

positive outcomes in 97,4%. Adequate surgical correction of the pelvis is possible almost in all the cases. The positive effect of pelvic stabilization by device for external fixation is especially expressed in the resuscitation period. Device for reposition and external fixation allows stable fixation of the bone fragments in different clinical situations, maintains movements in the hip joints and helps restoring the function of pelvic organs, cardiovascular and respiratory systems.

Keywords: pelvic fractures, surgical treatment, external device

SCAPULAR INJURIES



Vladimir Kusturov *,, Victor Remizov ***, Anna Kusturova *,****

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

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

****Clinic "Terramed", Chișinău, Republic of Moldova*

Introduction: Traumatic injuries of the scapula are insufficiently elucidated in the national scientific literature. Balanced movements of the shoulder girdle and upper limb are damaged, thorax function suffers, and lung excursion is limited in these fractures.

Materials and methods: We present treatment results of 4 patients with posttraumatic winged scapula and 19 – with scapular fractures. Winged scapula was observed in males 20-26 years old, athletes, who lifted the load. The patients were admitted in 14-18 months after unsuccessful conservative treatment. They underwent surgical fixation of the scapula in 2 points: to the spinous process of Th3 and to the 5th rib by suture tape. We obtained positive results in all cases with recovering of the scapula and upper limb function.

Scapular fractures were determined in 19 polytrauma patients: 17 males and 2 females. There was longitudinal fracture of the scapula body (1), fracture of the neck with displacement (2), multiple injuries of the scapular (16). There was saggy shoulder – the head of the humerus went down with the injured glenoid fossa in patients with scapular neck fracture, Firstly scapular fractures were fixed by orthosis for shoulder joint in severe patients, in the early period of traumatic disease. The fractures were not operated urgently because it was impossible to fix the patient with unstable rib fractures for the posterior approach to the scapula. Indications for the surgical treatment were fractures of the neck and articular surface with displacement. ORIF was performed in 9 patients. Three patients with clavicle fractures underwent osteosynthesis of the clavicle by plate, reduction of the scapula was achieved without its additional fixation. Other patients wore orthosis for immobilization of the shoulder joint because multiple rib fractures didn't permit cast.

Results: Long-term results of surgical and conservative treatment were similar. All the patients were physically active, returned to their previous work. Limitation of flexion and abduction in the shoulder joint was minor; the strength of muscles was satisfactory.

Conclusions: Scapular injuries may lead to permanent limitation of motion in the shoulder joint. Correct management of these patients allows positive results.

Keywords: winged scapula, scapular fracture, surgical treatment

THORACIC CAGE STABILIZATION IN THE COMPLEX TREATMENT OF POLYTRAUMA PATIENTS



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

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

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

Introduction: Thoracic injuries in polytrauma are dominated and cause up to 50% mortality. The main causes are: severity, quick progression of pathological processes with injured rib cage and hemopneumothorax and leading to lung ventilation disturbance.

Materials and methods: We present treatment outcomes of 136 patients with pelvic fractures, multiple and associated injuries and closed thoracic trauma aged 18-72 years. The main causes of trauma were traffic road accidents in 74,37% cases. Multiple rib fractures (n=114), fractures of the sternum (n=23), clavicle (n=19), scapula (n=19) and long bones (n=87) were associated with traumatic brain injury (n=120) and abdominal organ lesion (n=49). All patients were completely examined according to elaborated scheme.

Main group included 61 patient treated by early fracture stabilization of the upper limb, sternum and ribs. Indications for rib cage stabilization were dominated thoracic injuries, with paradoxical breathing associated with fractures of the pelvis and proximal femur. Control group included 75 patients treated by traditional methods for pleural complications: drainage and