

Preoperative radial nerve injury -11.82%. One patient had postoperative radial nerve injury. Radial nerve revision was performed 3 months after osteosynthesis. Following conservative treatment: The infection of soft tissue - 1.40%; nonunion - 4.22% cases. After open reduction and plate osteosynthesis: operative wound infection - 3.47%; nonunions - 2.60%.

Conclusion: Conservative treatment so far is the method of choice of diaphyseal fractures of the humerus, but does not provide satisfactory reduction of bone fragments and no ability to prevent secondary movements. The contemporary "Surgicalization" trends have been obtaining satisfactory results in the treatment. The success rate depends not only on the tactics that have been chosen, but also of the strict compliance with indications and contraindications to treatment methods.

Keywords: humerus, fracture, treatment.

METHODS OF SURGICAL TREATMENT OF TROCHANTERIC FRACTURES



Alexandr Tcaci*, Vitalie Tocarciuc*, Alexandru Chimerciuc, Dumitru Darciuc*, Stanislav Coșciug*, Cristian Uncuța***

**Orthopedics and Traumatology Clinic "Vitalie Bețișor", State University of Medicine and Pharmacy "Nicolae Testemițanu", Republic of Moldova*

***Municipal Hospital from Bălți*

Aim of the study. Evaluation of the surgical treatment of trochanteric fractures obtained during 2013-2015.

Materials and methods. During 2013-2015, 119 patients with trochanteric fractures (Evans classification) were treated in the Department of Orthopaedia from the Institute of Emergency Medicine and the Hospital from Balti. The study group consisted of: 79 females (66.4%), 40 males (33.6%). The mean age was 75.96 years. Out of the total number of patients, 101 patients (84.9%) underwent surgical treatment. The following fixation was applied: DHS – in 35 cases, 95' blade-plate – in 17 cases, 135' blade-plate – in 3 cases, DCS – in 5 cases, Gamma nails – in 14 cases, PFN – in 17 cases. Thirty-one patients (30.7%) were treated by minimally invasive methods.

Results. Immediate results were appreciated by X-ray, distal results were appreciated using the Harris Hip Score. Division of the results was: good in 46 cases, satisfactory in 10 cases, non-satisfactory in 2 cases. The following complications were encountered: joint stiffness in 2 cases, slow consolidation in 3 cases, pseudoarthrosis in 2 cases. Non-satisfactory results were found in patients treated with plates. Mean value of the Harris Score was 86%.

Conclusions. The rate of trochanteric fractures is higher in males than in females. Osteosynthesis with PFN and Gamma plates are reasonable in treating trochanteric fractures. Intramedullary nails are characterized by minimal trauma, minimal hemorrhage and minor risk of perioperative complications. Fixation methods with different dynamic fixators show good results.

Keywords: trochanteric fractures, osteosynthesis

THE RESULTS OF LOCKED INTRAMEDULAR NAILING OSTEOSYNTHESIS IN LONG TUBULAR BONE FRACTURES



Vitalie Tocarciuc, Mihail Darciuc, Stanislav Coșciug, Alexandr Ghergheliiu, Sergiu Șoric, Dumitru Darciuc

Institute of Emergency Medicine, Chișinău, Republic of Moldova

The aim of this study: were the analysis of the results in healing of diaphyseal long tubular fractures by osteosynthesis with intramedullary locked nails in patients treated in IEM.

Materials and methods: during the period of 2010-2015 years in the department of Orthopaedia of IEM there were examined and treated 314 patients with diaphyseal long tubular fractures (329 fractures on different levels) treated by intramedullary osteosynthesis using locked intramedullary nails. The group was consist of 203 (64,665%) male and 111 (35,35%) female patients. Average age was 40,4 years old (18-89 years old). The distribution by fractured segments is: humerus – 37 (11,3%), femur – 159 (48,3%), tibia – 133 (40,4%) patients. In 20 (12,6%) cases the femur was treated by retrograde osteosynthesis and in 130 (81,8%) – anterograde and in 9 (5,6%) cases – by combinant method Betisor-Darciuc. In 131 (98,5%) cases the tibial shaft fractures were fixated by anterograde and in 2 (1,5%) cases – combinant methods. All the humeral shaft fractures included in the study were fixated anterograde.

Results: according to functional scores LEFS and DASH the results are distributed as excellent in 294 cases (89,36%), good in 33 cases (10,03%), unsatisfactory in 2 cases (0,61%). As the complications there were inregistered: instability of proximal femoral screw – 3 cases, damage of femoral nail -1case, damage of tibial nail – 1 case, instability of humeral fixator – 1 case.