

The clinic is pretty typical and severe form of the disease. The diagnosis is based on anamnesis, clinical examination, orthopedic, X-ray, CT and MRI. Depending on the clinical data, 3 forms of JE are determined: acute, chronic and acute form of the background chronic evolution. R-study must be carried out in two projections: anteroposterior and lateral after Lowenstein - to perform radiometric survey of Klein line.

The aim is to obtain treatment of epiphysiodesis: I stage is skeletal traction which ends up with surgery.

Conclusions: mandatory consultation at ortoped-pediatric doctor if there are disorders in children walking, pain in the limbs. Benefit of the treatment is directly proportional to the time when the disease was diagnosed. Support of the affected limb is excluded up to 6 months from diagnosis.

Keywords: juvenile slipped epiphyses, hormonal disorders, Line Klein

OSTHESYNTHESIS OF LESIONS IN TUBULAR BONES GROWTH ZONES AT CHILDREN



Gr. Rusanovschi, Iu. Romașco, N. Curca, I. Bogdan, S. Ionița, E. Bișir

IMSP SCMC "V. Igantenco", Chișinău, Republic of Moldova

Introduction: Growth zone lesion areas of tubular bones at children are fairly common, their consequences are blocking of bone growing area and limb deformation. According to contemporary data - growth areas lesions represent 5% - 17% of the total number of children fractures. The appearance of late growth, limb deformation are the signals of lesion in the growing area.

Discussions: The purpose of this paper is to improve treatment results of children with affected growth areas, based on complex examination, using contemporary methods.

Clinical data is based on analysis of treatment results of these injuries in our section. Over the last three years in our section were treated 239 children with lesion in growth area, which constitutes 11% of the total number of children with fractures. Of which 190 were during acute trauma and 49 with secondary damage. 91% were children with grade II after Solter Harris and more rarely - 9% grade I after Solter-Harris. Main method used in lesion diagnosis is the clinical radiological method. Computed tomography is indicated only for diagnosis concretization and the affected area appreciation. 190 cases were undergoing the treatment in the acute period, the orthopedic reduction was performed, by discharging of the affected area by skeletal traction and plaster immobilization. Indications for surgical treatment were the outdated lesions, inefficiency of orthopedic reduction. Surgical treatment methods - transosseous osteosynthesis, orthopedic and surgical reduction with pins fixation. The consequences treatment was surgical, using osteotomy methods for deformity correction, affected limb lengthening by the Ilizarov method. Treatment results assesment was based on the following indices : anatomical condition, functional during the trauma, deformities and limb shortness were appreciated during later period. Treatment results have been good and satisfactory 95.6% (228 cases). In 4.4% (11 cases) the results were unsatisfactory and required repeated surgical corrections.

Conclusions:

1. The maintenance method is the stated method for children with growth zone lesions in the acute period.
2. The surgical treatment has indications in outdated lesions during late addressing.
3. Lesions in growing area at children represent 11% of the total number of tubular bone fractures, serious lesions causing limb deformity.

Keywords: physial area, tubular bones, deformation

OSTEOSYNTHESIS IN EXTREMELY SEVERE TRAUMA IN CHILDREN



Argentina Sandrosean*, Petru Moroz*, Iurie Sandrosean, Valerii Petrovici***, Nadejda Andronic***

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

***MSPI IM and C, ***MSPI DH Soroca, Republic of Moldova*

Objective of study. To assess treatment tactics and technique in order to save the affected segment.

Material and methods. This concept included children with injuries after severe trauma, which caused fractures and injuries so complicated that at the first stage the amputation of the segment was recommended. In the past 25 years, experts in the field were directed to refuse primary amputation, but to perform emergency anti-shock treatment and to carry the patient to the Institute of Mother and Child. The lot of clinical experience included 15 injured children aged between 4 and 18 years old. Only one girl suffered an extremely severe trauma of the upper limb, the rest of them (14) had fractures of the lower limbs, and 3 of them were found to have simultaneously fractures of the upper limbs. All patients had open fractures, III B degree of one or more segments, comminuted fractures, crushed soft tissues (even fingers in some children), very dirty major wounds. In 10 children the trauma occurred as a result of road accident (hit by car, wheel crossing over the lower limb