

SURGICAL CORRECTION OF LOWER LIMBS IN CHILDREN FROM THE RISC GROUP OF SCOLIOSIS

Introduction: Shortening of one of the lower limbs segments leads to an overload of the healthy extremity, pelvic obliquity with the development of spinal deformity. Rehabilitation of these patients is a very important medical and social problem.

The aim of study was the evaluation of prevention of spinal deformity in pupils with lower limb inequality.

Material and methods: We observed 7 patients, aged 12-17 years, with a shortening of the lower limbs of 3.5-5 cm and functional scoliosis. Correction of the axis and the length of the lower limbs were performed in all cases: on femur in two cases, leg lengthening in five cases. Restoration of limb length was carried out by lengthening of the shortened segment by the Ilizarov technique. This value was determined by the anatomical norms and proportions of the human body, according to Manouvrier calculations to determine the growth of long bones for people of average height.

Results: After surgery, a foot support was used by the amount of lengthening, to compensate the shortening, which decreased in the process of limb lengthening. Bone consolidation, growth and restructuring of distraction regenerate held with the terms typical for this age group. All clinical observations reached the length adjustment and correction of the axis of segment, restoring the proper biomechanics of the lower extremities. Posture was corrected and the general condition of children improved.

Conclusions: Alignment of the lower limbs length in pupils solves the problem of biomechanical and orthopedic rehabilitation provides correction of posture and prevention of structural scoliosis.

PARTICULARITĂȚILE TRATAMENTULUI PACIENȚILOR CU LEZIUNI ASOCIATE ALE CUTIEI TORACICE ȘI CENTURII SCAPULARE

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Introducere: Leziunile multiple ale cutiei toracice cu fracturile coastelor și oaselor centurii scapulare provoacă șoc din cauza impulsurilor multifocale de durere, dezvoltării insuficienței respiratorii severe. Tratamentul fiecărei leziuni este dificil din cauza traumelor multiple asociate.

Scopul: Îmbunătățirea rezultatelor tratamentului prin stabilizarea precoce a fracturilor.

Material și metode: Studiul este bazat pe rezultatele tratamentului a 136 pacienți cu leziuni multiple, tratați în anii 2011-2014. Leziunile grilajului costal erau asociate cu traumatism cerebral, leziuni ale organelor abdominale, fracturile oaselor tubulare lungi și ale bazinului. Fracturi multiple ale centurii scapulare au fost constatate la 47 pacienți, în 12 cazuri erau depistate fracturi ale vertebrelor toracice.

Rezultate: Fracturile de claviculă și scapulă cu leziuni costale multiple unilaterale, provocau o deformare marcată a peretelui toracic cu retragerea cupolei și formarea "umărului flotant", dereglarea respirației externe. După osteosinteza stabilă a claviculei se obține reducerea suficientă a fragmentelor scapulei și coastelor. La deplasarea semnificativă a fragmentelor coastelor, sternului și în tratamentul nonoperator fără succes a fost efectuată poziția deschisă a fragmentelor osoase, evacuarea hematomului retrosternal, osteosinteza intramedulară a coastelor.

Concluzii: Stabilizarea fracturilor oaselor centurii scapulare și a voletului costal la pacienții cu pronostic favorabil și dubios reduce timpul tratamentului. Pentru accidentații cu hemodinamică instabilă a fost aplicată fixarea pneumatică a coastelor, iar osteosinteza miniinvasivă se aplică după stabilizarea funcțiilor vitale în ordine amânată, înainte de a transfera pacientul de la ventilație mecanică la respirație spontană. Osteosinteza miniinvasivă a oaselor centurii scapulare la pacienții cu hemodinamică stabilă este indicată de urgență.

TREATMENT PARTICULARITIES OF PATIENTS WITH ASSOCIATED THORACIC AND SHOULDER GIRDLE TRAUMA

Introduction: Multiple chest injuries with fractures of the ribs and shoulder girdle are shockogenic traumas due to multifocal pain impulses, development of severe respiratory failure. Treatment of each injury is difficult due to multiple associated trauma.

The aim: To improve results of treatment by early stabilization of fractures.

Material and methods: This study included treatment outcomes of 136 patients with multiple injuries during the period 2011-2014. Injuries of the rib cage were combined with traumatic brain injury, abdominal organ lesions, fractures of the long bones and pelvis. Multiple fractures of the shoulder girdle were observed in 47 patients and 12 had fractures of the thoracic vertebrae.

Results: Fractures of the clavicle, scapula with unilateral multiple ribs injuries formed a pronounced deformation of the chest wall, with retraction of the dome and the "floating shoulder". If significant displacement of fragments of ribs and sternum was present after unsuccessfully orthopedic treatment – open reduction and intramedullary fixation of ribs was performed, retrosternal hematoma was evacuated.

Conclusions: The stabilization of fractures of the shoulder girdle and the floating ribs valve in patients with favorable and uncertain perspective reduces the treatment time. In patients with unstable hemodynamics it is necessary to use a pneumatic fixation of rib and minimally invasive osteosynthesis after stabilization of vital functions in the delayed order, before transferring a patient from mechanical ventilation to spontaneous one. Minimally invasive osteosynthesis of bones of the shoulder girdle in trauma patients with stable hemodynamics must be carried out urgently.

ASPECTE DE DIAGNOSTIC ȘI TRATAMENT ÎN TROMBOZA VENOASĂ PROFUNDĂ

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