

Aim of study: to analyse the result of the surgical treatment of tibial pilon fractures.

Materials and methods: We analyze the results of the surgical treatment of 51 tibial pilon fractures treated in the last four years, according on the severity of bone fracture and soft tissue lesions. We performed fixation in each case in one (35 patients) or two stages (16 patients), using the classifications Ruedi-Allgower and Tscherné. At the first stage we manage with the use of external fixation following the AO-ASIF principles: ligamentotaxis in the Ilizarov external fixation or Delta-framed external fixator across the ankle joint. At second stage was performed reduction and reconstruction of the articular surface with medial stabilization with a MIPO using a technique requiring only limited skin incisions (a reduced invasive technique).

Results: Twenty-three fractures type Ruedi-Allgower I-II healed within an average of four months. 38 patients has developed posttraumatic arthrosis, 21 articular stiffness, 4 superficial skin necrosis, 3 osteomyelitis, 7 mechanical complication.

Conclusions: On the basis of our results, we now prefer a two-step procedure for the treatment of tibial pilon fractures. In the first stage, primary reduction and external fixation applied across the ankle joint. After recovery of the soft tissues, the second stage entails internal fixation with a medial plate using a reduced invasive technique.

Keywords: tibial pilon fracture, MIPO, postoperative complications.

SURGICAL TREATMENT OF THE DISLOCATIONS AND FRACTURE DISLOCATIONS OF CARPAL BONES



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The aim: Dislocations and fractures - dislocations of the carpal bones of the wrist are serious injuries. The problems of diagnosis and treatment of the these lesions are discussed extensively in specialty literature, but the diagnostic mistakes committed during the acute dislocation and fracture-dislocations of the carpal bones reaches 60%, a fact which shows the increasing number of outdated injuries difficulties in treatment and unfavorable functional outcomes.

Materials and methods: In department of the Hand surgery CHTO for 2006-2015 were found on stationary treatment 89 patients with dislocations and fracture-dislocations of the carpal bones. The most frequent were traumatized in the period of working age - to 40 years - 70 (79%) patients.

The analysis of clinical cases demonstrated that causes of the outdated injuries were diagnostic errors to 43 (50%) patients, treatment errors in 18 (20%) patients and the associated concomitant injuries 22 (25%).

As the surgical treatment, indications were failures orthopedic reduction of the dislocation and fracture - dislocations of the carpal bones, fragments displacements scaphoid bone and outdated perilunate injuries.

Results: Open reduction of dislocation and fracture-dislocations of the carpal bones was performed in 78 (87.6%) patients, of whom 36 (40.4%) open reduction was performed in one-step, but in others 42 (47, 2%) patients open reduction was performed in two stages with the use of preventive external fixator for ligamento-capsulo-taxis of the wrist.

On 8 (9%) patients with outdated perilunate fracture-dislocations have been performed selective arthrodesis by 4 carpal bones with excision the fragments scaphoid bone.

In a patient with degree V of perilunate dislocation - with enucleation lunate bone in the forearm was performed replanting of lunate bone, and in another patient was performed excision lunate bone.

Conclusions: The procedures of the surgical treatment of dislocation and fractures-luxations of the carpal bones have facilitated the obtaining of positive results in 81 (91%) patients.

Keywords: Carpal bones, fracture dislocations.

TREATMENT OF DISPLACED FEMORAL NECK FRACTURES IN ADULT AND ELDERLY PATIENTS



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The aim of this study is to analyze the incidence, comorbidities, treatment results and mortality in patients with displaced femoral neck fractures hospitalized during 01.01.2012 -31.12.2012 in Orthopedy and Traumatology clinic „Vitalie Bețșor”.

Materials and methods

Study includes 211 cases (136 women with average 73 years and 75 men with average 64 years) treated with displaced femoral neck fracture, that were examined clinically and radiologically after 2 years of follow-up. The results was objectivized with Harris hip score evaluation and EQ-VAS life quality self-assessment. Fracture management was performed depending of