

2 months and total to 16 months.

Result: Six months after the last surgical intervention the clinical and radiological evolution is favorable. The patient is satisfied with his functional results, having a Harris score of 69 points on the left side and 92 points on the right side after 4 years of hip arthroplasty.

Conclusion: For obtaining good and long-drawn results in the treatment of bilateral hip joints disorders, it is necessary to correct the important deformities and to restore the biomechanics of the pelvis and hip joints.

Keywords: femur, osteosynthesis, hip, arthroplasty.

SAMPLING OF FREE TRANSPLANT BONE-TENDON-BONE BY MINI-INVASIVE WAY OR BY CONVENTIONAL WAY: PROSPECTIVE AND COMPARATIVE STUDY OF 36 CASES



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The study has been carried out at the Emile de Vialar Clinic in Lyon (France)

The aim of that study is to analyze the feasibility of the mini invasive technique through a comparative and prospective study uni-centric realized on two groups: "classical" and "mini-invasive" of 18 patients. The patients have been checked 6 to 8 months after the surgery. Check has been clinical, radiological and echographycal. Radiological laxity has been evaluated for each compartment. The echographycal study analyzed the the patellar tendon and peri tendon.

All data were extracted on an Excel spreadsheet (Microsoft) and analyzed with spreadsheet tools and those of the toolbox Statistical Toolbox (Matlab).

A radiological classification of the anterior tibial tuberosity (TTA) was established. The study highlights a correlation between the TTA and the patellar apex.

The grafts taken by classical technique showed in every case good characteristic, against 45% of cases taken by «mini-invasive way". The earlier pain was 22 % in the "classic" group and 33% in «mini-invasive».

Data analysis showed no correlation between the earlier pain and (a) the result of "knee walking" test or (b) the thickness of the peri- tendon. It was found a correlation between the results of «knee walking» test and the asymmetry of tabs width in the "mini-invasive" group.

The IKDC scores: a) Subjective was virtually identical and b) Objective was 94% (or A) to the "classic" group and 81% (A or B) to the group "mini- invasive".

This "mini- invasive" technique respects the infra- patellar branch of intern saphenous nerve in 95%. The indication of sampling patellar graft by "mini invasive" technique is the TTA type III.

IMPORTANCE OF SCHOOL SPINAL SCREENING IN EARLY DIAGNOSIS OF SPINE DEFORMITIES



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Introduction: Spine deformities, especially idiopathic adolescent scoliosis is a common disease with a prevalence of 0.47–5.2 %. Early clinical detection of scoliosis relies on careful examination of trunk shape and is subject to screening programs in many countries. School-based screening for scoliosis is performed primarily for the purpose of early detection of spinal deformity, which enables implementation of early conservative treatment that can reduce the risk of curve progression. Although X-ray is the gold standard for diagnosis of idiopathic scoliosis, it is not used as a screening method because of the risks associated with radiation exposure.

Materials and methods: School spinal screening was performed in Republic of Moldova for the first time. A project initiated by the authors has been started in the schools of Chisinau city. School spinal screening was performed in 2741 pupils aged 6-17, mean age - 11,47±0,057 (95% CI: 11,36-11,58). There were 1278 (46,63%) girls and 1463 (53,37%) boys. Clinical orthopedic examination of the spine was performed using six standard positions including Adams forward bending test