At 112(81.0%) the acute pain syndrome was cured by the head-halter traction. At 26(19.0%) the one-time reposition of the C1-C2 subluxation was performed under the general anesthesia. In the cases of the chronic pain syndrome the optimal methodology turned to be the isometric relaxation with the following one-time reposition of the C1-C2 subluxation and the elimination of the intervertebral functional blocking.
Conclusions: 1.The acute cervical pain syndrome was caused by the acute subluxation in the atlanto-axial joint. For its treatment the head-halter traction is indicated. If it is impossible, the one-time reposition under the general anesthesia with the following immobilization by the neck collar should be used; 2.The chronic cervical pain syndrome was caused by many different factors. In these cases the treatment should include the procedures of manual medicine which need to be determined in each particular case.
Keywords: the cervical pain syndrome, children, treatment.

ACTIVITY OF THE HUMAN TISSUE BANK FOR ORTHOPEDIC SERVICE IN MOLDOVA

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Background The transplantation activities started in the Republic of Moldova with skeletal tissues in 1960. The first valve transplant was performed in 2002 and 30 other valve transplants have been done throughout the following 5 years. On March 2008, was passed the Law no. 42-XVI on the transplant of organs, tissues and cells, modified by Law no.103 of the June 2014.
Results The evaluation, by the Council of Europe's experts, of the system of human organs, tissues and cells transplant in the Republic of Moldova confirmed the complicated situation in the field of transplant and encouraged the mobilisation of the domestic forces, aiming at the implementation of priority strategies and activities related to human organs, tissues and cells procurement and transplant.
The first Multi-tissue bank has been authorized in 2013 by the Ministry of Health. It has authorization for procurement, processing, preservation and delivering allogeneic and autologous skin, bones, nerves, cartilage, meniscus, fascia, vessels, amniotic membrane, autologous adipose tissue and autologous bone marrow.
Procurements of tissues in 2014 was performed from 29 deceased donors and 10 living donors were procured 184 tissues (46 cornea), processed – 544, transplanted – 372 (46 cornea) to 218 patients.
Conclusions One of the aims pursued by the Republic of Moldova is to establish an efficient, functional transplant system that will cover the country's needs in tissues for the patient's treatment.
The evaluation of the transplant system in the Republic of Moldova has pointed out the key-issues that are at the basis of developing the national transplant programme and building a well-organised infrastructure.
Keywords: bone grafts, tendons, tissue bank.

THERAPY FOR COMPLEX REGIONAL PAIN SYNDROME

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Other names: causalgia, algodystrophy, postraumatic dystrophy, Sudeck's atrophy, shoulder-hand syndrome, Reflex simpathetic dystrophy (RSD).
RSD/CRPS is a multi-system syndrome with diverse symptoms characterized by constant pain. It affects the central nervous system, immune, autonomic and vascular system . Usually CRPS affects one or more extremities but it can affect any part of the body. CRPS symptoms vary in severity and duration.
Anyone can get CRPS. It can strike at any age and affects both men and women. The average age of affected individuals is about age 38-40. Children do not get it before age 5, but it is not uncommon in teenagers. CRPS is rare in the elderly. Precipitating factors include injury and surgery. However, there is no relationship to the severity of trauma while in some cases there is no precipitating trauma at all (9%).
The diagnosis of CRPS cannot be made on imaging or laboratory tests. The condition is diagnosed on the basis of clinical criteria "BUDAPESTA" - 2/4 presence of symptoms: sensory, vasomotor, sudomotor/oedema, motor/trophic.
In 2011-2016, the IMS Private SRL MEDICORT addressed 19 patients with CRPS diagnosis: 4 - men, 15 - women.Two women had the severe form of CRPS. There is no simple cure for CRPS. Treatment often involves a number of approaches and aims to restore movement and function of the affected limb. Options may include:

- medication – such as pain-relieving medications (non-steroidal anti-inflammatory drugs; Psychotropic drugs; corticosteroids that treat inflammation/swelling and edema; local anesthetic creams).
- rehabilitation therapy – such as physiotherapy and occupational therapy.
- counselling and psychological support –to help the person cope with stress, depression and constant pain.
- intervention therapy – such as nerve blocks. The most commonly used is a sympathetic ganglion block, which involves the use of a local anaesthetic to stop some of the nerves in the affected limb from working.

To achieve good results, we used Ultrasound Guided supraclavicular / axillary / Sciatic Nerve Block with local anesthetic and corticosteroids, with rehabilitation therapy for 30 minutes, 2-5 procedures in number every six days dependent CRPS clinical forms.

Keywords: nerve block, complex regional pain syndrome.

RESULTS OF THE MINIMAL INVASIVE SURGICAL TREATMENT OF PATIENTS WITH METASTATIC VERTEBRAL FRACTURES

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Pathological vertebral fractures in oncological patients are extremely painful and causes significant dissability and dramatic decrease in quality of life. In most cases, these patients are not candidates for conventional surgery of stabilization and radiation therapy effects take time for efficient installation.

Development of minimally invasive surgical techniques have revolutionized by a simple and efficient approach, the management of pathological vertebral fractures.

Vertebroplasty and kyphoplasty offer patients a minimally invasive, percutaneous procedure that dramatically reduces pain related to pathologic vertebral fractures almost immediately with very low complication rates.

Visual analog scale pain scores, analgesic usage and quality of life scales (SF-36) have all been shown have demonstrated their effectiveness to improve in a durable fashion for over 1 year. Also, these interventions have proven efficacy especially after combining them with basic therapy (chemotherapy and / or radiotherapy).

Conclusion. Methods of minimally invasive treatment of metastatic vertebral fractures with a rigorous patient selection, provides effective control of pain with reduced consumption of analgesics and the possibility of continuing background therapy, improving thus the quality of life and life expectancy of these patients .

Keywords: metastatic vertebral fractures, vertebroplasty, kyphoplasty, SF-36, VAS.

MANAGEMENT OF MISSED INJURIES IN POLYTRAUMA PATIENT

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According CRICO Strategies, among the most common and costly medical errors committed in emergency departments are establishing a delay in diagnosis or misdiagnosis, which can have a tragic end for the patient.

The management of multiple trauma patients presents a worldwide diagnostic and therapeutic challenge to trauma, orthopedic and general surgeons. Significant injuries can be missed during primary and secondary surveys in multiply injured patients, for whom resuscitation, diagnosis and therapy have to proceed simultaneously. Many factors involved in the initial resuscitation of the multiple trauma patients, such as altered level of consciousness, hemodynamic instability, or inexperience and inadequate diagnostic evaluation, may lead to missed injuries or a „medical errors". The injuries can be missed at any stage of the management of the trauma patient, including intraoperatively, and may involve all regions of the body.

Management of polytraumatised patient need application of primary and secondary survey protocols, as is the ATLS (Advanced Trauma Life Support) protocol, will minimize the chance of life-threatening critical medical errors.

Also, intraoperative careful approach is needed for all patients, but especially for hemodynamically unstable patients, giving priority to other regions of the human body than appreciated as trauma, for the presence of vascular lesions.

Examination of polytraumatised patient with special vigilance in a tertiary look, after patient returns to consciousness, will help detect missed lesions during the initial assessment. In most cases we detect missed lesions. This approach will lead to early detection of missed injuries and reduce lost their consequences.

Keywords: missed injuries, polytrauma, ATLS.