

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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The aim of the study: evaluation of the results of the treatment of open fractures of tubular bones in patients treated in the department of Orthopedics in the IEM from Chisinau.

Material and methods: during the period 2015-2016, 48 patients were examined and treated for open fractures of the tubular bones. Out of the total number of patients, 91,7% of patients underwent surgical treatment. The sex ratio being: women – 21 and men – 27 persons, the average age was 48 years (21-85 y.o.). The distribution by fractured segments is: humerus -8, forearm bones -13, femur -5, shin bones -22 cases. The AO and Gustilo-Anderson classifications were applied. In 4 cases there were applied nonsurgical treatment. In the rest of the patients treated surgically, the distribution of methods of osteosynthesis was: ORIF -9; osteosynthesis by K-wires -9; Ilizarov's method -11; external fixation -2 cases; locked intramedullary nailing -6; tension band wiring -2; amputation (MESS score 9 points) -1 case.

Results: Immediate results were appreciated according to postoperative radiological appearance, in 97,91% cases all the fractures united in axial alignment, it was appreciated as positive results. Follow-up results valued according to radiological appearance, full range motion of the traumatized limb, and the quality of life: excellent and good in 42 cases, satisfactory – 2 cases and unsatisfactory – 4 cases. There were determined the following complications: joint stiffness -2 cases, femoro-patellar artrosis – 1 case, slow fusion -1 cases, infectious complications -2 cases, amputation – 1 case.

Conclusions: There is a big incidence of open fractures of tubular bones. A lot cases of open fractures were treated in surgical way. The treatment for open fractures in the department of Orthopedics in IEM shows good results.

Keywords: open fracture, tubular bones, surgical treatment.

FAILURE OSTEOSYNTHESIS IN A OPEN DIAPHYSEAL FEMORAL FRACTURE (CASE STUDY)



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The aim: presentation of a treatment strategy in a clinical case of open femoral fracture with septic manifestations.

Materials and methods: Patient, male of 21 years old, in august 2014 as a result of an accident (motorcycle), he suffered an open diaphyseal fracture of the right femur (Gustillo-Andersen type II). Within 24 hours the patient was operated in a district hospital: surgical debridement and plate osteosynthesis. In postoperative period appeared clinical signs of septic process that was confirmed by laboratory tests. After a month he was transferred to our clinic. On clinical and radiological examination was revealed instability of osteosynthesis, micromicromobility at the fracture site and compressive hematoma on the right femur. We performed repeated debridement and bridge-plate osteosynthesis. In postoperative period the wound healed primary and inflammatory signs disappeared. The patient walked with crutches without loading operated leg during 3 months. At repeated control there was no radiological signs of consolidation. A bone plasty was proposed to patient, that he refused and followed dosed loading on the operated leg. At 5 months he presented with misalignment of bone fragments. Finally patient underwent repeated autoosteoplastic osteosynthesis with angular stability plate. Postoperative evolution was normal, patient initiated partial support after 2,5 months and total to 5 months.

Results: At 6 months after the last intervention clinical and radiological evolution was favorable.

The pain disappeared at total weight bearing, the volume of mobility of knee at the same side are complete. There are signs of bone consolidation.

Conclusions: Although the final outcome of treatment is considered as good, the method of osteosynthesis remains questionable.

Keywords: femur, open fracture, osteosynthesis

MANAGEMENT OF THE HIP PERIPROSTHETIC FRACTURES



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The purpose of the study: The analysis of the treatment methods in periprosthetic fractures after hip arthroplasty, with correlation between the experience of the authors and literature data.

Methods: During the years 2010-2014 in our clinic were performed 67 revision surgical procedures of periprosthetic fractures after the hip replacements. Of these 25 were males and 42 were females; the mean cohort age was 64 year, ranging from 54