

85 cases - stage II, 149 - stage III and 18 cases - stage IV. With entrapment, neuropathies of ulnar nerve at the elbow were 28 cases and 3 cases at the wrist level. Common entrapment neuropathies of median and ulnar nerve of the wrist zone were determined in 6 cases. Main type of treatment in carpal tunnel syndrome were decompression of carpal tunnel with resection a part of anterior transverse ligament of the wrist - 237(82%), and when at the sonographic examination compression zone were more the 40% of pattern nerve has been apply neurolysis (15 cases). Surgery of cubital tunnel syndrome has been consist of transposition of ulnar nerve in 18 cases and with neurolysis in 10 cases. Guyon tunnel syndrome were treated with neurolysis in all 3 cases. Carpal tunnel and Guyon tunnel syndromes of the hand were treated by neurolysis(6 cases). All had well evolution after surgery at an average of 1,5-3 months. Was possible to investigate MAYO and DASH scores at 40 patients with a mean of 82±1 and 12±00.

**Conclusions.** A good surgery management of entrapment neuropathies of upper limb involved to take decision that making to avoid later entrapment neuropathies complications.

**Key words:** Entrapment neuropathies, tunnel syndrome, neurolysis

## 115. SURGICAL TREATMENT OF IDIOPATHIC SCOLIOSIS

Author: **Justina Buga**

Scientific adviser: Caproş Nicolae, MD, PhD, Professor, Department of Orthopedics and Traumatology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction.** Scoliosis is a complex deformity of the spine with a sideways curvature and vertebral torsion, with changes into neuro-muscular and connective tissues, with functional and organic disorders of different severity, with damage of the human psyche and psychosocial disability. The incidence of scoliotic deformities in adolescents is 14-17% and in idiopathic ones is 15,3% of the population with a ratio by gender women and men 3,5:1. The treatment of scoliosis is still far from being perfect, even though there are numerous contemporary methods of conservative and surgical treatment, performed at posterior and anterior structures of the spine.

**Aim of the study.** The purpose was to study and analyse the importance, efficiency, complications, the advantages and disadvantages of the new surgical procedures of correction, reconstruction and stabilization of the vertebral column of patients with scoliotic deformities of the spine, also to improve the outcome results in the surgical treatment all being based on a complex clinic-imagistical study.

**Materials and methods.** In order to fulfill the tasks, were analysed the results of surgical treatment applied during the period of 2017-2019 to the patients between 13 and 64 years old. To perform comparative analysis of surgical treatment all patients have been divided depending on age, sex, the surgical method, the type of spine deformity, the curative strategy, the implanted metallic construction, surgical approach.

**Results.** The average duration of intervention: 207,1±7,9 min. Intraoperative hemorrhage: 638,2±3,7 ml. The angle of deformity of the primary curvature: 46,60 – preoperative, postoperative correction: 22,20. The postoperative correction kept: 28,70.

**Conclusions.** The treatment of choice of severe forms of scoliosis remains the surgical correction of the spine. This allows the angle of scoliosis deformations to be reduced, correction of pulmonary, heart, vessels position. The efficiency of surgical treatment is appreciated not only by the cosmetic data obtained, but also by the re-establishment of the

function of the organs. The possibilities of surgical correction of scoliosis is directly correlated with the age at which the patient was operated and with the size of the initially scoliotic deformity. In patients with finished bone growth is indicated a posterior thoracic spinal fusion at the top of the scoliosis curve. In patients with unfinished bone growth, the sublaminar wiring are required to be made as slider constructions which helps at longitudinal sliding in the growth process. These results provide useful information concerning the indications and strategies of scoliosis surgery.

**Key words:** Scoliosis, endocorrectors

#### **116. LATISSIMUS DORSI FLAP IN RECONSTRUCTION OF THE SOFT-TISSUE DEFECTS OF THE TRUNK**

Author: **Maria Zabutnaia**

Co-authors: Rodica Iordachescu, Alina Stoian, Dana Cebotari, Paulina Voicu, Elvira Fortuna  
Scientific adviser: Grigore Verega, MD, PhD, Professor, Department of Orthopedics and Traumatology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Background.** The purpose of clinical case presentation is to show potency of utilization latissimus dorsi flap in reconstruction of massive soft-tissue defect on the level of trunk. The use of a pedicled latissimus dorsi flap for reconstruction of large soft-tissue defects following musculoskeletal tumor excision provides adequate well-vascularized and healthy tissue to maximize the chances of successful mobility and minimize the risks of postoperative complications. The latissimus dorsi muscle flaps offers great variety and options to cover large defects in the mid-thoracic and upper-thoracic posterior trunk. It can be raised up to 30 cm × 40 cm in size and may be transferred as a muscular (eventually with additional skin grafts) or myocutaneous flap. The latter option makes postoperative monitoring considerably easier.

**Case report.** We will present a clinical case of 60-year-old woman, who was admitted in Department of Traumatology IMU with tegumentary defect, keratinized carcinoma of the back skin. According to the patient, she is considered sick from 2013, when the first signs of the disease appeared (on the background of the post-combustion scar presenting in the patient from the age of 3 years at the level of the upper back region) Locally were signs of hyperemia, hyperthermia, discomfort, pronounced pain. The patient underwent a histological examination in The Oncological Institute, May 2015, being diagnosed with : Carcinoma, keratinized pavements of the back skin. During June and July 2015 followed 2 radiotherapy treatments without positive response. On 15.09.2015 being operated at OI (excision of the formation) the post-operated period had a negative evolution. The surgical operation repeated on 12.10.2015 ,p/o period evolved with decisional suture threads and formation of tegumentary defect about 20x10cm. Considering the entire history of disease in Department of Traumatology III decided to perform the excision of the infected malignant outbreak from the back region and defect plasticity with Latissimus dorsi insular flap. We performed the oncological exesis of the malignant outbreak at a distance from the malignant edges of the defect at about 2-3cm .The actual defect obtained after exertion was 20x35 cm. The donor site of the flap was closed secondarily with a skin graft. Postoperatively: marginal necrosis of the flap that was resolved by excision of the necrotizing area and suturing of the wound, 2 weeks after plastic surgery. The complete treatment of the patient took place 40 days. At 3 years after the surgery the patient presents with a good result