

15 cases (10- percutaneous canulated screws arthroscopic assisted, 5- external fixator), open reduction, internal fixation – 85 cases. Bone graft was done in 20 cases.

**Results.** Postoperative follow up was performed at 6, 12, 18, 24 weeks. Patients were evaluated according to the Lysholm Knee Scoring Scale, obtaining an average score of 86 points. Bone healing was noticed in a period of between 12 to 18 weeks. Postoperative complication developed in 15 cases. Results were depending on the stability of fixation, precocity, rightness of functional recovery and patient compliance.

**Conclusions.** Favorable functional results and less complication were meet in cases of individual approach of surgical treatment, the suitable choice of implants and less invasive surgical techniques.

**Key words:** fracture, tibial plateau, treatment

## **121. BREAST RECONSTRUCTION ON IRRADIATED TERRITORY USING TISSUE EXPANDER TECHNIQUE AND LATISSIMUS DORSI FLAP: A CASE REPORT**

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**Background.** Postmastectomy radiation therapy is a well-established risk factor for complications before and after breast reconstruction. The reconstruction of a large variety of breast cancer surgery defects, especially on a pathologically modified field can be challenging for plastic surgeons, autologous tissue transfer being often indicated to achieve improved tissue quality during breast reconstruction after radiotherapy. The aim was to discuss the approach in a modified irradiated territory for breast reconstruction and analyze satisfaction with aesthetic outcome between patient and plastic surgeons.

**Case report.** A 33 years old female after a total unilateral breast mastectomy due to breast cancer. After surgery she followed 3 cycles of radiatio-therapy. At 6 months after primary surgery she undergone a comprehensive multilateral examination after which has received medical agreement for breast reconstruction of the amputated breast. During examination at admission in Plastic surgery clinic, she has been complaining on pain in the region of the scar left after mastectomy which were exacerbated during thoracal inspiration. In the first stage of the treatment it was decided to remove the aggressive adhered on hemithorax scars and to reconstruct the remained defect after scars' removal with a pedicled latissimus dorsi flap. The second stage - implanting a tissue expander with a maximum volume of 500 ml, followed after recovering from the first stage. The third stage took place after filling the expandable balloon. Under the tissue's excess instead of expander we have placed a mammary prothesis.

**Conclusions.** Among the plethora of breast reconstruction techniques, the LDF is a versatile, reliable means for soft tissue coverage, providing form and function with acceptable perioperative and long-term morbidities, especially in patients with previous radiation. Using plastic, reconstructive and aesthetic surgery methods in a correct order allows to rebuild the breast after oncological amputations even if the region was actinically treated.

**Key words:** breast reconstruction, latissimus dorsi flap, dermotension, actinic radiation.