

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



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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



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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.

Conclusions: intramedular nailing osteosynthesis represents a favorable method for healing the long tubular bone fractures. This method represents reduced surgical traumatism, less hemorrhage, early mobilization and low risk of perioperative complications.

Keywords: diaphyseal fractures, long tubular bones, intramedular nailing

SURGICAL TREATMENT OF FRACTURES IN REGIONAL HOSPITAL



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Study objectives: The analysis of the results of fractures surgical treatment in the Orthopedics and Traumatology Department of the Regional Hospital.

Methods and Materials: 1689 patients were treated in the Orthopaedics and Traumatology Department of the Regional Hospital during years 2011-2015. The surgical treatment ratio during the period covered by the study increased from 9.7% to 19.2%, as per Hospital provisioning with implants, with an average ratio of 16.3%. The methods of osteosynthesis applied in closed diaphyseal fractures: clavicle with intramedullary nail – 25 (9.5%), arm with plate – 11 (4.2%), forearm – 12 (4.6%) centromedular fixation and 22 (8.4%) plate fixation, femur – centromedular 10 (4%) and plate fixation 2 (0.5%); leg with plate fixation – 7 (2.7%), Ilizarov device – 12 (4.6%); malleolus with plate fixation – 44 (16.7%) nail fixation – 21 (7.9%); leg and hand nail fixation – 81 (30.7%). In open fractures we preferred osteosynthesis with Ilizarov device – 15 (5.8%). Surgical interventions were applied in 2-7 days after trauma.

Results: Slow consolidation in diaphyseal fractures at 6 patients (2.2%), pseudarthrosis at 2 patients (0.7%). Septic complications were observed in closed fractures in 2 cases (0.7%) (soft tissues inflammation). Leg open fractures had complications in 6 patients – soft tissues necrosis. These fractures were treated with a tegumentary plasty. Osteitis in 2 patients.

Conclusion: A stable osteosynthesis of diaphyseal fractures was obtained by fixation with plates and extrafocal fixation with Ilizarov device. Short term and long term results obtained were classified as good.

Keywords: Osteosynthesis, Diaphyseal fractures.

SELECTIVE ARTHRODESIS IN WRIST INSTABILITIES: INDICATIONS AND SURGICAL TECHNIQUES



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The causes of deforming arthritis of the hand are ligament injuries associated with subluxations and luxations, fractures of the carpal bones, malunions, and osteoarticular diseases as Kienbock disease. There are many surgical interventions to resolve these problems (D. Green)

Materials and methods

Our experience is based on the treatment of 134 patients with deforming osteoarthritis of the wrist who underwent various selective arthrodesis. The average duration of disease was 3 years. Kienbock disease was diagnosed in 41 patients, pseudoarthrosis of the scaphoid complicated by deforming osteoarthritis - in 68 cases, rotational subluxation of the scaphoid - in 9 cases, trapezium-trapezoid-scaphoid osteoarthritis - in 4 patients and malunion of the radius fracture - in 4 cases.

Results and discussions

Nowadays deforming arthritis occurred in the wrist more often requires surgical treatment. Arthrodesis directed to obtain an ankylosis of the carpal bones by losing the amplitude of movements allows to achieve a stable joint, without pain and to restore gripping power.

In 68 patients with scaphoid pseudoarthrosis complicated with deforming osteoarthritis, arthrodesis of "four carpal bones with scaphoidectomy" in 49 cases, total wrist arthrodesis in 7 cases, scaphocapitate arthrodesis in 3 cases, removing the first row of carpal bones in 3 cases, scaphoidectomy in 4 cases, radial-scaphoid arthrodesis - in 1 case, and in other scapho-trapezium-trapezoid arthrodesis.

In 41 patients with Kienbock disease, Graner operation was performed in 16 cases, arthrodesis of "three carpal bones" in 10 cases, capitate-scaphoid arthrodesis - in 8 cases, radial-semilunar - in 4 cases, radial-scaphoid arthrodesis - in 1 case, removing the first row of carpal bones - in 2 cases.

Arthrodesis of "three carpal bones" was performed in 4 cases of deforming arthritis of the scapho-trapezium-trapezoid joint. Triple scaphoid arthrodesis, arthrodesis of "three carpal bones" was done successfully on 9 patients with rotational subluxation of the scaphoid.

Total wrist arthrodesis was performed in 4 cases of the intraarticular radial fracture malunion.