

(24,1%), CII-CIII – 5 (17,2%) patients.

**Results.** The main goals of surgical interventions were: elimination of the compression factor, deformation and disbalance, correction and spine stabilization. The comparative analysis of the quality of life of patients (according to a questionnaire „EQ-5D”), before and after surgical intervention, has shown that the quality of life of patients improved, in comparison with the preoperative period, from  $12,7 \pm 0,3$  points to  $7,7 \pm 0,1$ .

**Conclusions.**

1. In fresh cases of the complicated spinal - marrow trauma with mild and average degree of a neurologic symptomatology (degree of D on Frenkel) the preference was given to the closed, indirect decompression. At a serious neurologic symptomatology (A, B, C degree) carried out open decompression and revision of dural bag's contents.

2. The early surgical intervention leads to pain syndrome's cupping, restoration of a vertebral form, elimination of the spine deformation and stabilization of the damaged segment, using only back access.

**Keywords:** spine, traumatic deformations, children.

## OSTEOSYNTHESIS OF FRACTURES ON THE SHORT BONES AT THE CHILD



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**Introduction:** In this work, we included children with short bone fractures and some tubular bones smaller than the long bones. Treatment of children with these fractures is predominantly conservative, but there are cases that require surgical treatment with osteosynthesis.

**Material and methods:**

During the years 2011-2015 in the Clinic of Pediatric Orthopaedics and Traumatology, of the USMF, Nicolae Testemițanu” of the National Scientific and Practical Center of Pediatric Surgery ”Natalia Gheorghiu”, orthopedic and surgical were treated 239 children with short bone fracture, children were divided by age 3-10 years – 57 children and 10 to 18 years – 182 children, by gender: girls 95, boys 139, with male prevalence being net.

Distribution according to bone injured was: clavicle fractures – 125 children; II-V metacarpal fractures – 86 children; carpal scaphoid fracture 3 children; fractures of metatarsals II-IV – 25 children.

**Results and discussions:**

In the case of fracture of the clavicle, metacarpals II-V, carpal scaphoid, metatarsals II-IV, children shows pain at the site of trauma in all cases of fracture, local swelling, sometimes subcutaneous crackles perception associated with abnormal mobility. In all cases of fracture of the short bones correct diagnosis was confirmed radiographically. Orthopedic treatment benefited 61 children, but 178 children followed surgical treatment.

All these cases of short bones fractures surgical treatment was performed: open reposition, adaptation of the fragment and fine osteosynthesis with Kirschner or Ilizarov cross brooches, they were followed in dynamics for at least 2-3 months after the removing of osteosynthesis material and cast immobilization, which was obtained a good result with restoration of the affected bone congruence in all children, data of signs of nonunion or other complications had not been recorded.

**Conclusion:**

1. Fractures of clavicle, metacarpals bones II-V, scaphoid bone, astragals bone, metatarsals bones, injury occurring as a result of the increased activity of the child, caused by street accidents, sports competitions, physical aggression.

2. The surgical treatment - of listed fractures is indicated in unstable fractures with displacement, open fractures, polytrauma and consists of open reposition, adaptation of fragments - fine fixation with Kirschner brooches, followed by immobilization in a cast.

## THE PROBLEM OF DISEASES WITH HEREDITARY PREDISPOSITION OF DYSPLASTIC HIP IN CHILDREN



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In this work there elucidated the systemic integrative research of joints diseases due to inherited predisposition. On the basis of conceptual analysis is decrypting: the dysplastic syndrome of instability a hip joint, dysplastic syndrome of necrosis and epiphyseolysis of femoral head. This investigation resulted in a radical change of ideas on the majorities of joints diseases due to inherited predisposition. Essential corrective amendments in to there diagnostically medical process with its foremost prophylactic orientation.

**Key words:** pathology of joints due to inherited predisposition, multiform conceptual model, dysplastic syndrome of femoral instability, dysplastic syndrome of necrosis and epiphyseolysis of femoral head.