

ap to 79 years. Elapsed time from the primary arthroplasty up to the revision of the periprosthetic fractures varied from 2 months up to the 13 years. Cases were staggered according to Vancouver classification. We have encountered fractures of type AG in 4 cases, type AL - 3 cases, type B1 - 12 cases, type B2 - 14 cases, type B3 - 7 cases, type C - 27 cases. Fractures of the type A have been treated with simple wire fixation (4 cases) tension band wiring (3 cases). Fractures of the type B1 were treated by the plate osteosynthesis; type B2 and B3 - by revision arthroplasty. In fractures type C we performed the osteosynthesis by the plates with angular stability in 15 cases or regular plates with association of the bone grafts in 12 cases.

Results: In fractures of the type A we found one case of osteosynthesis instability, which was well tolerated by the patient. Fractures of the type B represent one of the biggest problems. Especially type B1 and B2, when was difficult to differentiate if the stem was stable or not. In 3 cases we did mistakes in appreciation of the type B1 and performed the osteosynthesis. In all these cases occurred the instability of the stem, that led to the revision arthroplasty procedure. In cases of the fractures type C we met the problem of the associated osteoporosis. This led to technical difficulties in achieving stable osteosynthesis by regular plates.

Conclusions: The results confirm that correct classification, compliance with treatment protocols of the hip periprosthetic fractures and strict differenciation between different types of the fractures can lead to good functional result.

Keywords: periprosthetic fractures, Vancouver classification, revision hip arthroplasty

RESULTS OF SURGICAL TREATMENT OF NEER 4-PART FRACTURE-DISLOCATIONS OF PROXIMAL HUMERUS



Alexandr Ghergheliju, Alexandru Bețisor, Cristian Uncuța, Iurie Codreanu

Institute of Emergency Medicine, Chișinău, Republic of Moldova

Purpose: to analyze results of ORIF surgical treatment of Neer 4-part fracture-dislocation of proximal humerus (FDPH).

Material and methods: in period 2013-2015, in IEM's Orthopedics Department were treated 11 patients with Neer 4-part FDPH, injury's nature being specified by Rx and CT-scan. All patients underwent ORIF, in 6 cases with T-plate and 5 cases-Philos plate, at 9-40 hours after trauma. Gender distribution: 6 women and 5 men, with age limits: 28 and 67 years. Right thoracic limb was fractured in 7 cases, left - 4 cases. All dislocations were anterior. Patients were monitored 6-18 months. Deltoido-pectoral approach was performed in 8 cases and transcoracoid - 3 cases, being used in marked displacement of humeral head to prevent neuro-vascular complications. Long bicipital tendon was used as anatomical landmark between greater and lesser tubercle, which were fixed to plate with non-absorbable threads. Diaphysis was impacted in order to obtain primary stability. Functional outcomes were assessed using Constant score and analog pain scale.

Results: at 6-8 months was determined 120° flexion angle (in 90-135° diapason), average abduction angle - 100° (in 70-140° diapason). Average Constant score was 72 points (in 60-85 diapason). Mild pain was determined in 7 cases, moderate - 4 cases. In 8 cases fracture was at surgical neck's level, in 3 cases - anatomical neck's level. In 1 case was detected transient axillary nerve injury, screw's migration from humeral head - 1 case, humeral head's AN - 5 cases and vicious consolidation - 3 cases.

Conclusions:

1. Successful treatment of given injury is provided by anatomic reduction and stable fixation, with maximum maintaining of fragments blood supply.
2. Humeral head's AN doesn't exclude good functional outcome, unlike fragments vicious consolidation.
3. Transcoracoid approach allows avoiding of severe neuro-vascular complications, ensures convenient fragments reposition and fixation.

Keywords: fracture-dislocation, proximal humerus.

PARTICULARITIES OF POSTTRAUMATIC RETROPERITONEAL HEMORRHAGE IN PELVIC FRACTURES



Gheorghe Ghidirim *, Vladimir Kusturov **, Irina Paladii *, Anna Kusturova **,

**State University of Medicine and Pharmacy "Nicolae Testemițanu", Republic of Moldova*

***Institute of Emergency Medicine, Chișinău, Republic of Moldova*

Aim: To study the particularities of posttraumatic retroperitoneal hemorrhage in pelvic fractures.

Material and methods: We present the analysis of patients with pelvic fractures and retroperitoneal hemorrhages (n=201). The average age of patients was 38,26±15,03 years. Clinical examination (n=152) and forensic-medical examination (n=49) was carried out for evaluation of the volume and source of retroperitoneal hemorrhages. Patients with stable hemodynamic