

**Introduction.** Calcaneus fractures are the result of high energy trauma, falls from height, road accidents. Calcaneus fracture constitutes 60% of the Tarsian fractures, 75% of them are intra-articular and represent 2% of the total fractures, more commonly happens with men between 21-45 years (90%).

**Aim of the study.** The study of contemporary literature with reference to the treatment of calcaneus fractures with the purpose to assess the treatment strategy.

**Materials and methods.** There were 28 literary sources, articles and scientific papers studied.

**Results.** Signs of calcaneus fractures are: deformation of the calcaneus region accompanied by its widening transversely, deletion of the malleolar reliefs and of the Ahilian tendon, flattening of the plantar arch and the "numeral" ecchymosis in the plantar area, mobility in the ankle joint is diminished. The degree of movement of the fragments depends on the kinetic energy of the trauma. The evaluation of a calcaneus fracture begins with radiography in 2 projections, anterior-posterior, with the calculation of the Bohler and Gissan angle and the axial projection (Harris). Bohler classification (usually 20-40) is a criterion for assessing the severity of the fracture. The gold standard in the diagnosis of calcaneus fractures is the computed tomography using the Sanders classification and in case of lack of CT examination the Broden projections are made. Treatment depends on the anatomical-clinical form of the fracture. Orthopedic treatment is indicated for fractures without displacement, as well as for the thalamic (Sanders I) and for the extratramic ones. Graffin type gypsum immobilization is done if the soft tissues allow. If not, the foot will be put in a prone position with the mobilization of the fingers and ankle joint from the first days. Percutaneous osteosynthesis with cannulated screws is indicated for extratramic fractures. Surgery is indicated for thalamic fractures Sanders III-IV - open reduction and osteosynthesis with plate and screws. The optimum time for surgery is in the first 3 weeks and when the "Wrinkle" test is positive. The outcome of the surgical treatment as well as the orthopedic treatment is influenced by the factors related to the patient (diabetes, peripheral vascular disease, obesity, smoking, the elderly, late addressing, serious injuries associated) as well as the path of the fracture.

**Conclusions.** Patients with calcaneus fracture treated surgically have a shorter rehabilitation period compared to those treated orthopedic. The functional result is better when the Bohler angle and the anatomical reduction is restored.

**Key words:** Fracture, calcaneus

### **131. THE POST- ONCOLOGIC RECONSTRUCTION OF INFERIOR LIMB WITH PERFORATOR FLAP**

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**Background.** Many patients with tumors on both superior and inferior limbs can benefit from reconstruction surgery, using different methods, in accordance with the tumor type and how radical the surgery was performed. In our country, the most used surgical technics are related to the use of different types of flaps.

**Case report.** A 57-year-old man with diabetes type II for 10 years, presented with a 20-year history of static non-healing ulcer at the left Achilles tendon level after a car accident. The

biopsy revealed squamous cell carcinoma. The surgery includes wide resection of the Achilles tendon and calcaneus bone, with the resulting defect of 12x16 cm. The reconstruction was performed with tendon-fasciocutaneous peroneal artery perforator flap, in a propeller manner translation, with good function of the limb with minimum recovery time.

**Conclusions.** The decision of the reconstructive technique should be taken into account regarding its consequences of the affected anatomical structures, the personal pathological antecedents and pre-existing lesions at the level of the donor area.

**Key words.** Reconstructive surgery, perforator flap, clinical case.

## INTERNAL MEDICINE SECTION

### DEPARTMENT OF DERMATOVENEROLOGY

#### 132. PHENOTYPIC APPROACH OF TREATMENT IN ROSACEA

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**Introduction.** Rosacea is a chronic inflammatory disorder. The prevalence of rosacea is highest among fair-skinned individuals, and according to some studies constitutes up to 10% of the adult population. Although it is a common dermatologic condition, rosacea is shockingly overlooked. The aetiology, pathogenesis, the clinical manifestations and management of rosacea still remain disputed. The classic treatment, based on classification of rosacea in 3 successive clinico-evolutive forms (erythematous-telangiectatic, papulo-pustular and phymatosa) remains weak resulting for some patients.

**Aim of the study.** Development of an individualized treatment based on clinical assessment of phenotypic expressions in rosacea.

**Materials and methods.** Published literature of the last 5 years, involving the therapeutic behaviour in rosacea, was examined and summarized.

**Results.** Rosacea is a common cutaneous condition that is frequently overlooked. As a result of its multifactorial nature and characteristic relapsis and remissions, diagnosis is complex. Although rosacea is known to be an angio-neurosis, the types of skin haemodynamic disorders that are likely to induce different clinical manifestations of the disease have not been appreciated yet. In this study, was analyzed the therapeutic action of topical and systemic drugs used in rosacea and their efficacy according to the phenotypic expression of the disease. Were appreciated the therapeutic effects of topical drugs such as: Brimonidine, Oxymetazoline, Ivermectin, Metronidazole and Azelaic Acid , as well as systemic therapies with Azithromycin, Doxycycline, Propranolol, Sulodexid and Isotretinoin, for each phenotypic lesion separately. As a result, were determined the drugs that had the highest clinical efficacy for the control of erythema, telangiectasias, papules, pustules, granulomatous or phymatous-lesions of rosacea. Topically applied Brimonidine and Oxymetazoline have been shown to be more effective for controlling erythematous flushes than Metronidazole or Azelaic Acid. Ivermectin had good results in the control of papules and pustules for uncomplicated rosacea forms. Systemic therapy with Propranolol has good clinical efficacy and better result than Doxycycline in the control of