joint stiffness - 88%; segment's shortening - 92%; misalignment - 12%, ankle and foot edema - 18%; reactive arthritis - 15%; allergic and local exematic response- 3%; painful segment - 5.5% and 11% - local osteoporosis.
Results: in all patients claimed purpose has been achieved. However, the level of satisfaction of the healthcare professionals and the patient was influenced by installed complications.
Conclusions: postoperative complications of tibial bone defects treatment by Ilizarov method are inevitable. This requires a postoperative conduct with frequent monitoring recklessly the period after the surgery.
Keywords: bone defects, Ilizarov method, complications.

SURGICAL MANAGEMENT OF DUPUYTREN'S DISEASE

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The aim: Presenting the retro and prospective analysis of the results of surgical treatment of DD through various surgical methods.
Materials and methods: In the department of Hand Surgery, during the years 2011-2015, 426 patients (361 (84.7%) men and 65 (15.2%) women) were diagnosed and treated surgically DD. The average age for men 57.3 years and women 59.6 years, mean age 58.5 years. Urban residens 156 (36.7%), rural 270 (63,3%). The number of patients operated on right hand - 246 (57.7%) and left hand - 180 (42.3%).
The most commonly affected finger was IV-129 patients (51.19%); finger V-92 patients (36.51%); III-22 (8.73%); I-8 (3.17%); II-1 (0.4%). One affected finger was detected in 312 patients (73.24%); two fingers in 104 patients (24.41%); three fingers in 5 patients (1.17%); four fingers 5 (1.17%). DD grade III was found in 343 (81%) patients, grade II in 60 (14%) and grade IV 23 (5.4%) patients.
Results: In most cases was performed selective fasciectomy with Z-plasty - 326 (75%) patients. 13 patients was performed transverse incisions of McCash's open palm technique, cross finger flap - 12 patients, forearm flaps for hand coverage 3 cases, little finger amputation 2 cases. As part of the surgery in 24 cases was performed arthrosynthesis with K-wire and at 18 patients was effected capsulotomy.
Conclusions:
· Despite of successes in the treatment of orthopedic diseases and of the experience in the treatment of severe forms of Dupuytren's disease, the treatment problem of these patients up to now remains actual.
· Out of our statistics, the vast majority of patients (gr.III-343-81% and gr.IV-23-5.4%) is addressed in advanced degrees of the disease.
· Surgical interventions in Dupuytren's disease requires deep knowledge in anatomy and plastic surgery skills.
· Complication rate is high, and therefore patients should be directed before surgery to a long and difficult treatment.
· Surgical treatment can correct contractures, but the problem remains unresolved relapse and extensions of given disease.
Keywords: Dupuytren's diseasis, Dupuytren's contracture.

MANAGEMENT OF LOWER LIMB FRACTURES IN PATIENTS WITH DIABETES

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Purpose: Analysis of the posttraumatic damage coupled with diabetic polyneuropathy of the pelvic limb and possibilities of healing the defects.
Material and methods: A retrospective study was carried out over a period of two years (2014-2016) and included 15 patients with diabetic polyneuropathy. The patients were treated at the Clinic of Plastic Surgery and Reconstructive Microsurgery. The selection criteria included:
- Diagnosis of diabetes with skin and soft tissue ulceration.
- Non-healing traumatic or surgical wounds, with no tendency of healing in diabetic patients.
The 15 patients were divided in 4 subgroups according to the type of surgical procedure performed: split skin grafts, the neighboring flaps, distant flaps, amputation at different levels. The descriptive parameters included: age, gender, the presence of type I or type II diabetes, the location. Additionally, the post-surgery complications were monitored.
Results: 15 patients included in this study, out of which 4 women and 11 men were divided into four subgroups based on type of performed surgeries: the neighboring flaps - 4, distant flaps - 2, split skin grafts - 7, amputation in 2 cases. 12 patients had diabetes of type II, and the remaining 3 patients were insulin dependent. The 6 patients who had reconstruction through