

122. PEDICLED GROIN FLAP FOR SOFT TISSUE COVERAGE

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Background. The groin flap is a vascularized axial flap based on the superficial circumflex iliac artery arising from the femoral artery just below the inguinal ligament. It is regularly used by many reconstructive surgeons to cover soft tissue defects of the abdomen, hand, arm and forearm. The groin flap has several advantages including adequate skin thickness and minimal donor site morbidity, making it the most usable free flap for soft tissue coverage. The disadvantages of the flap include a rather short pedicle and the small artery size. The groin flap was the first successful skin and soft tissue free flap, described by McGregor and Jackson in 1972. It provides a large amount of skin coverage with an easily restored donor site. Groin flap is a viable option for patients who are not candidates for free tissue transfer because of comorbidities and when the utility of microvascular technique is not feasible. We present a case report outlining the effectiveness and usefulness of this type of pedicled flap.

Case report. A 68-year-old woman sustained a cholecystectomy in the surgery department, which was complicated postoperatively with ventral hernia of the abdominal wall. It was made an attempt to resolve it with the surgical treatment, but 12 days after the surgery, the patient presented a soft tissue defect, a surgical mesh on the abdomen wall being visualized. It was decided to perform surgical treatment of the abdominal defect and plastic surgery with vascularized groin flap. Necrosis of the cutaneous flap component occurred postoperatively. But fascia which remained viable was sufficient to cover the surgical mesh and served as a vascular bed for free split skin graft.

Conclusions. We believe that the pedicled groin flap can be used safely and effectively in the soft tissue coverage. At the same time, it can preserve the aesthetic and functional properties of tissues. The technique is quick, facile, and reliable, with few complications. Despite the fact that this type of flap is used less, it represents the optimal solution in the case of lack of skin tissue and soft tissue. This case report demonstrates the versatility of the groin flap in closing complex soft tissue defects of the abdomen wall.

Key words: groin flap, abdominal defect, reconstruction, pedicled.

123. PERCUTANEOUS NEEDLE APONEUROTOMY

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Introduction. Dupuytren's disease is a benign, slowly progressive disorder, which affects the palmar fascia, that become tight and shortened and conduct to irreversible flexion posture of the fingers, that leads to hand deformity and impaired hand function. It can affect any of the

fingers, but it most commonly affects the little finger and ring finger. It can occur in only one hand or in both hands at the same time. The most used treatment approach is surgical resection of the fibrous tissue by limited fasciectomy, but it carries a long recovery period and significant rate of complications. Percutaneous needle aponeurotomy is a minimally invasive needle technique, for mild to moderate Dupuytren contractures, with perfect short term results and fast recovery period, with no loss of function and with few complications.

Aim of the study. To present our experience with a minimally invasive technique of percutaneous needle aponeurotomy and making recommendations about the safety and efficacy of this interventional procedure.

Materials and methods. Our experience in percutaneous needle aponeurotomy was performed in the Plastic, Aesthetic Surgery and Reconstructive Microsurgery Clinic of the Emergency Medicine Institute. We treated 21 cases with Dupuytren contracture using this procedure, from 2016 to 2019 year. This treatment tends to restore hand function with minimally invasive intervention and to prevent progression, with minimum complications.

Results. Men are more likely to be affected than women, and the symptoms of disease are more severe in older men. The goal of the surgery was to reduce the contracture and improve motion of the affected fingers. After percutaneous needle fasciotomy, patients quickly recovered hand function, returning to daily activities. In some cases, to avoid recurrences, that according to different authors are between 12%-73% and also depend on the severity of the disease, percutaneous needle fasciotomy may need to be repeated. Also is important to do regular hand exercises, in obtaining the best results.

Conclusions. Percutaneous needle fasciotomy is a minimally invasive treatment option for mild to moderate Dupuytren contractures in the metacarpophalangeal and proximal interphalangeal joints, and the procedure requires limited resources. Multiple contractures can be treated during the same session and the treatment is considerably easier for the patient and requires a minimum of rehabilitation, compared with open fasciectomy. Patients report a greater aesthetic and moral satisfaction.

Key words: Dupuytren's disease, contracture, palmar fascia, percutaneous needle fasciotomy, minimally invasive technique, fast rehabilitation.

124. THE VASCULARIZED BONE ALLOTRANSPLANTATION - IN A RABBIT MODEL, PRELIMINARY REPORT

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Introduction. The use of bone transplant has been a successful step in the treatment of a large number of diseases of the osteoarticular system. But a massive bone defect remains a dilemma for contemporary reconstructive surgery. Contemporary methods that are used, for the reconstruction of the bone structure, have a high level of morbidity and complication. Specialized literature indicates the absence of an optimal solution in massive bone defects healing. Maintaining the osteoplastic properties of the vascularized autograft; combining them