

puncture of the pleural cavity and with systematic X-ray control. The main aim was to maintain permeability of respiratory ways – sanation of the tracheobronchial tree with curative bronchoscopy, use of mucolytic and broncholytic drugs, aerosol inhalations and magnetotherapy.

Results of early stabilization of rib cage by fixation of multiple rib fractures, fractures of the sternum, scapula, and clavicle proved its effectiveness; in complex with physiotherapy it significantly decreased the period of hospitalization. The mean duration of mechanical ventilation was reduced, complication rate decreased by 20,8%.

Conclusions: Thoracic injuries in multiple and associated trauma are severe lesions that need complex examination and urgent treatment to prevent pleural complications, to reduce the period of hospitalization and to improve long-term results.

Keywords: thoracic injuries, multiple rib fractures, early stabilization, complex treatment

TIBIAL PLATEAU FRACTURES MANAGEMENT



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The aim: Presenting the methods of evaluation and management of patients with tibial plateau fractures treated in Orthopedics and Traumatology Clinic "V. Bețșor" during 2014-2015 years.

Materials and methods: There were analyzed 110 clinical cases with tibial plateau fractures: men – 46(42%) and women – 64(58 %), with mean age 52,4 years. Trauma circumstances: habitual trauma – 69 cases, traffic accident – 18, precipitation – 12, sport – 7, aggression – 4. Fractures were classified as Schatzker: type I – 14 cases, II – 28, III – 17, IV – 10, V – 28, VI – 13, including 107 close, 3 open (Gustillo-Andersen type I). All patients were examined by X-ray, 78 by CT. Management tactics applied: 68 patients- surgical treatment, 42 cases – orthopaedic. Surgical treatment consisted of close reduction – 8 cases (6 - percutaneous canulated screws, 2- Ilizarov apparatus), open reduction – 60 cases: 49- plate (15 with submeniscal approach), 11- 2 plates. It was performed autoosteoplasty in 12 cases (3-type II, 4-III, 2-V, 3-VI).

Results: Until the present 50% of patients were examined clinically, radiologically and evaluated according to Lysholm Knee Scoring Scale to a term of 3,6,12,24 months. Bone consolidation was achieved in a period of between 10 to 20 weeks. To 8 patients during the postoperative period appeared complications, which were depending on the complexity of fractures and accuracy of surgical treatment. Remote results were depending on the stability of osteosynthesis, precocity, rightness of functional reeducation and patient compliance.

Conclusions: Individual approach of tibial plateau fractures management, the right choice of implants and minimally invasive surgical techniques is an optimal tactics to obtain favorable functional results and avoid possible complications.

Keywords: tibial plateau, fracture, management

TREATMENT OPTIONS FOR DISPLACED FEMORAL NECK FRACTURES IN ELDERLY PATIENTS



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Objective

There are few studies known about the influence of different surgical procedures in patient mortality and postoperative outcome in these kinds of patients. In this study we compare the outcome of cannulated hip screws (CHS) with hemiarthroplasty (HA) for management of intra-capsular femoral neck fractures in elderly with severe systemic conditions.

Material. Methods.

We conducted a retrospective cohort study of all patients admitted to our trauma center with a femoral neck fracture between January 2009 and June 2011. Inclusion criteria are: 70 years or older, ASA 3 or higher, a displaced femoral neck fracture and treatment with either three cannulated hip screws or a cemented hemiprosthesis. The primary outcomes was mortality during follow up. Secondary outcomes were post-operative complications, re-operations rate and length of hospital stay. We tracked this using the Romanian personal registration system.

Results

Between the first of January 2010 and December 2012, underwent 326 patients a surgical procedure for an intra-capsular femoral neck fracture: 173 underwent hemiarthroplasty (HA), 11 underwent total hip replacement (THR), 96 underwent closed reduction and internal fixation with Canulated Hip Screws (CHS) and 46 underwent closed reduction and internal fixation with Dynamic Hip Screw (DHS), 74 patients met our inclusion criteria. The medical records retrieved 34-64 months