

conduction.

Conclusions: Exists not only one or two perfect methods of arthritis knee treatment. It depends of age, study, time of suffer, weight, cartilage condition and many another factors. The method of treatment need to be chosen in respect that.

Keywords: knee arthritis, arthroscopic treatment.

VERTEBROPLASTY - MINIMALLY INVASIVE TREATMENT FOR VERTEBRAL FRACTURES



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Background and purpose: Vertebral fracture is the most common complication of osteoporosis and sometimes also in osteolytic metastasis, active hemangiomas or multiple myelomas. We present the indications, technique, complications, etc.

Methods: Vertebroplasty is the percutaneous placement of polymethylmethacrylate (PMMA) into vertebral compression fractures for relief of pain, performed under fluoroscopic guidance while the exact mechanism of pain relief is unknown, it is believed that the delivery of the cement into the fracture stabilizes the vertebral body, obtaining an analgesic effect.

Results: We present our experience of 14 years in percutaneous vertebroplasty (and kyphoplasty) with common indications, results, complications, new indications, tips and tricks, etc.

Conclusions: Vertebroplasty is an alternative to spinal surgery. In experienced centers, percutaneous vertebroplasty is safe and effective in the treatment of patients with painful vertebral compression fractures.

Keywords: vertebroplasty, osteoporosis, vertebral pain, fracture.

MINIMALLY INVASIVE TREATMENTS FOR DISK HERNIA



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Background and purpose: Low back pain (LBP) is one of the common reasons for people to seek treatment from a physician, especially in modern society. We present the indications, technique, complications, etc. of the different minimally invasive interventions.

Methods: A multitude of therapies are available to treat disc herniation, ranging from conservative methods (medication and physical therapy) to minimally invasive (chemonucleolysis, O₂-O₃ therapy, mechanical nucleoplasty, intradiscal electrothermal therapy, etc) and surgery.

Results: We present our experience of 10 years in minimally invasive interventions with common indications, results, complications, tips and tricks, etc.

Conclusions: Percutaneous disk interventions are an alternative therapy situated between medical treatment and spinal surgery. Patients selection is very important and lead to the successful of the intervention.

Keywords: nucleoplasty, IDET, ozone, lombar and cervical spine, intradiscal injection.

ARTHROSCOPIC ACL RECONSTRUCTION WITH HAMSTRING



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INTRODUCTION: Today, in clinical practice, methods of stabilizing operations arthroscopic ACL are widely used, and extensively described. According to most authors, positive outcomes (of such procedures) are being observed in 80-90% of

patients, with a return to the previous level of physical condition in 50-70% of patients. Currently, the literature describes the advantages and disadvantages of using different grafts, single-beam or double-bundle of ACL plastics, and its various fixation design. The usage of the autograft from the tendon of semitendinosus and gracilis muscles, with the use of the lock "endobutton" is the best method to restore the stability of the knee joint. The main advantages of this method are: good biological compatibility; low-impact at the face of the graft; the absence of pain and complications of the donor site, the strength of twice the native ACL, a quicker and painless rehabilitation, the best cosmetic result.

PURPOSE OF THE STUDY: Rate the postoperative results of the reconstruction of the anterior cruciate ligament (ACL) under arthroscopic control with the use of autograft from the tendon of semitendinosus and gracilis muscles with the use of the lock, "endobutton."

METHODS: The analysis of the treatment results of 167 patients with ACL injury of the knee, and the anterior-medial decompensated instability in the period from 2010 to 2015, was conducted. The representation of the group included 144 men and 23 women, with the average age of 26 years old (range 18 to 45 years). Eighty percent (80%) of the patients had sports injury: football-69 patients, 28-ski, fight-9 and other sports-35. In 33 cases, the damage to the anterior cruciate ligament was combined with damage to the medial meniscus, in 16 of the outer meniscus, 5 - both the meniscus, different types of damage to the articular cartilage - 28 cases. The diagnosis was confirmed by clinical, radiological, ultrasound and MRI methods. The maximum diameter of the graft reached 10,5 mm, the minimum - 7 mm, the depth of the femoral canal was formed to the 30 mm, the width according to the diameter of the graft. All operations are performed under endoscopic control, with maximum preservation of natural points of fixation on the tibia and femur, which ensures the normal anatomy and biomechanics of the knee joint during the postoperative period.

RESULTS: Postoperative, the patients were followed up for 6-48 months, using the LYSHOLM scale. Based on these studies, excellent and good results were obtained in 151 patients (90%), satisfactory in 11, unsatisfactory in 5 patients. All athlete patients resumed training after 6 months. Negative results were observed in 3 patients with recurrent instability after re-injury, and 2 septic complication about distal tibial screw fixations after one year.

CONCLUSION:

1. In most cases, the rupture of the anterior cruciate ligament is the result of an injury sustained in sporting activities: during a football game, while downhill skiing or wrestling.
2. Autoplasty ACL tendon of the popliteal area provides a reproduction of the anatomical structure and biomechanics close to natural, with minimum damage around the joint and joint tissues.
3. A locking system ligament "Endobutton", ensures a secure fit of the graft, and does not require subsequent removal structures.
4. This method provides the minimum rehabilitation period, the optimal functional and cosmetic results.

KEYWORDS: Autoplasty ACL, Knee Injury, Hamstring Plasty

ARTHROSCOPIC ANTERIOR SHOULDER STABILIZATION IN THE SHOULDER INSTABILITY



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INTRODUCTION: Arthroscopic shoulder stabilization is a widely accepted method. Very often, an arthroscopic treatment is preferred by patients and surgeons because it is minimally invasive, spares the subscapularis muscle, and because it enables better identification and treatment of associated pathological conditions, and decreases morbidity. The frequency of anterior shoulder instability is quite high, due to the anatomical and functional particularities of the shoulder, and the frequent recurrences after orthopedic treatment of traumatic dislocation of the humerus especially in young people. The arthroscopic method of treatment of this type of pathology became standard practice and is fairly widespread. Arthroscopic surgery provides significantly higher advantages over traditional surgery, such as minimal tissue trauma, reduced intraoperative morbidity, and optimal functional and cosmetic results.

OBJECTIVE: Rate the postoperative results and arthroscopic treatment possibilities of patients with anterior shoulder instability in our clinic.

METHODS: Personal experience includes the treatment of 92 patients (82 men and 10 women, with the mean age of 27 years) on whom we performed arthroscopic stabilization of anterior shoulder instability between the years 2010-2015. The diagnosis was confirmed by clinical, radiological, ultrasound and MRI methods. We performed the reinsertion of anterior-inferior part of the glenoid labrum and joint capsule using bioresorbable anchors (13 patients), metal (40), unresorbable thread suture (39 patients). In 11 patients Bankart lesion was associated with the SLAP lesion, and fixation with an additional anchor was performed. Hill-Sachs lesion was found in 11 cases.

RESULTS: After surgery the patients were evaluated at an interval of 12 to 24 months using the Rowe and Zarins score.