

COMPLEX SURGICAL - CONSERVATIVE TREATMENT OF SEVERE VERTEBRO-MEDULARE POSTTRAUMATIC CONSEQUENCES

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MIELIC TRAUMATISMS ARE A COMPONENT PART OF SPINAL CORD TRAUMA, REPRESENTING 1% OF ALL INJURIES AND UP TO 48% OF ALL VERTEBRAL COLUMN PATHOLOGY.

RESIDUAL PERIOD (THE CONSEQUENCES) HAS UNCERTAIN CLINICAL COURSE, WHERE SPINAL FUNCTIONS RECOVERING DEPENDS ON THE LESION SEVERITY OR NEUROLOGICAL SYMPTOMATIC AGGRAVATION, CAUSED BY THE DEVELOPMENT OF POSTTRAUMATIC VERTEBRAL PROCESSES DEFORMITIES, ADHESIONS, THE POSTTRAUMATIC INSTABILITY WITH LATE SPINAL COMPRESSION OCCURRENCE.

A RATIONAL COMBINATION OF SURGERY DECOMPRESSION, SELECTIVELY IN BOTH SURGICAL APPROACHES BY HEMILAMINECTOMY, LAMINECTOMY, VERTEBROECTOMY, FORAMINECTOMY WITH A STRONG STABILIZATION OF AFFECTED SEGMENTS AND COMPLEX CONSERVATIVE TREATMENT SHOWED THE EXPECTED RESULT. TO ASSESS FUNCTIONAL OUTCOME SCORE WAS USED FRANKEL, ASIA, OSWESTRY SCORE. AVERAGE RECOIL WAS DONE IN THE PERIOD FROM 4 MONTHS TO 5 YEARS.

OBJECTIVES. *EVALUATION OF SURGICAL TREATMENT AND COMPLEX REHABILITATION TASK OF PATIENTS WITH SEVERE POSTTRAUMATIC SPINE DISORDERS.*

MATERIALS AND METHODS. *DURING THE YEARS 2004-2014 IN ORTHOPEDICS – TRAUMATOLOGY CLINIC AND CENTRAL CLINICAL MILITARY HOSPITAL HAS BEEN DONE SURGICAL INTERVENTIONS TO 41 PATIENTS WITH VERTEBRO-MEDULARE CONSEQUENCES. SURGICAL INTERVENTIONS, CORRESPONDING TO THE TIME AFTER TRAUMATISM, HAVE BEEN DONE FROM 8 MONTHS TO 8 YEARS, IN*

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AVERAGE 2,4±0,4 YEARS. MOST PATIENTS 36 (87.8%) OF 41 WERE UNABLE TO WORK, INCLUDING DISABLED GRADE I - 29 (70.7%), GRADE II - 5 (12.2%), GRADE III - 2 (4, 87%).

IN POSTOPERATIVE PERIOD, COMPLEX MULTIDISCIPLINARY REHABILITATION DENOTES NORMALIZATION OF METABOLIC DISORDERS, PHYSIOLOGICAL ACTS RECOVERY, PREVENTION AND LIQUIDATION OF TROPHIC DISORDERS AND OSTEOARTICULAR SYSTEM DEFORMITIES, IMPROVING THE MUSCULOSKELETAL FUNCTION OF LIMBS FOR INDEPENDENT MOVEMENT AND SELF-SERVICE SKILLS.

***RESULTS.** AFTER SURGICAL INTERVENTIONS HAVE BEEN DETERMINED PARTIAL OR TOTAL REGRESSION OF NEUROLOGICAL SYMPTOMS, SPINAL PAIN SYNDROME RELIEF, SIGNIFICANTLY WAS IMPROVED THE PATIENT'S LIFE QUALITY (LOCOMOTION, SELF-SERVICE). FULL NEUROLOGICAL REGRESSION HAS BEEN ACHIEVED 9 (21.9%) PATIENTS, REACHED UNTIL 10 MONTHS TERMS. GOOD AND SATISFACTORY RESULTS - 26 (63.4%) PATIENTS.*

***CONCLUSIONS.** DECOMPRESSION WITH FRACTURE STABILITY ALLOWS EARLY ACTIVATION OF THE PATIENT, IN ORDER TO COMBAT THE DEVELOPMENT OF TROPHIC DISORDERS, URINARY, PULMONARY AND CARDIOVASCULAR COMPLICATIONS, ETC. COMPLEX REHABILITATION WITH NEW TECHNOLOGIES OF VERTICALIZATION ALLOWS PATIENTS A BETTER LIFE QUALITY, FASTEST INVOLVEMENT IN SOCIAL LIFE AND PSYCHOLOGICAL RESTORATION.*

KEYWORDS: VERTEBRO-MEDULARE CONSEQUENCES, LAMINECTOMY, NEUROLOGICAL REGRESSION.