

Objectives

Solitary bone cyst on heels Represents a pseudotumoral pathology with asymptomatic onset. There are controversial opinions – to use conservative treatment in these patients, but some authors believe that during the consolidation of pathological fracture, the given could regress. .

Material and methods

8 patients were included in our study: 6 females and 2 males; age 15-22 – 7 patients, 1 patient – 35 y.o. All the patients were treated surgically – marginal and parietal intracavitary resection followed by substitution of remaining defect with cortical allograft cortical.

Results

In the postoperative and distant period in 7 cases the recovery process was completed with good results. At 35 years old patient during postoperative evolution was developed purulent process – removing of allograft, antiseptic treatment. Later, in ЦИТО was performed the endoprosthetic operation of calcaneus by the method S.T.Zațepin, satisfactory result.

Conclusions

Surgical interventions include various procedures: endoscopic curettage, cryodestruction or electrocautery of cyst walls, osteoplasty of outstanding defect, sealing the remaining cavity with carbon or bioceramic substances. Independently of the treatment methods used, often relapses occur. According to the experience of many authors, including our, we consider that currently the safest method of treatment is surgical intervention: removal of pathological outbreak through different types of resection, and osteoplasty of remaining defect.

Keywords: solitary bone cyst, surgical treatment, cortical allograft.

TREATMENT OF CHRONIC COCCYDYNIA



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Coccydynia is a rare but painful disorder characterized by axial coccygeal pain which is typically exacerbated by pressure. 35 patients with chronic coccydynia were included into the study. Among them 30 females and 5 males; mean age 39 years – range 12 to 58 years. The mean symptom duration was 3 months (range 1 to 6 months). Twenty-one patients had a history of trauma and the rest were considered idiopathic. No patient with trauma addressed at the time of the incident.

The results of our study allowed to establish that the conservative treatment is the treatments of choice for patients with coccydynia despise etiology, radiographic data and intensity of clinical symptoms. Successful results can be obtained and maintained with no less then two courses of conservative treatment. For patients unresponsive to conservative treatment, coccygectomy is a successful method of treatment.

Keywords: chronic coccydynia, trauma, conservative treatment, coccygectomy.

ASOCIATED INJURIES OF THE PERIPHERAL NERVES OF THE FOREARM AND MANAGEMENT OF SURGICAL TREATMENT



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Introduction

Repair of a peripheral nerve has considerable functional consequences for the individual, due to sensory and motor loss, as well as the pain and discomfort from cold intolerance.

Material and methods

Our experience refers to the period 1998-2016 years based on the treatment of 104 patients with associated nerve injuries. Patients were aged between 16 and 65 year, 83 were male and 21 female; in 87 cases the nerve lesions were associated with flexor tendons injuries and in 42 cases with a variety of fractures. Nerve injuries consisted in multiple lesions of the proper digital nerves - 16 cases, lesions of the common digital nerves at palm level— 19 cases, lesions of the median or ulnar nerves in the fore-arm- 50 cases, combined injuries of median and ulnar nerves were found in 19 cases.

Primary surgical approach included anatomical restoration of skeletal and tendinous elements. In 54 the nerve reconstruction was also performed, utilizing epineurotomy in 61 cases and the epineurotomy in 7 cases, neurolysis in 29 cases. In 7 cases with irreparable radial nerve palsy we used with successful transfers of muscle tendon.

Results and discussion

There still are discussions about the optimal posttraumatic delay for nerve reconstruction, but one condition must be clear: injuries of the nerves in the hand require — especially if the motor component is involved - an as early as possible surgical

approach.

As above mentioned, we performed primary neurorraphy in 54 cases.

Results were considered good in 18 cases, satisfactory in 31 and poor in 5 cases.

Microscopic techniques utilizing atraumatic materials combined with an active postoperative recuperatory management allowed us to obtain favorable results in associated injuries of the hand.

In 24 cases the lesions were associated with fractures of the humerus bone, in 4 cases - with fractures of the radial bone. The open lesion of the nerve was present in 6 cases, in 2 of which was lesioned the median nerve, in 1 - was lesioned the median, ulnar and radial nerves.

In 7 cases with irreparable radial nerve palsy we used with successful transfers of muscle tendon. The long term results were followed for 7 patients. Good results were registered in 4 cases, satisfactory 3 cases.

Keywords: injuries nerve, radial nerve palsy, transfers of muscle tendon

INTRAOPERATIVE PREVENTION AND TREATMENT OF PERIPROSTHETIC INFECTION AFTER TOTAL HIP OR KNEE REPLACEMENT



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Steady increase in primary total hip replacement and total knee replacement in Ukraine and worldwide inevitably leads to corresponding increase in absolute incidence of their complications, including periprosthetic infection (PPI). Its frequency has been reported lately from 0.5% to 3.0%. In absolute numbers it means hundreds and thousands of patients per year. Patients with surgical site infection are 60% more likely to stay in an intensive care unit, 5 times more likely to readmit to the hospital, and have a double mortality rate compared to patients without surgical site infection. PPI does not only negate the effect of the surgery, but often puts the limb or even the patient's survival at risk. This necessitates constant search of new or improved ways to prevent and to treat PPI.

The intraoperative measures for prophylaxis of infection after total hip or knee replacement were substantiated, namely the effect of laminar clean air in the operating room. Introducing laminar clean air caused a decrease in total microbial count of the air by 60 times, and a decrease in particular matter $> 0.3 \mu\text{m}$ ($\text{PM}_{0.3}$) count by 7289 times ($p < 0.001$), which was associated with a shortening of mean postoperative hospital stay from 11.10 ± 4.01 to 8.64 ± 2.84 , a decrease in percentage of patients who spent over 14 days in hospital after surgery from 7.3% to 2.2%, and a decrease in infection rate after total hip or knee replacement from 3.3% to 1.1%.

Improved technique of two stage exchange arthroplasty of the hip using the designed antibiotic impregnated cement spacers made intraoperatively with the designed metallic molds was used in 49 patients with periprosthetic infection after total hip replacement. Infection eradication and good functional results were achieved in 89.5%. Mean Harris Hip Score at follow up was 87.18 ± 6.44 .

Improved technique of two stage knee revision using the designed articulating antibiotic impregnated cement spacers was used in 20 patients with infected total knee replacement. Infection control and good functional results were achieved in 84.2%. At follow up, mean Knee Injury and Osteoarthritis Outcome Score was 67.9 ± 6.2 , mean Knee Society Score was 72.8 ± 2.7 .

Keywords: two stage exchange arthroplasty, two stage revision, periprosthetic infection, infected TKA, infected THA, diagnosis, treatment, spacer, intraoperative prophylaxis, laminar clean air.