

patient health state, hospital endowment at that moment and patient/relatives desire. Functional treatment was performed in 64 patients (average 75 years), osteosynthesis in 18 (average 48 years) and hip prosthesis in 129 (average 70.41 years).

Results

In 2012, medical care received 283 patients (7.51%) with femoral neck fracture, of which displaced was 211 (74.35%), comorbidities was present in 97.15% of these patients. During hospitalization in functionally treated patients group were 3 deaths and those with hip prosthesis – 2. Overall mortality at 2 years was 28.9%. Harris hip score in patients treated functionally is 40.35 points, in those with osteosynthesis – 74.75 points and hip prosthesis – 81.28 points; respectively EQ-VAS is 21, 61.8 and 79.5. Radiological exam found in osteosynthesis group: pseudoarthrosis in 2 cases and avascular necrosis of femoral head – 3 cases; in hip prosthesis group: subsiding – 4 cases and periarticular ossification – 13 cases.

Conclusions

Hip fractures in older people is a serious concern for society. In this study femoral neck fractures amounted 7.51% of all hospitalized patients in our clinic. Comorbidities were present at 97.15% of examined cases. Mortality at 2 years follow-up was 28.9%. The best results were found in hip prosthesis group.

Keywords: femoral neck, fracture, prosthesis, osteosynthesis

THE SURGICAL TREATMENT OF THE DISTAL METAPHYSIS RADIUS FRACTURES (DMFR)



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The goal of our study was retro and prospective analysis of the results of surgical treatment of DMFR

Material and methods: In Hand Surgery Department during the period of years 2011-2015 were diagnosed and treated surgically 546 patients with DMFR (male: female = 1.78: 1).

The average age of 59.3 years for men and women 60.2 years, mean age 58.5 years.

Predominantly rural population with a ratio of 1.5: 1.

Right hand is most often traumatized to the left hand and bilateral with a ratio of 7.75: 3.75: 1.

According to the classification Kapandji (K) and AO in our practice we have met the following cases: 18(3,30%) – K.I(AO:23-A2.2 - 11 ;23-A3 - 7 patients), 272(49,82%) cases– K.II(AO:23-C1.1), 51(9,34%) – K.III(AO:23-C1.3), 14(2,56%) – K.IV(AO:23-C1.2), 15(2,75%) – K.V(AO:23-B1.1 - 11 cases ;23-B1.2 - 4 cases), 7(1,28%) – K.VI(AO:23-B2.1 - 4 cases;23-B2.2 - 3; 23-B2.3 - 1 case), 8(1,47%) – K.VII(AO:23-B3.1 - 5 cases ;23-B3.2 - 1 case ;23-B3.3 - 2 cases), 8(1,47%) – K.VIII(AO:23-A2.3), 80(14,65%) – K.IX(AO:23-C3), 25(4,58%) – K.X(AO:23-C2.1 - 16 cases;23-C2.2 - 7 cases ;23-C2.3 - 2 cases).

According to the classification proposed by Максимов А. (2013), the viciously consolidated fracture of the radial distal metaphysis we have 48(8,79%) cases – K.11(type1 - 4 cases; type2 - 30 cases; type3 - 12 cases; type4 - 2 cases).

Depending on the type of fracture, the extent of stability and impaction, the type and the tilting angle of fragments, the surgical treatment was performed by the following methods: osteosynthesis with brooches - 149(27,38%); intrafocal osteosynthesis with brooches - method Kapandji – 269(49,24%) patients; plate osteosynthesis - 67(12,23%); ligamentocapsulotaxia in external fixation appliance - 13(2,36%); corrective osteotomy – k-wire osteosynthesis – 24(4,40%); corrective osteotomy - plate osteosynthesis – 16(2,93%); osteoclasia - plate osteosynthesis – 8(1,47%);

In 29(5,31%) cases was determined acute carpal tunnel syndrome, which has intervened by decompression of the median nerve. In 5(0,92%) cases K.XI (tip2,3,4) was determined carpal tunnel syndrome, the median nerve compression ultrasonography was determined in the carpal tunnel more than 18% versus proximal, was performed excision of the carpal ligament and median nerve neurolysis.

Conclusion

- The problem of treatment DMFR far remains current, despite of the successes in the treatment of orthopedic and experience in the treatment FMDR

- In our study, most patients were treated by the method Kapandji - 269(49,24%), that ensuring a good bone junction, excluding secondary displacement.

- With a minimum operator volume, exclude the risk of complications and allows a more rapid rehabilitation hand.

TREATMENT RESULTS OF OPEN FRACTURES OF TUBULAR BONES



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