

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



Ivan Garbuz*, Stanislav Cosciug**, Alexandr Garbuz**

*State University of Transnistria "T.G. Shevchenko", Tiraspol

**State University of Medicine and Pharmacy "Nicolae Testemițanu", Republic of Moldova

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)



Andrei Guzun, Gheorghe Croitor, Alexandru Bețișor, Vadim Madan, Roman Moșneaga, Nicolae Stepan

Orthopedics and Traumatology Clinic "Vitalie Bețișor", State University of Medicine and Pharmacy "Nicolae Testemițanu", Republic of Moldova

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