

RESULTS

Various surgical procedures were applied:

Excision and plasty through advancement-53 (13,7%) cases;

Excision and plasty with expanded flaps-102 (26,4%) cases;

Incision or scar excision and grafting-93 (24,1%) cases;

Excision and plasty by rearrangement-89 (23,1%) cases;

Excision and combined plasty-32 (8,3%)cases;

Vascularized flap plasty method-17 (5,9%)cases.

CONCLUSION

According to our data scarring sequelae of post-combustion limited locomotor function in 56,3% cases, involving predominately the upper limbs (48,3%). Data from the study show that the post-combustion surgical rehabilitation of scarring sequelae of locomotor medical biological process is difficult, with gradual improvement in 47,9 % of cases. Surgical treatment has ensured both the functional and aesthetic recovery.

KEYWORDS: Burns; post-burn contractures; post-burn scars;

TRAUMA OF LOWER LIMB ASSOCIATED WITH SCIATIC NERVE INJURY – MANAGEMENT PARTICULARITIES



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The aim of this study is to identify and detail posttraumatic and postoperative neuropathies.

Material and Methods: We identified 11 patients diagnosed with the posttraumatic sciatic nerve palsy, including postoperative one. We examined clinical data, trauma's information, surgery, symptoms and medical records.

Results and discussions: From the group of patients involved in the study 9 patients were men. Patients age ranged from 21 to 63 years old. We determined that 5 cases were during trauma or after surgery, and in 6 cases – at distance. Our data find their confirmation in literature data published by the authors: Farrell CM, Springer BD, Haidukewych GJ, Morrey BF.

Conclusion: Knowing the complications allows finding the preventive measures that are targeted towards monitoring the intraoperative neurophysiological complex depending on performed procedure.

Keywords: sciatic, neuropathy, posttraumatic, surgery.

EFFECTIVE METHOD OF TREATMENT OF TISSULAR DEFECTS IN CALCANEAL AREA. CASE REPORT.



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Introduction: Infected tissue defects associated with impaired skeletal always presented treatment difficulties. Any new reconstructive technique aimed at reconstruction of these defects is welcome.

Purpose: The aim was to describe a new reconstructive technique which proved to be effective in the treatment of septic tissular defects of calcaneal area associated with Achilles injury.

Material and methods: The new type of perforator flap was for the first time used in a male patient, 20 years old admitted in the Septic and Reconstructive Surgery Department with a septic defect in the calcaneal area. The defect resulted from a car crash after avulsion of calcaneal tuberosity and injury of the Achilles tendon. The visible size of defects was 6x4 cm. Previously, in the patient was performed primary surgical debridement without bone and tendon stabilization. Three weeks after trauma in the patient was performed secondary debridement of necrotic tissues and reconstruction with tibial posterior corticoperiosteocutaneous perforator flap harvested by propeller techniques. Flap size was 25x5 cm. Bone graft incorporated in the flap was 4x1 cm. After rotation to 180°, the bone graft was fixed with a screw to calcaneus and the Achilles tendon was sutured to it. All this was performed in a single stage. Immobilization of the ankle was assured with plaster cast.

Results: Postsurgical evolution of the flap was without major complications. A minor marginal venous congestion that didn't endanger the flap was observed for several days after surgery and solved spontaneously. Plaster cast was removed at