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 patience 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 reconstraction 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 abot 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

Conclusions. Use of the pedicled latissimus dorsi flap in reconstructions provide sample well-vascularized soft tissue,minimizes the risk of infection and maximizes succesfful mobility salvage.For the same anatomic reasons of easy elevation and rotation ,the pedicle latissimus dorsi flap has been used successfully in extensive soft-tissue defects. The satisfactory data of such plastic recovery operations were clinically confirmed.
Key words: Latissimus dorsi flap,reconstruction,soft-tissue defect

117. TOTAL HIP ARTHROPLASTY REVISION AFTER A TRAUMATIC EVENT

Author: **Andrei Manea**
Co-authors: Mocanu Andreea, Oancea Gabriela
Scientific adviser: Dr. Zolog Dan, *George Emil Palade* University of Medicine, Pharmacy, Science and Technology of Targu Mures

Background. Coxarthrosis is One of the most common disease of the hip joint in adults. It usually affects older people, the sex prevalence being almost equal for both genders. The peak incidence age is around 50 to 60 years old at the initial diagnosis. The total number of affected people if raising due to increasing life expectancy.
Case report. The patient, a 63 years old woman, accusing pain at the level of the left hip and functional impotence of the hip joint was admitted on 2nd of March at the Orthopaedics and Traumatology clinic. From the history of the patient we can find out that she undergone a total hip arthroplasty with an uncemented implant in 2006 and a cholecystectomy. The patient also suffers from type II arterial hypertension, treated with captopril, chronic venous insufficiency, varicose veins and bilateral gonarthrosis. The current state was given by a, traumatic fall which caused a traumatic aseptic mobilisation of the acetabular component, the femoral component being well fixed without any sings of mobilisation, condition which required a surgical intervention. The diagnosis was based off the CT, X-ray and negative ESR, CRP and fibrinogen, which confirmed the diagnosis. The operation took place on the 3rd of March and consisted of the revision of the total hip arthroplasty with the replacement of the acetabular component(uncemented cup) and the femoral head. Antibiotic prophylaxis with cefuroxime was also administered. The operation was successful, and the patient is now awaiting discharge.
Conclusions. Hip osteoarthritis is a medical condition that impairs people from walking causing pain and functional impotence. The standard treatment consists of total hip arthroplasty, which increases the quality of life and helps the patient walk again with less to no pain.
Key words: osteoarthritis, arthroplasty, coxarthrosis

118. PERIPROSTHETIC FEMORAL FRACTURES AFTER TOTAL HIP ARTHROPLASTY

Author: **Ana-Maria Buliga**
Scientific adviser: Alexandru Bețișor, MD PhD, Associate Professor Department of Orthopedics and Traumatology, *Nicolae Testemitanu* State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

Introduction. Perioprosthetic Femoral fractures occur in approximately 0,1% to 6% of all patients who have a total hip arthroplasty (THA) . Periprosthetic femoral fractures are found