

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 .

We obtained excellent or good results in 86 patients (76.5%), satisfactory - 5, unsatisfactory - 1 patient. Negative result we have found a year after surgery in a patient, who suffered a minor injury which caused the dislocation of the humerus and recidivism signs of instability.

CONCLUSIONS: Arthroscopic treatment of anterior shoulder instability is a pretentious technique that requires advanced experience of orthopedic surgeons in arthroscopic surgery, providing good and very good functional and cosmetic results in most cases.

The results depend on multiple factors, including age, participation in contact sports technical errors, bone defects, number of dislocations, type of anchors, the presence of Hill-Sachs lesion and the pre-operative bone geometry.

Keywords: Arthroscopic treatment, anterior shoulder instability, Bankart lesion.

SURGICAL TREATMENT OF HALLUX VALGUS



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Background: Hallux valgus (valgus deviation of hallux) is one of the most common acquired pathology of locomotor apparatus. The diversity of surgical approaches in the treatment of Hallux Valgus prove the lack of a certain doctrine that would unify the opinion of the orthopedic surgeons regarding this pathology.

The aim of the research is to improve the treatment results in patients with Hallux Valgus by developing a pathogenetic surgical treatment method.

Materials and methods. The research was held on 19 females older than 45 years old that underwent surgical treatment in the Clinic of Traumatology and Orthopedics, in Tiraspol. Twenty-six surgeries were made in total, out of which 11 patients underwent bilateral surgeries (22 surgeries), and only 4 patients underwent unilateral surgeries. Preoperatively the following investigations were made: X-ray and CT scans in special slides for the anterior part of the foot. Pain syndrome and 2nd degree deviation (or more) of the hallux were considered indications for surgery. The surgical method used by us has the aim of removing all pathological elements of the medial metatarsophalangeal joint followed by their strengthening without changing the shape of the first metatarsian bone, and restoration of the congruence of the metatarsophalangeal joint.

Results. Follow up of late results of the surgical treatment in 14 patients with Hallux Valgus were made up to 4 years. The shape of the anterior part of the foot and the correct position of the hallux was kept in 12 patients. In 2 patients the shape was correct, but the pain syndrome is present at the end of the day.

Conclusion. Taking into consideration modest results obtained from a relatively small number of patients operated for hallux valgus using a special metal plate for fixation of the hallux in its correct position, the results are positive.

Keywords: Hallux Valgus, First metatarsal bone, Plane foot

PARTICULARITIES OF HIP ARTHROPLASTY IN BILATERAL DISEASES OF THE HIP JOINT (CASE STUDY)



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The aim of the study: Appreciation of the tactics and seventionality of the surgical treatment strategy of hip arthroplasty in severe disorders of both hip joints.

Materials and methods: We report a case of a male patient of 61-year-old who came in 2010 in the clinic for hip arthroplasty, having a diagnosis right posttraumatic coxarthrosis, hip ankylosis and vicious consolidation of the subtrochanteric femur fracture on the left side, paralytic equinus valgus foot, statics and gait disorders.

In 1985, as a result of a vehicle accident, he suffered a fracture of acetabulum and posterior dislocation of the femoral head on the left side. It was applied the tibial skeletal traction for one month, after then was made the arthrodesis of the left hip joint. Four years later, as a result of an another vehicle accident, he suffered a fracture-dislocation of the right femur and a subtrochanteric fracture of the left femur, that was open reduced with osteosynthesis with Kuncher centromedular nail. For the fracture-luxation of the right femur was applied the skeletal traction for eight weeks.

As a first step was made the subtrochanteric corrective osteotomy on the left femur and osteosynthesis with DCS and after eleven weeks was made total arthroplasty of the right hip joint. Intraoperative was found the pseudoarthrosis of the posterior-superior acetabular wall. The unconsolidated fragment was removed and the autoosteoplasty of the defect with bone graft from the femoral head was done. The postoperative evolution was normal, patient initiated partial support after