications and contraindications for this intervention; Shall list the advantages and disadvantages; Establishing the effectiveness of pre and post operative monitoring methods.

Materials and methods. In order to provide reliable study data, patients who have been operated at the "TerraMed" Clinic and diagnosed with hypertrophic mammary gland were supposed to use the "Periareolar Breast Reduction". Were taken into account information about

surgeons experience, bilateral breast reduction work-load, pre-operative assessment, selection criteria, issues of operative technique and postoperative management.

Results. During 5 years, between 2015 and 2020 (including), 34 patients aged 30-60 years were operated at the "TerraMed" Clinic and the mammary reduction was performed. For 23 patients the peri-areolar reduction was performed and for 11 patients - other types of reductions. 19 patients needed for the use of mammary implants. During the mammary reduction, complications occurred at 3 patients - marginal necrosis of epidermis (0.3-0.5 cm).

Conclusions. The achieved results have an impressive rate of success. Transareolar breast reduction is an interesting procedure in reconstructive breast surgery. This method focuses exclusively on describing techniques of approach which gives us fulfilment and long-lasting results in breast reconstruction. Patients are delighted with cardinal changes and reintegrate them selfs into society. This intervention is successful one by taking into account the satisfaction and minimisation of initial symptoms of the patients in the post-operative period.

Key words: mammary reduction, mastopexy, breast, nipple-areolar complex ,plastic surgery.

109. POSTTRAUMATIC DISTAL RADIOULNAR JOINT INSTABILITY WITH PALMER 2C TRIANGULAR FIBROCARILAGINOUS COMPLEX INJURY

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Background. The distal radioulnar joint (DRUJ) is unique as it is not a joint but a continuation of the forearm joint. The incidence of DRUJ instability after a distal radius fracture is reported to be between 10%–40%. The triangular fibrocartilage complex (TFCC) presents a 49% prevalence in patients age 70 or older and a prevalence of 27% in patients age 30 or younger (by Casadei, Kyle, and John Kiel. 2020). DRUJ instability is an increasingly recognized clinical problem.

Case report. A 38-year-old woman, fall down on the hand 6 weeks ago. First medical aid was given at the traumatological point in the locality by clinical exam and x-ray investigation. Was determine a contusion of radiocarpal joint with applying a cast for 3 weeks. After past the period of recommendation, the patient has started rehabilitation of hand function. After 10 days of kinetic therapy, the patient accuses pain in the hand, on the dorsal side. On examination, the area of maximal tenderness was in the fovea. She had pain during the distal radioulnar joint (DRUJ) shuck test, piano key test, with evidence of painful DRUJ laxity. She had pain in pronation and supination. There was no specific pain on extension and supination. Radiographs at the time showed displacement of the ulnar head form radial fovea posteriorly. On sonography, examination were visualized partial injury of fibrocartilaginous disc and totally lesion of anterior radioulnar ligaments of DRUJ. Surgical repair of distal radial instability was proposed for the patient. The patient was informed about the risks and benefits of the surgery explicitly, she accepted the surgical treatment tactic by signing the informed agreement. Surgery was made with locoregional anesthesia, by marked zone in the projection ulnar flexor of the carpus and pisiform bone, was made an incision of 4 cm up to the distal flexor plica of the wrist on anatomical layers, delimited square pronator muscle with capsule-tomia of the distal radius ulnar joint in "L", was observed a damaged triangular fibrocartilaginous complex