

**Aim:** the study of the incidence of septic complications related to the post-operative fixation of the pelvic limb, depending on the type of trauma, the affected segment and type type of the osteosynthesis performed.

**Materials and Methods:** Was conducted a retrospective-descriptive study of a group of 749 patients hospitalized in the period 2011-2015 in IMU Plastic Surgery Clinic and Reconstructive Microsurgery. Was studied the distribution by sex, trauma, time of occurrence of infectious complications and Bacteriological test results.

**Results:** From the total group of patients were 192 women (25.64), men -557 (74.36%). Damage of the tibial bone were met in 426 cases (57.25%), of which 91 cases (21.36%) after fixation with locked intramedullary nail, 153 cases (35.91%) by use of plate and screws, and 182 (42, 72%) following the extrafocar device. From this group of patients, the femur was affected in 169 cases (22.71%) with the extrafocar application -20 cases (11.83%), screw-39 cases (23.07%), 51 cases of intramedullary rod (30, 17%), and the plates screw -59 cases (34.91%). Septic complications in the plant have a rate of 12.9% (96 cases), and the talo-crural joint 3.35% (25 cases) and respectively pelvis have 3.76% (28 cases). The evolution of the pathology of more than 10 years it has been determined in 12% of cases, and in one year in 73%. In 464 cases (62.07%) predominate G + flora.

**Conclusions:** septic complications are pathologies difficult to treat, with a long process and severe evolution disease characterized by deriving serious with difficult prevention, diagnosis and treatment.

According to the material in 12% of cases are repeated relapses after the first acutization.

The closed fracture rate prevails septic complications of nosocomial infection: in some cases, fixation was carried to the limit of indications or was stabilized the fragments with material of osteosynthesis, but that was not enough.

Aggression of skeletal infection was caused by various bacterial strains, the predominant Gram + 62.07 %, and the combination of microorganisms, it makes us once again to revisit the administration of antibiotics.

**Keywords:** trauma; osteosynthesis; septic complications.

## LOCO-REGIONAL FLAP IN TREATMENT OF ACTINIC SKIN DEFECT



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**Introduction:** Plasty techniques currently used in the treatment of the defects are largely standardized. But in clinical practice, quite often we are faced with patients who were undergoing radiation therapy. In this patients category, reconstructive plastic surgery requires a series of questions determined by major changes produced by ionizing radiation to tissues after undergoing radiotherapy.

**Clinical case:** This work reflects a clinical case of a man of 61 years old, that was submit to radiation therapy after tumoral excision, manifested at the level of the third upper part of the large intestine, rectum. At a distance of 2 years after radiotherapy, in the treated actinic sacral region, there was an area of necrosis of about 20x20 cm. The area that was actinic changed, was divided in 3 fields, the limit between them being visually. During surgery, it have been included all 3 fields, that created a defect in the sacral region, of about 20x20 cm. According to the pre surgery plan, it has been done defect's plasty with gluteal flap on the both parts, the donor place being closed by direct suture at the same stage. After surgery, the demarcated area were separated and studied histological for determination of the viable area.

**Conclusions:**

1. Target area for histological examination is the No.2 area, where examination is indicative in the damage of the skin and soft tissue.
2. The integration of the tissues and organ transplant from another area in the case of actinic defect, may take place after exceeding the second field, histological appreciated with regenerative potential.
3. A preoperative histopathology of actinic area determines the edge of the viable tissue, in some significant cases-areas with important tissue.

**Keywords:** radiotherapy, actinic defect, flap.

## RESOLVING A CASE WITH SEPTIC COMPLICATION AFTER TOTAL KNEE PROTHESASION AT AN ONCOLOGICAL PATIENT



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**Introduction:** The first data about the importance of the vascularization of bone graft transplant appear in 1905 (Huntington T.W.) As the authors mentioned, this helps callus formation in ordinary terms. In 1975 found the first data about successful

transfer human vascularized fibula (Taylor G.I.) two years later, the same authors describe the first migration of the proximal fibula, for the replacement of the distal femoral defect.

**The purpose of the work:** Presenting a solved case of bone defect, that occurred after ablation of the total knee prosthesis complicated septic in an oncology patient.

**Materials and Methods:** This work presents the clinical case of a woman of 30 years, who was diagnosed in 2009 with osteoclastoma in 1/3 of the distal femur operated in the same year in the Oncology Institute, was removed the tumor and was done total knee joint prosthesis, at the end of 2015 at our clinic addressed with a septic area at pelvic right limb. After performing preoperative planning, I decided to solve in 2 surgery stage. At the first stage we performed ablation of the prosthesis. In another step we made the right knee joint arthrodesis with a vascularized fibular flap. Bone transplantation with a length of 20 cm with a pedicle of 10cm that was migrated through rollover technic, that in his structure entered a muscular sleeve and skin island for future monitoring. At the final, the leg was stabilized in an external extrafocal device. After 4 months later, at a follow-up visit, the patient moves independently, using crutches and moderate support on the foot.

**Conclusions:** Using a composite musculoskeletal cutaneous vascular defect axially allow reconstruction complicated septic at pelvic limb without following the required period.

**Keywords:** fibula, flap, bone, transplantation.

## SECONDARY RECONSTRUCTION OF THE BACK AFTER ONCOLOGICAL EXCISION OF A MASSIVE SQUAMOUS CARCINOMA



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**Introduction:** Plastic surgical techniques can be used to cover defects results from tumor resections, practically at any level of the human body's surface.

**Purpose:** elucidation of a case of plasty with axial vascularized flap of a huge back's defect.

**Material and methods:** the study includes a clinical case of a woman of 56 years, which having a burn at the age of 3 years, now develops a skin squamous keratinized carcinoma of the back. After being treated at the Institute of Oncology and defect's primary closure has failed, she addressed to our department with a huge soft tissues defect of the back. We decided to cover the defect using a LD flap, and we partially extended flap's fascio-cutaneous component on abdomen's antero-intern surface. Secondary surgical debridement was performed in one step with flap's harvesting with dimensions of 30 x 25 cm, donor site being closed in the same stage. After a period of 21 days was determined recovery of the patient.

**Conclusions:** Postoperative defects of oncological patients are a challenge for plastic surgeons and using flaps on a safe vascular pedicle, to ensure an adequate blood supply, represents a solution.

**Keywords:** LD, flap, defect, oncologic.

## EFFICIENCY OF ULTRASOUND PARAMETERS IN DIAGNOSIS POSTTRAUMATIC CARPAL TUNNEL SYNDROME (TCTS)



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**The aim of our study** was retro and prospective analysis of ultrasonographic parameters in the diagnosis of carpal tunnel syndrome. Preoperative median nerve was examined by ultrasonography being taken the following parameters - the length in the transverse plane (T) and thickness in the sagittal plane at the level of proximal entrances (D) of the median nerve in the carpal tunnel, the smallest thickness in the sagittal plane at channel or at the distal outlet (d). Were used the following indices: cross-sectional area of the median nerve (AT norm to 7 mm<sup>2</sup>),  $AT = 3.14 \times T \times D / 4$ , the ratio of  $R = T / D$  (norm up to 3.3), and IGP degree of compression index = 100 (1-d/D) (rule around 10%).

In the Hand Surgery Department of IMSP CHTO in period 2011-2015 we present data of 202 patients with carpal tunnel syndrome. Report male - female is 2.74: 1.

Mean age  $55.6 \pm 11.9$ . In 91 (45.05%) was determined PCTs. At 111 (54.95%) patients with CTS in association with traumatic factor the mean (md) mdAT = 15,06mm<sup>2</sup>, mdTD = 2.12; mdIGP 52.00%. In TCTS mdAT = 13,81mm<sup>2</sup>; mdTD = 2.06; mdIGP = 52.43%.

Following surgery, with amelioration of disease at 6 weeks in the group with CTS were examined by ultrasound to determine mdAT = 14,43mm<sup>2</sup>, mdTD = 2.12; mdIGP = 21.78%; the SCCT lot mdAT = 16,96mm<sup>2</sup>; mdTD = 2.17; mdIGP = 22.82%.