

“Constantin Brâncuși” University of Târgu-Jiu
Students League of Constantin Brâncuși University

RESEARCH AND SCIENCE TODAY
SUPPLEMENT

~ Scientific Review ~

No. 1/2015

ISSN-e: 2344 – 0007

ISSN-L: 2344 – 0007

Târgu-Jiu 2015

Cover: Batcu Alexandru

Editing: Mărcău Flavius-Cristian

Director: Mărcău Flavius-Cristian

Contact:

Mail: flaviusmarcau@yahoo.com

Tel: +40766665670

ACADEMICA BRÂNCUȘI PUBLISHING
ADDRESS: REPUBLICII AVENUE, NO. 1
Târgu Jiu, Gorj
Tel: 0253/218222

COPYRIGHT:

- Reproductions are authorized without charging any fees, on condition the source is acknowledged.
- Responsibility for the content of the paper is entirely to the authors.

SCIENTIFIC COMMITTEE:

Prof. univ. dr. Adrian Gorun, Secretary General, National Commission for Prognosis.

Prof. univ. dr. ing. Ecaterina Andronescu, University Politehnica of Bucharest.

Prof. univ. dr. Michael Shafir, Doctoral School in International Relations and Security Studies, "Babes-Bolyai" University.

Prof. univ. dr. Nastasă Kovács Lucian, The Romanian Academy Cluj-Napoca, "George Baritiu" History Institute.

Prof. univ. dr. Adrian Ivan, Doctoral School in International Relations and Security Studies, "Babes-Bolyai" University.

Prof. Dr. Miskolczy Ambrus, Eotvos Lorand Univeristy (ELTE), Hungary.

Dr. Gregg Alexander, University of the Free State, South Africa.

Professor, dr. jur. et phil. Ditlev Tamm, Center for retskulturelle studier (CRS), University of Copenhagen.

Prof. univ. dr. Iancu Elena Anca, "Alexandru Ioan Cuza" Police Academy, Bucharest.

Prof. univ. dr. Victor Munteanu, Christian University "Dimitrie Cantemir".

Prof. univ. dr. Florin Müller, Unviersity of Bucharest.

Prof. univ. dr. Ilias Nicolae, University of Petrosani.

Prof. Univ. dr. Doinița Ariton, Danubius University of Galati.

Prof. Univ. dr. Ioan Deac, National Defence University "Carol I".

Prof. univ. dr. ing. Gheorghe Solomon, University Politehnica of Bucharest.

Prof. univ. dr. Iuliana Ciochină, "Constantin Brâncoveanu" University.

Prof. univ. dr. ing. Marius Bulgaru, Technical University of Cluj-Napoca.

Prof. univ. dr. Nicolae Todea, University "1 Decembrie 1918" of Alba Iulia.

Prof. univ, dr.ing. Mircea Neagoie, Transilvania University of Brasov.

Prof. univ. dr. Niculescu George, "Constantin Brâncuși" University of Târgu-Jiu.

Prof. univ. dr. Moise Bojincă, "Constantin Brâncuși" University of Târgu-Jiu.

Prof. univ. dr. Popescu Luminița, "Constantin Brâncuși" University of Târgu-Jiu.

Prof. univ. dr. Cruceru Mihai, "Constantin Brâncuși" University of Târgu-Jiu.

Prof. univ. dr. Gămăneci Gheorghe, Universitatea "Constantin Brâncuși" din Târgu-Jiu.

Prof. univ. dr. Ghimiși Ștefan Sorinel, "Constantin Brâncuși" University of Târgu-Jiu.

Prof. univ. dr. Bică Monica Delia, "Constantin Brâncuși" University of Târgu-Jiu.

Prof. univ. dr. Babucea Ana Gabriela, "Constantin Brâncuși" University of Târgu-Jiu.

C.S II Duță Paul, Romanian Diplomatic Institute.

Conf. univ. dr. Răzvan Cătălin Dobrea, Academy of Economic Studies.

Pr. Conf. univ. dr. Dumitru A. Vanca, University "1 Decembrie 1918" of Alba Iulia.

Conf. univ. dr. Purec Sorin, "Constantin Brâncuși" University of Târgu-Jiu.

Conf. univ. dr. Neamțu Liviu, "Constantin Brâncuși" University of Târgu-Jiu.

C.S. III Manolache Viorella, Institute of the Political Science and International Relations, Romanian Academy

Lect. univ. dr. Tomescu Ina Raluca, "Constantin Brâncuși" University of Târgu-Jiu.

Lect. univ. dr. Dan Ionescu, "Lucian Blaga" University of Sibiu.

Lect. univ. dr. Hadrian Gorun, "Constantin Brâncuși" University of Târgu-Jiu.

Lect. univ. dr. Rujan Cristinel, "Constantin Brâncuși" University of Târgu-Jiu.

Lect. univ. dr. Trocan Laura Magdalena, "Constantin Brâncuși" University of Târgu-Jiu.

Lect. univ. dr. Simionescu Elena Giorgiana, "Constantin Brâncuși" University of Târgu-Jiu.

Lect. univ. dr. Gavrilescu Alin, "Constantin Brâncuși" University of Târgu-Jiu.

Lect. univ. dr. Plăstoi Camelia, "Constantin Brâncuși" University of Târgu-Jiu.

Ș.I. dr. Ciofu Cristian Florin, "Constantin Brâncuși" University of Târgu-Jiu.

CONTENT

MEDICINE

- **MINIMALLY INVASIVE TREATMENT OF TROCHANTERIC FRACTURES WITH INTRAMEDULLARY NAILS. TECHNIQUE AND RESULTS.....** 8
 Adrian Todor
 Dan Nistor
 Cristian Buescu
 Dan Lucaciu
- **PREOPERATIVE CT-BASED PLANNING FOR PEDICLE SCREW PLACEMENT IN CONGENITAL SCOLIOSIS SURGERY** 9
 Alexandru Bogdan THIERY
 Maria Cristina BRADEANU
 Mihai MĂGUREAN
 Sergiu STRATICIUC
 Carmen PÎRȘU
- **PERIPROSTHETIC FEMORAL FRACTURES AROUND HIP ARTHROPLASTIES** 10
 Bogdan Adrian GOGULESCU
 Nicolae GOGULESCU
- **OSTEOSYNTHESIS WITH PLATE AND SCREWS FOR FRACTURED DISTAL RADIUS** 12
 Bogdan Adrian GOGULESCU
 Nicolae GOGULESCU
- **SINGLE-IMPLANT SINGLE-APPROACH TECHNIQUE IN SCHATZKER VI TIBIAL PLATEAU FRACTURES, A 1 YEAR GAIT FOLLOW UP.....** 13
 D. CRISAN
 D.-I. STOIA
 R. PREJBEANU
 D. VERMESAN
 A. BOSCU
 H. HARAGUS
- **IS THE KENT HIP A VIABLE THERAPEUTIC OPTION FOR THE HIP ARTHROPLASTY?** 15
 B. DELEANU
 R. PREJBEANU
 D. VERMESAN
 D. CRISAN
 H. HARAGUS
 L. HONCEA
- **LOWER LIMB VS UPPER LIMB REPLANTATIONS** 17
 Dragos ZAMFIRESCU
 A STEFANESCU
 C POPOVICIU
 I. LASCAR
- **MICROSURGICAL FIBULAR FLAP FOR TREATMENT OF AVASCULAR NECROSIS OF THE FEMORAL HEAD** 19
 Dragos ZAMFIRESCU
 C ANGHELUTA
 A. URSACHE
 I CRISTESCU
 I LASCAR
- **ORTHOPLASTIC MICROSURGERY** 21
 Dragos ZAMFIRESCU

➤	TREATMENT AND DIAGNOSTIC PURPOSE ARTHROSCOPY IN NONTRAUMATIC PATHOLOGY OF THE KNEE	22
	Gheorghe FARAGO Călin HOZAN Monica FARAGO	
➤	BILATERAL OSTEONECROSIS OF THE HUMERAL HEAD AND FEMORAL HEAD – A CASE REPORT	24
	Florin MARINESCU	
➤	A RARE CAUSE OF CHRONIC HINDFOOT PAIN: TALAR CYST ADJACENT TO SUBTALAR JOINT, TREATED BY ARTHROSCOPY	26
	George Ovidiu MUNTEAN Cristea COSTACHE Raluca IORDACHE Tudor DUMITRESCU	
➤	MEDIUM-TERM RESULTS OF THE ARTHROSCOPIC TREATMENT OF SHOULDER RECURRENT DISLOCATION	27
	George Ovidiu MUNTEAN Cristea COSTACHE Raluca IORDACHE Tudor DUMITRESCU	
➤	OUR EXPERIENCE IN TREATING ELDERLY POLYTRAUMATISED PEOPLE	29
	F. GROSEANU C. BUDICA A. PRUNDEANU C. MIHAI C. GRECEA ST. CRISTEA	
➤	ARTHROSCOPIC TREATMENT OF ANTERIOR SHOULDER INSTABILITY	31
	Nicolae ERHAN Viorel VETRILĂ S. MOLOȘNIC	
➤	RECONSTRUCTIVE OPERATIONS IN CHILDREN AND TEENAGERS WITH SPINE DEFORMATIONS	33
	Nicolae ȘAVGA	
➤	SURGICAL MANAGEMENT OF CHILDREN WITH SEVERE SCOLIOSIS	35
	Nicolae ȘAVGA	
➤	MEDIUM-TERM RESULTS OF CEMENTLESS TOTAL HIP ARTHROPLASTY OF THE DYSPLASTIC HIP	36
	Nagy ÖRS Zuh SÁNDOR-GYÖRGY Gergely ISTVÁN Attila KOVÁCS	
➤	ARTROSCOPIC RELEASING IN EXTERNAL SNAPPING HIP – CASE PRESENTATION	38
	Radu FLEACA Cosmin MOHOR Mihai ROMAN	
➤	PAST, PRESENT AND FUTURE IN ACL ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION	40
	Radu PREJBEANU Dinu VERMESAN Horia HARAGUS Andrei BALANESCU Anca BOSCU	

➤	MINIMALLY INVASIVE TREATMENT IN DISTAL TIBIAL FRACTURES	42
	R. VLADUTU B. ANGLITOIU C. FAUR T. DINCA M. GIURA J.M. PĂTRAȘCU	
➤	TREATMENT OF POSTTRAUMATIC INFECTED BONE DEFECTS BY THE INDUCED MEMBRANE TECHNIQUE- CASE REPORT	43
	Roman POPESCU Emil George HARITINIAN Anca BOCA Daniel GEAMĂNU Adrian CIOBANU Mihai Viorel POPESCU	
➤	MINI-INVASIVE ANTERIOR APPROACH AND LATERAL HARDINGE APPROACH IN HIP ARTHROPLASTY	45
	Serban DRAGOSLOVEANU Cristian STOICA Calin DRAGOSLOVEANU Stefan CRISTEA	
➤	MINI-INVASIVE SURGICAL TECHNIQUE IN KNEE ARTHROPLASTY	46
	Serban DRAGOSLOVEANU Cristian STOICA Calin DRAGOSLOVEANU Stefan CRISTEA	
➤	COMPLEX SURGICAL - CONSERVATIVE TREATMENT OF SEVERE VERTEBRO-MEDULARE POSTTRAUMATIC CONSEQUENCES	47
	Ion STUPAC Nicolae CAPROȘ Ilie STUPAC Anatol TAGADIUC Andrei USAȚÎ	
➤	RESULTS IN THE SURGICAL TREATMENT OF COMPLEX TIBIAL PLATEAU FRACTURES - 10-YEAR RETROSPECTIVE STUDY	49
	Vlad ALBULESCU Cosmin SELEA Ionut GALEA Cosmin FAUR Bogdan ANGLITOIU Jenel Marian PĂTRAȘCU	
➤	CORRELATION BETWEEN PATIENT ACTIVITY LEVELS AND CHONDRAL LESIONS IN THE KNEE	51
	Ancuța ZAZGYVA Sándor-György ZUH Örs NAGY Octav RUSSU István GERGELY Tudor Sorin POP	
➤	CORRELATIONS BETWEEN ANTHROPOMETRIC MEASUREMENTS AND HAMSTRING AUTOGRAFTS	53
	Sándor-György ZUH Ancuța ZAZGYVA István GERGELY Tudor Sorin POP Octav RUSSU Örs NAGY	
➤	INFORMATION ABOUT RESEARCH AND SCIENCE TODAY JOURNAL	55

A valuable journal, Research and Science Today, has an important purpose to raise the level of scientific quality in Romania through its scientific and analytical content.

SOROT specialists from all over the country and abroad are formulating Interesting and original abstracts presented at Romanian National Congress of Orthopedics and Traumatology, Constanța 2014 and now published in the pages of Research and Science Today.

This Journal has a very rigorous peer review thus respecting the international standards of its contents through the originality and quality of medical abstracts.

We must recognise and work within the limits of our competence. When we have disagreements during application of medical and surgical treatment, the honesty and fairness should lead us to consultation with other colleagues, thus putting us in the service of patients, practicing medicine for their benefit.

This way we will be able to keep up to date our knowledge and also by attending relevant meetings and congresses.

*President of SOROT,
Prof. Dr. Cătălin Cîrstoiu*

MINIMALLY INVASIVE TREATMENT OF TROCHANTERIC FRACTURES WITH INTRAMEDULLARY NAILS. TECHNIQUE AND RESULTS

Adrian Todor¹
Dan Nistor²
Cristian Buescu³
Dan Lucaciu⁴

THE AIM OF THE STUDY WAS TO EVALUATE THE RESULTS OF MINIMALLY INVASIVE TREATMENT OF TROCHANTERIC FRACTURES WITH THE USE OF INTRAMEDULLARY NAILS.

***PATIENTS AND METHODS.** FROM JANUARY 2011 TO JANUARY 2013 WE TREATED 28 PATIENTS WITH PERTROCHANTERIC FRACTURES BY A MINIMALLY INVASIVE TECHNIQUE USING THE GAMMA 3 (STRYKER, HOWMEDICA) NAIL. THERE WERE 17 FEMALES AND 11 MEN WITH A MEAN AGE OF 74.1 YEARS, RANGING FROM 58 TO 88 YEARS. FRACTURES WERE CLASSIFIED AS BEING STABLE (AO TYPE 31-A1) IN 8 CASES AND UNSTABLE (AO TYPE 31-A2 AND A3) IN THE REST OF 20 CASES. PATIENTS WERE REVIEWED AT 6 WEEKS AND 3 MONTHS POSTOPERATIVELY.*

***RESULTS.** MEAN SURGERY TIME WAS 41.8 MINUTES AND MEAN HOSPITAL STAY WAS 13.6 DAYS. NO PATIENTS REQUIRED BLOOD TRANSFUSIONS. DURING THE HOSPITAL STAY ALL THE PATIENTS WERE MOBILIZED WITH WEIGHT BEARING AS TOLERATED. ALL PATIENTS WERE AVAILABLE FOR REVIEW AT 6 WEEKS, AND 2 WERE LOST TO THE 3 MONTHS FOLLOW UP. 22 PATIENTS REGAINED THE PREVIOUS LEVEL OF ACTIVITY.*

***CONCLUSIONS.** THIS MINIMALLY INVASIVE TECHNIQUE USING A GAMMA NAIL DEVICE FOR PERTROCHANTERIC FRACTURES GIVES RELIABLE GOOD RESULTS WITH EXCELLENT PRESERVATION OF HIP FUNCTION.*

KEYWORDS: TROCHANTERIC FRACTURES, MINIMALLY INVASIVE, GAMMA NAIL.

¹ Orthopedics and Traumatology Clinic, Iuliu Hațieganu University of Medicine and Pharmacy, Cluj-Napoca

² Orthopedics and Traumatology Clinic, Iuliu Hațieganu University of Medicine and Pharmacy, Cluj-Napoca

³ Orthopedics and Traumatology Clinic, Iuliu Hațieganu University of Medicine and Pharmacy, Cluj-Napoca

⁴ Orthopedics and Traumatology Clinic, Iuliu Hațieganu University of Medicine and Pharmacy, Cluj-Napoca

PREOPERATIVE CT-BASED PLANNING FOR PEDICLE SCREW PLACEMENT IN CONGENITAL SCOLIOSIS SURGERY

Alexandru Bogdan THIERY¹

Maria Cristina BRADEANU²

Mihai MĂGUREAN³

Sergiu STRATICIUC⁴

Carmen PÎRȘU⁵

DURING THE LAST FEW YEARS, PEDICLE SCREW PLACEMENT FOR INSTRUMENTED FUSION OF IDIOPATHIC SCOLIOSIS BECAME A ROUTINE PROCEDURE AMONG SPINAL SURGEONS; AFTER THE LEARNING CURVE, MOST OF THE SURGEONS ARE CONFIDENT TO PLACE THE SCREWS USING A “FREE-HAND” TECHNIQUE, THE C-ARM BEING USED ONLY TO CONFIRM THE ACCURACY OF SCREW PLACEMENT.

CONGENITAL SCOLIOSIS SURGERY HAS SEVERAL PARTICULARITIES; ONE OF THESE IS THE DIFFICULTY OF ASSESSMENT OF THE PEDICLE SCREW TRAJECTORY FOR A MALFORMED VERTEBRA. THE NAVIGATION EQUIPMENT, TOGETHER WITH THE C-ARM / O-ARM CONTROL, MAKE THE SURGEON’S TASK LESS DIFFICULT.

TAKING INTO ACCOUNT THAT IN OUR INSTITUTIONS WE DO NOT HAVE SPINE-DEDICATED NAVIGATION EQUIPMENT, WE HAVE TRIED TO DEVELOP A SCREW PLACEMENT TECHNIQUE BASED ON THE PRE-OPERATIVE EVALUATION OF THE FULL SPINE CT-SCAN (MPR AND 3D VOLUME RENDERING IMAGES). NEW GENERATION CT-SCAN DEVICES (64 SLICES) ALLOW A HIGH-RESOLUTION SCAN OF THE ENTIRE SPINE IN A VERY SHORT TIME, WITH A RADIATION DOSE 50-70% LOWER THAN STANDARD CT.

WE DISCUSS OUR TECHNIQUE AND ESPECIALLY THE PROBLEMS ENCOUNTERED (RADIATION DOSE, PATIENT SUPINE DURING CT / PRONE DURING SURGERY) AND ALSO THE LIMITATIONS OF MRI AS A HELPFUL TOOL FOR THIS VERY PARTICULAR SURGERY.

KEYWORDS: SCOLIOSIS; CONGENITAL; PEDICLE SCREW; PREOPERATIVE CT

¹ MD, pediatric orthopedics surgeon, “Colentina” Spine Unit, Bucharest

² MD, radiologist, Sanador; Centrul Medical Academica, Bucharest

³ MD, orthopedic surgeon, “Colentina” Spine Unit, Bucharest

⁴ MD, PhD, pediatric orthopedics surgeon, “Sfanta Maria” Hospital for Children, Iasi

⁵ MD, orthopedic surgeon, “Colentina” Spine Unit, Bucharest

PERIPROSTHETIC FEMORAL FRACTURES AROUND HIP ARTHROPLASTIES

**Bogdan Adrian GOGULESCU¹
Nicolae GOGULESCU²**

ABSTRACT

PERIPROSTHETIC FEMORAL FRACTURES ARE THE MOST COMMON FRACTURES IN HIP ARTHROPLASTIES AND REPRESENTS THE THIRD CASE OF REVISION OF THE HIP. THEIR NUMBER INCREASES CONTINUOUSLY AND PRIMARILY AFFECTS WOMEN.

TREATMENT OF THESE FRACTURES CAN BE CHALLENGING IN A PATIENT POPULATION THAT TYPICALLY PRESENTS WITH MANY COMORBIDITIES.

METHODS:

THE AUTHORS ANALYSE THE CASES FROM THE PERIOD 2000-2009 AND INCIDENTS RELATED TO INSTALLATION DISTINGUISHED THE FIRST RODS FEMORAL, VIOLENT TRAUMA INDUCED FRACTURES AND FRACTURES WHICH OCCUR AFTER THE REDUCTION OF MECHANICAL CONDITIONS MARKED BY FIXATION OF THE PROSTHETIC COMPONENTS.

ARE NEW ANALYZE FACTORS CONTRIBUTING TO THE EMERGENCE OF PERIPROTETICE FRACTURES

THE FRACTURE TYPE WAS DETERMINED BY THE VANCOUVER CLASSIFICATION.

THE RESULT OF THE TREATMENT IS ASSESSED USING THE SCALE OF MERLE D AUBIGNE

CASES WERE TREATED BY OSTEOSYNTHESIS AND REVISION ARTHROPLASTY.

THERAPY WITH ANTIBIOTICS FOR 24 HOURS, TREATMENT AND PATIENT VERTICALIZAREA OF THE ANTITROMBOTIC SIXTH DAY CONTRIBUTED TO THE REDUCTION OF POSTOPERATIVE COMPLICATIONS?

RESULTS:

STABILITY OF FEMORAL STEM ALLOWS OSTEOSYNTHESIS.

THE QUALITY OF THE BONE AND THE EARLY REPRIZE OF PHYSICAL ACTIVITY HAVE LED TO THE BONE INTEGRATION AND STABILITY OF FEMORAL COMPONENT.

BREAKING MATERIAL OF OSTEOSYNTHESIS HELD GOOD WHEN NOT ACHIEVED STABILITY OF THE OUTBREAK.

COMORBIDITY AND BLOOD LOSS DOES NOT ALLOW EARLY RESUMPTION OF THE EFFORT.

¹ University "Dunărea de Jos" – Galati, Romania

² "St. Apostle Andrew" County Hospital of Galati, Romania, dr_gogulescu@yahoo.com

ARE DISCUSSED: THE FUNCTIONAL MUSCLE FAILURE, CHANGES OF STATIC, BALANCE DISORDERS, CIRCULATORY DISORDERS, CHANGES IN REGIONAL MECHANIC AND BIOLOGICAL COMPOORTAMENTULUI AND GROUNDS FOR THE SURGEON-DEPENDENT ERROR.

CONCLUSIONS:

PERIPROSTHETIC FEMORAL FRACTURE DEPEND ON IMPORTANT FACTORS: FALL, STABILITY OF IMPLANT, QUALITY OF BONE STOCK.

PERIPROSTHETIC FEMORAL FRACTURE TREATMENT DECISIONS DEPEND ON IMPORTANT FACTORS: FRACTURE LOCATION, STABILITY OF IMPLANT AND FRACTURE, QUALITY OF HOST BONE STOCK, PATIENT PHYSIOLOGY, AND SURGEON EXPERIENCE.

KEYWORDS: PERIPROSTHETIC FRACTURES, OSTEOSYNTHESIS , REVISION ARTHROPLASTY

OSTEOSYNTHESIS WITH PLATE AND SCREWS FOR FRACTURED DISTAL RADIUS

Bogdan Adrian GOGULESCU¹
Nicolae GOGULESCU²

ABSTRACT

OBJECTIVES:

THE AUTHORS ANALYZE THE RESULTS AFTER USING ANTERIOR OSTEOSYNTHESIS WITH PLATE AND SCREWS FOR FRACTURED DISTAL RADIUS.

MATERIAL AND METHOD:

FROM A TOTAL NUMBER OF 697 CASES THAT CAME TO THE EMERGENCY ROOM, 58 PATIENTS WERE SURGICALLY TREATED. FOR 20 OF THEM THE REDUCTION BY EXTERNAL FIXATION WAS USED, 18 WERE SOLVED BY FIXING THE CENTER OF THE FRACTURE WITH FRAGMENTS OF SMALL NAIL PERCUTANEOUSLY INSERTED AFTER THE REDUCTION HAD BEEN OBTAINED AND IN 10 CASES OPEN CENTER OSTEOSYNTHESIS WITH PLATE AND SCREWS WAS USED.

DISCUSSIONS AND RESULTS:

THE REDUCTION AND THE STABILIZATION OF THE CENTRE OF THE FRACTURE DEPEND ON THE TYPE OF PLATE AND FRACTURE. USING AN ANTERIOR APPROACH OFFERS MAXIMUM STABILITY, ALLOWS FOR THE REMOVAL OF THE SUPPLEMENTARY EXTERNAL CONTENTION AND FOR IMMEDIATE POST-OP MOBILIZATION.

SURGICAL INTERVENTION CANNOT SOLVE CORRECTLY THE CASES WITH SIGNIFICANT COMMUNITON RELATED TO THE ARTICULAR SURFACE.

THE RISKS OF THE INTERVENTION ARE THE SAME AS IN THE INTERVENTIONS ON OLDER PEOPLE AND THEY ARE SIGNIFICANTLY REDUCED ONCE THIS TECHNIQUE IS CURRENTLY USED.

CONCLUSIONS:

THE AUTHORS CONSIDER THAT STABILIZING THE FRACTURE CENTER BY MEANS OF VOLAR PLATE AND ANGULARLY STABLE SCREWS IS THE MOST ADVANTAGEOUS.

THE COMPLICATIONS ARE THOSE OF A SURGICAL INTERVENTION TO STABILIZE FRACTURE CENTERS.

THE TECHNIQUE DOES NOT CAUSE IMPORTANT ESTHETIC PREJUDICES, THE VOLAR SIDE OF THE FIST BEING LESS EXPOSED TO THE EYE.

KEYWORDS: FRACTURE, RADIUS, OSTEOSYNTHESIS PLATE.

¹ University "Dunărea de Jos" – Galati, Romania

² "St. Apostle Andrew" County Hospital of Galati, Romania, dr_gogulescu@yahoo.com

SINGLE-IMPLANT SINGLE-APPROACH TECHNIQUE IN SCHATZKER VI TIBIAL PLATEAU FRACTURES, A 1 YEAR GAIT FOLLOW UP

**D. CRISAN¹
D.-I. STOIA²
R. PREJBEANU³
D. VERMESAN⁴
A. BOSCU⁵
H. HARAGUS⁶**

INTRODUCTION

SCHATZKER VI TIBIAL PLATEAU FRACTURES REPRESENT THE MOST SEVERE INJURIES TO THE KNEE JOINT DESCRIBED IN LITERATURE ASSOCIATED THE EXTENSIVE SOFT TISSUE TRAUMA AND WITH SEVERE POSTOPERATIVE COMPLICATIONS AND A LONG RECOVERY PERIOD. GAIT ANALYSIS WAS USED AS A WAY OF QUANTIFYING THE PROGRESS THAT THE PATIENT HAS MADE IN THE REHABILITATION PHASE OF THE TREATMENT.

MATERIAL & METHOD

GATHERING THE GAIT DATA FROM THE NINE PATIENTS WITH SCHATZKER VI PROXIMAL TIBIAL FRACTURES INCLUDED IN THIS STUDY THAT WERE TREATED USING A LATERAL LOCKED ANGLE PLATE WAS POSSIBLE IN A DEDICATED BIOMECHANICAL LABORATORY WITH THE ZEBRIS CMS 10 (ZEBRIS, MEDIZINTECHNIK GMBH, GERMANY) 3D ANALYSIS SYSTEM AND THE ZEBRIS FDM PRESSURE FLOOR-MAT. THE PATIENTS WERE INVESTIGATED IN 3 SESSIONS, AT 4 (MEAN 3,7), 6 (MEAN 6,2) AND 12 (MEAN 11,7) MONTHS POSTOPERATIVELY AND THIS INCLUDED PATIENTS WITH AND WITHOUT OSTEOSYNTHESIS MATERIAL. HARDWARE REMOVAL WAS DONE NO EARLIER THAN A YEAR. A STATISTICAL COMPARISON WAS MADE BETWEEN THE 6 AND THE 12 MONTHS SESSIONS.

¹ Universitatea de Medicină și Farmacie “Victor Babeș”, Timișoara; Clinica Ortopedie-Traumatologie I, Spitalul Clinic Județean de Urgență Timișoara

² „Universitatea Politehnica “Traian Vuia“ Timișoara

³ Universitatea de Medicină și Farmacie “Victor Babeș”, Timișoara; Clinica Ortopedie-Traumatologie I, Spitalul Clinic Județean de Urgență Timișoara

⁴ Universitatea de Medicină și Farmacie “Victor Babeș”, Timișoara; Clinica Ortopedie-Traumatologie I, Spitalul Clinic Județean de Urgență Timișoara

⁵ Universitatea de Medicină și Farmacie “Victor Babeș”, Timișoara

⁶ Universitatea de Medicină și Farmacie “Victor Babeș”, Timișoara; Clinica Ortopedie-Traumatologie I, Spitalul Clinic Județean de Urgență Timișoara

PATIENTS WERE ASKED TO FILL THE KOOS SCORE AS A SUBJECTIVE EVALUATION REFERENCE.

RESULTS

RELEVANT IMPROVEMENTS INCLUDED THE INCREASED VELOCITY FROM A MEAN OF 42 CM/SEC AT 6 MONTHS TO 75 CM/SEC AT 12 MONTHS, WITH A INCREASE IN STEP CADENCE, THE INCREASE OF KNEE FLEXION ANGLES FROM A MEAN OF 49° TO A MEAN OF 64° AT 12 MONTHS ($P < 0,05$) AND THE PROGRESSIVE NARROWING OF THE WALKING BASE WITH A NEUTRALIZATION OF THE PLANTAR FORCE DISTRIBUTION ON THE OPERATED LIMB FOLLOWING THE TOE-MTF-HEEL FORCE LINE, WITH THE EQUALIZATION OF THE LEFT AND RIGHT GAIT AND SINGLE SUPPORT LINES

CONCLUSION

THE RESULTS SHOW A STATISTICALLY SIGNIFICANT IMPROVEMENT IN THE REPORTED PARAMETERS. SUBJECTIVELY THE PATIENTS WERE SATISFIED WITH THE OUTCOME IN CORRELATION WITH THE CLINICAL SCORE THAT SHOWED COMPARABLE LEVELS OF IMPROVEMENT. WE CONSIDER AS THE MAIN LIMITATION OF THIS STUDY THE LIMITED NUMBER OF SUBJECTS BUT FOR THIS GROUP WE CAN SAY THAT THE ANALYSIS OF THE GAIT RETURNED CLINICALLY SIGNIFICANT OF DATA REGARDING THE REHABILITATION PHASE.

KEYWORDS: SCHATZKER VI, ANGLE PLATE, RECOVERY

IS THE KENT HIP A VIABLE THERAPEUTIC OPTION FOR THE HIP ARTHROPLASTY?

B. DELEANU¹
R. PREJBEANU²
D. VERMESAN³
D. CRISAN⁴
H. HARAGUS⁵
L. HONCEA⁶

ABSTRACT

SUMMARY STATEMENT

THE PERCENTAGE OF HIP REVISION IS AROUND 6% AT FIVE YEARS AND 12% AT TEN YEARS AFTER A PRIMARY ARTHROPLASTY. THIS PROSPECTIVE STUDY REVEALS A THERAPEUTIC OPTION FOR PERIPROSTHETIC FRACTURES, PROXIMAL FEMUR TUMORS AND ASEPTIC OR SEPTIC OSTEOLYSIS.

MATERIAL AND METHOD

FOURTEEN PATIENTS WERE TREATED WITH THE KENT HIP (BIOMET EUROPE, DORDRECHT, THE NETHERLANDS) BETWEEN 2006 AND 2012 FOR A NUMBER OF INDICATIONS SUCH AS PERIPROSTHETIC HIP FRACTURES (7 PATIENTS), PROXIMAL FEMUR TUMORS (3 PATIENTS), CUT OUT FOLLOWING INTERNAL FIXATION (ONE PATIENT), SEPTIC LOOSENING (ONE PATIENT), AND ASEPTIC LOOSENING (ONE PATIENT) AND SEVER RENAL OSTEODYSTROPHY (OSTEOPOROSIS T SCORE OF -4,9 AT THE HIP, ONE PATIENT).

RESULTS

AVERAGE FOLLOW-UP WAS 12 MONTHS, EXCEPT FOR ONE PATIENT WHO DIED. THE AVERAGE TIME TO FULL WEIGHT BEARING WAS 3 DAYS AND THE AVERAGE FUNCTIONAL HIP HARRIS SCORE WAS 72% AT 1 YEAR POSTOPERATIVE. SUBJECTIVE EVALUATION WAS FAIR WITH 21% OF THE PATIENTS THAT WERE

¹ 1st Orthopedics and Trauma Clinic, Emergency Clinical County Hospital, Timișoara, RO; „Victor Babes“ University of Medicine and Pharmacy of Timisoara

² 1st Orthopedics and Trauma Clinic, Emergency Clinical County Hospital, Timișoara, RO; „Victor Babes“ University of Medicine and Pharmacy of Timisoara

³ 1st Orthopedics and Trauma Clinic, Emergency Clinical County Hospital, Timișoara, RO; „Victor Babes“ University of Medicine and Pharmacy of Timisoara

⁴ 1st Orthopedics and Trauma Clinic, Emergency Clinical County Hospital, Timișoara, RO; „Victor Babes“ University of Medicine and Pharmacy of Timisoara

⁵ 1st Orthopedics and Trauma Clinic, Emergency Clinical County Hospital, Timișoara, RO; „Victor Babes“ University of Medicine and Pharmacy of Timisoara

⁶ 1st Orthopedics and Trauma Clinic, Emergency Clinical County Hospital, Timișoara, RO

DISAPPOINTED REGARDING THE FUNCTIONAL TESTS AT ONE YEAR AFTER SURGERY.

CONCLUSION

THESE FUNCTIONAL RESULTS EVEN WHEN COMPARED WITH OTHER SIMILAR, NEWER, MORE COMPLEX AND MORE EXPENSIVE IMPLANTS ARE VERY GOOD. DESPITE THE SMALL NUMBER OF PATIENTS WE CONSIDER THAT THE KENT HIP SYSTEM CAN BE USED WITH GOOD RESULTS IN SELECTED CASES DUE TO ITS TECHNICAL ADVANTAGES SUCH AS EXCELLENT DISTAL LOCKING IN THE FEMORAL CANAL AND VERSION, OFFSET AND LIMB LENGTH CORRECTION.

KEYWORDS: KENT HIP, MODULAR PROSTHESIS, FEMORAL, REVISION, ARTHROPLASTY

LOWER LIMB VS UPPER LIMB REPLANTATIONS

Dragos ZAMFIRESCU¹
A STEFANESCU²
C POPOVICIU³
I. LASCAR⁴

GENERAL CONSIDERATIONS: TODAY, UPPER LIMB REPLANTATION IS A COMMON PROCEDURE IN MOST PLASTIC SURGERY UNITS. THE NEED FOR RECONSTRUCTION OF LOWER LIMB AMPUTATIONS IS INCREASING, DUE TO HIGH-ENERGY TRAUMA IN ROAD ACCIDENTS AND WORK-RELATED INJURIES. THE INDICATION FOR LOWER LIMB REPLANTATION IS STILL CONTROVERSIAL. COMPARED WITH UPPER LIMB REPLANTATIONS, INDICATIONS ARE MORE SELECT DUE TO THE FREQUENT COMPLICATIONS IN LOWER LIMB SALVAGE PROCEDURES, SUCH AS SEVERE GENERAL COMPLICATIONS OR LOCAL COMPLICATIONS SUCH AS NECROSIS, INFECTIONS, NONUNIONS, THE NEED FOR SECONDARY LENGTHENING, OR OTHER RECONSTRUCTIVE PROCEDURES. THE SATISFACTORY RESULTS GIVEN BY ARTIFICIAL PROSTHESIS, SUCH AS QUICKER RECOVERY TIME AND FEWER SECONDARY PROCEDURES, ALSO CONTRIBUTE TO THE HIGHER DEGREE OF SELECTION FOR LOWER LIMB REPLANTATION CANDIDATES.

PATIENTS AND METHODS WE PRESENT OUR EXPERIENCE WITH UPPER AND LOWER LIMB REPLANTATIONS, COMPARE THOSE PROCEDURES AND THEIR FINAL OUTCOMES, TRYING TO EVALUATE THE CORRECT INDICATIONS AND ESTABLISH A THERAPEUTIC PROTOCOL.

RESULTS AND DISCUSSION WE HAD A LARGE NUMBER OF UPPER LIMB REPLANTATIONS, SO WE GAIN A LOT OF EXPERIENCE IN THIS FIELD. IN COMPARISON WITH THE UPPER LIMB, WE HAD A SMALLER NUMBER OF LOWER LIMBS REPLANTED, BUT WE OBSERVED, IN SOME OF THOSE CASES GOOD

¹ Carol Davila Medical University, Clinic of Plastic Surgery and Reconstructive Microsurgery, Bucharest Emergency Hospital, Bucharest, Romania

² Carol Davila Medical University, Clinic of Plastic Surgery and Reconstructive Microsurgery, Bucharest Emergency Hospital, Bucharest, Romania

³ Carol Davila Medical University, Clinic of Plastic Surgery and Reconstructive Microsurgery, Bucharest Emergency Hospital, Bucharest, Romania

⁴ Carol Davila Medical University, Clinic of Plastic Surgery and Reconstructive Microsurgery, Bucharest Emergency Hospital, Bucharest, Romania

FUNCTIONAL OUTCOME, THAT ENCOURAGED US TO EXTEND OUR KNOWLEDGE IN THIS PROCEDURE.

CONCLUSIONS UPPER LIMB REPLANTATION IS AN ESTABLISHED PROCEDURE, BUT LOWER LIMB REPLANTATION IS RARER. LOWER LIMB REPLANTATION MAY HAVE SUCCESSFUL OUTCOMES IF CAREFUL SELECTION OF PATIENTS TAKES PLACE. DESPITE VARYING OUTCOMES FOLLOWING SUCCESSFUL REPLANTATION SURGERY, PATIENTS GENERALLY PREFER TO RETAIN THEIR OWN LIMBS RATHER THAN HAVE A PROSTHESIS AND THIS SHOULD BE CONSIDERED AS PART OF THE INFORMED DECISION MAKING PROCESS BY CLINICIANS.

KEYWORDS: TRAUMA, REPLANTATION, SALVAGE PROCEDURES

MICROSURGICAL FIBULAR FLAP FOR TREATMENT OF AVASCULAR NECROSIS OF THE FEMORAL HEAD

Dragos ZAMFIRESCU¹
C ANGHELUTA²
A. URSACHE³
I CRISTESCU⁴
I LASCAR⁵

AVASCULAR NECROSIS OF THE FEMORAL HEAD IS A POTENTIALLY DISABLING DISEASE THAT USUALLY LEADS TO DESTRUCTION OF THE FEMORAL HEAD IN PATIENTS. ITS ETIOLOGY AND PATHOGENESIS ARE UNKNOWN, DESPITE RECOGNITION OF VARIOUS ASSOCIATED FACTORS, SUCH AS TRAUMA, COAGULATION ABNORMALITY, CORTICOSTEROID ADMINISTRATION, EXCESSIVE ALCOHOL INTAKE, AND DYSBARIC PHENOMENA.

MANY TECHNIQUES HAVE BEEN INTRODUCED TO SALVAGE THE FEMORAL HEAD, INCLUDING CORE DECOMPRESSION, OSTEOTOMY, AND BONE GRAFTING. RESULTS OF THESE PROCEDURES HAVE BEEN INCONSISTENT. TOTAL HIP ARTHROPLASTY IS THE TREATMENT WITH THE HIGHEST LIKELIHOOD OF PROVIDING SYMPTOM RELIEF AND GOOD FUNCTIONAL OUTCOMES, BUT INDICATIONS FOR THIS METHOD ARE LIMITED BY DEVICE FAILURES AND PROSPECTS OF REPEATED REPLACEMENT OF HARDWARE IN PATIENTS WHO UNDERGO ARTHROPLASTY AT A YOUNG AGE.

THE USE OF MICROSUGICAL BONE FLAPS IN TREATING AVASCULAR NECROSIS OF THE FEMORAL HEAD WAS INITIATED IN AN EFFORT TO ENHANCE REVASCULARIZATION AND TO ARREST THE PROGRESSION OF THE NECROSIS. SINCE MEYERS FIRST REPORTED ON THE MICROSURGICAL FIBULAR FLAP AS A TREATMENT FOR OSTEONECROSIS OF THE FEMORAL HEAD IN 1978, MANY SURGEONS HAVE PERFORMED THIS PROCEDURE FOR AVASCULAR NECROSIS OF THE FEMORAL HEAD, AND SATISFACTORY RESULTS HAVE BEEN REPORTED.

¹ University of Medicine and Pharmacy “Carol Davila” Bucharest, Clinic of Plastic Surgery and Reconstructive Microsurgery, General Emergency Hospital, Bucharest, Romania

² University of Medicine and Pharmacy “Carol Davila” Bucharest, Clinic of Plastic Surgery and Reconstructive Microsurgery, General Emergency Hospital, Bucharest, Romania

³ University of Medicine and Pharmacy “Carol Davila” Bucharest, Clinic of Plastic Surgery and Reconstructive Microsurgery, General Emergency Hospital, Bucharest, Romania

⁴ University of Medicine and Pharmacy “Carol Davila” Bucharest, Clinic of Plastic Surgery and Reconstructive Microsurgery, General Emergency Hospital, Bucharest, Romania

⁵ University of Medicine and Pharmacy “Carol Davila” Bucharest, Clinic of Plastic Surgery and Reconstructive Microsurgery, General Emergency Hospital, Bucharest, Romania

IN THIS WORK, WE WILL DISCUSS HISTORY, INDICATIONS, TECHNIQUES, AND OUR RESULTS OF USING MICROSURGICAL FIBULAR FLAPS IN THE TREATMENT OF AVASCULAR NECROSIS OF THE FEMORAL HEAD.

KEYWORDS: FIBULAR FLAP, AVASCULAR NECROSIS, REVASCULARIZATION

ORTHOPLASTIC MICROSURGERY

Dragos ZAMFIRESCU¹

LEVIN SL DEFINED ORTHOPLASTIC SURGERY AS “THE PRINCIPLES AND PRACTICES OF BOTH SPECIALTIES ORTHOPEDIC AND PLASTIC SURGERY APPLIED TO A CLINICAL PROBLEM, EITHER BY A SINGLE PROVIDER, OR TEAMS OF PROVIDERS WORKING IN CONCERT FOR THE BENEFIT OF THE PATIENT”. RECONSTRUCTIVE MICROSURGERY IS VITALLY IMPORTANT IN ORTHOPLASTIC RECONSTRUCTION. TRADITIONALLY, IN ROMANIA, MAINLY PLASTIC SURGEONS HAVE DONE MICROSURGERY. PLASTIC SURGERY IS A SPECIALTY THAT MAINLY CONCENTRATES ON AESTHETICS, FORM, FUNCTION AND SOFT TISSUE RECONSTRUCTION. ORTHOPEDICS IS A SPECIALTY THAT MAINLY CONCENTRATES ON FUNCTIONAL BIOMECHANICS, BONE, AND JOINTS. THE BLENDING OF THESE TWO SPECIALTIES, “ORTHOPLASTIC SURGERY”, SIMULTANEOUS APPLIES THE PRINCIPLES AND PRACTICES OF BOTH SPECIALTIES TO CLINICAL PROBLEMS.

KEYWORDS: ORTHOPLASTIC SURGERY, RECONSTRUCTIVE MICROSURGERY

¹ Carol Davila Medical University, Clinic of Plastic Surgery and Reconstructive Microsurgery, Bucharest Emergency Hospital, Bucharest, Romania

TREATMENT AND DIAGNOSTIC PURPOSE ARTHROSCOPY IN NONTRAUMATIC PATHOLOGY OF THE KNEE

Gheorghe FARAGO¹
Călin HOZAN²
Monica FARAGO³

BACKGROUND. AN ATTEMPT FOR ESTABLISHING CLINICAL GUIDELINES FOR NONTRAUMATIC TREATMENT AND DIAGNOSTIC KNEE ARTHROSCOPY IS OBSERVED. THE COST-EFFECTIVENESS RATIO IS TAKEN INTO ACCOUNT (ANALYSIS OF COSTS PER QUALITY-ADJUSTED LIFE YEARS). PATIENT PERCEPTION OF SYMPTOMS EVOLUTION IS LESS CONSIDERED.

AIM OF THE STUDY. TO INVESTIGATE THE ONE YEAR COURSE OF PERCEIVED SYMPTOMS - PAIN AND FUNCTION, IN PATIENTS WHO UNDERWENT TREATMENT AND/OR DIAGNOSTIC KNEE ARTHROSCOPY.

METHODS. ONE YEAR PROSPECTIVE STUDY IN 61 YOUNG, MIDDLE AGED (35-55) AND OLDER ADULTS WHO UNDERWENT TREATMENT AND DIAGNOSTIC ARTHROSCOPY FOR RESISTANT CONSERVATORY TREATMENT OF MECHANICAL NONTRAUMATIC KNEE PAIN (PAIN HISTORY OF AT LEAST 2 MONTHS). PATIENTS CHARACTERISTICS WERE ASSESSED AT BASE LINE (PRE-SURGERY) USING CLINICAL, LABORATORY, IMAGE EXAMS AND SEVERAL VALIDATED QUESTIONNAIRES: VISUAL PAIN ANALOGUE SCALE (VAS) (0-100), 17 ITEMS PHYSICAL FUNCTION SUBSCALE OF WESTERN ONTARIO MCMASTER UNIVERSITIES OSTEOARTHRITIS INDEX (WOMAC) AND A LIKERT TYPE SCALE FOR SELF PERCEPTION OF SYMPTOMS EVOLUTION. 12 WEEKS AND 1 YEAR FOLLOW UP OUTCOMES WERE INTERPRETED IN CONJUNCTION WITH INITIAL AND FINAL (ARTHROSCOPIC) DIAGNOSIS.

RESULTS. DEMOGRAPHIC DATA: MOSTLY MEN (65,57%), MEAN AGE 50,2 YEARS (16 TO 67), URBAN AREA 70,49%, MEDIUM LEVEL OF EDUCATION (11,9 YEARS OF FORMAL EDUCATION), PROFESSIONAL/OCCUPATIONAL ACTIVE 78,68%, RETIRED FOR DISEASE CONDITIONS 11,41%. 54,09% WERE OVERWEIGHT OR OBESE AND MORE THAN 50% ASSOCIATED COMORBIDITIES. PREARTHROSCOPIC MOST FREQUENT DIAGNOSIS WERE: MENISCAL TEARS, KNEE OSTEOARTHRITIS WITH MENISCAL TEARS, LOOSE BODIES, KNEE INSTABILITY, PATELLA CHONDROMALACIA, OSTEOCHONDRITIS DISSICANS, PATELLA SUBLUXATION. ARTHROSCOPY REVELED MORE CASES OF OSTEOCHONDRITIS DISSICANS, ONE

¹University of Oradea, Faculty of Medicine, Emergency University Oradea County Hospital

² University of Oradea, Faculty of Medicine, Emergency University Oradea County Hospital

³ University of Oradea, Faculty of Medicine, Emergency University Oradea County Hospital

CASE OF TIBIAL AND TWO CASES OF FEMORAL CHONDROMALACIA, AND GOUT INTO TWO CASES. SYMPTOMS EVOLUTION AT 3 MONTHS AND ONE YEAR WAS GOOD FOR PAIN AND VERY GOOD FOR FUNCTION MOST OF THE PATIENTS BEING SATISFIED WITH THEIR FUNCTIONAL STATUS, EXCEPTING THE 2 PATIENTS WITH GOUT TO WHO THE POST SURGERY INFLAMMATORY STATE WAS VERY DIFFICULT TO BE CONTROLLED.

CONCLUSIONS. TREATMENT PURPOSE ARTHROSCOPY IN MIDDLE AGED ADULTS WITH OSTEOARTHRITIS AND PERSISTENT MECHANICAL PAIN HAS TO BE TAKEN INTO ACCOUNT, MOST OF THE PATIENTS BEING CAPABLE TO RETURN TO OCCUPATIONAL DUTIES. THE POSSIBLE ASSOCIATION OF CHRONIC INFLAMMATORY KNEE CONDITIONS SUCH AS GOUT OR RHEUMATOID ARTHRITIS HAS TO BE VERY GOOD INVESTIGATED PRIOR TO SURGERY.

KEYWORDS: KNEE PAIN AND FUNCTION, ARTHROSCOPY

BILATERAL OSTEONECROSIS OF THE HUMERAL HEAD AND FEMORAL HEAD – A CASE REPORT

Florin MARINESCU¹

INTRODUCTION

KNOWN AS THE AVASCULAR NECROSIS OR ASEPTIC NECROSIS OSTEONECROSIS OF THE HUMERAL HEAD REPRESENTS THE SECOND LOCALISATION IN TERMS OF FREQUENCY AFTER FEMORAL HEAD OSTEONECROSIS. IT OCCURS OFTEN BETWEEN 20 AND 50 YEARS AGE AND IS TWO TIMES MORE FREQUENT AT MEN. EXCEPT POSTTRAUMATIC OSTEONECROSIS THE MOST COMMON CAUSES ARE REPRESENTED BY CORTISONE THERAPY (HIGH DOSE), EXCESS CONSUMPTION OF ALCOHOL, OFTEN ASSOCIATED WITH EXCESSIVE SMOKING, HEMOGLOBINOPATHIES (SICKLE CELLS ANEMIA), DYSBARISM, GAUCHER DISEASE, CUSHING SYNDROME ETC.

MATERIAL AND METHOD

THE PATIENT INCLUDED IN THIS STUDY IS 42 YEARS OLD AND RECEIVED TREATMENT WITH PREDNISONE ABOUT 12 YEARS AGO FOR AN ECZEMA, WITH MIDDLE DOSE. THE DISEASE STARTED AFTER ABOUT 1 YEAR AND FINALLY ENOUGH TO IMPLANT A TOTAL PROSTHESIS HYBRID, WITH CEMENTED STEM TO THE RIGHT HIP, ABOUT 9 YEARS AGO, IN OUR DEPARTMENT. WE PERFORMED 6-7 MONTHS AGO A CEMENTLESS TOTAL HIP REPLACEMENT TO THE LEFT SIDE, FOR A STAGE IV FEMORAL HEAD NECROSIS (FICAT), WITH SECONDARY OSTEOARTHRITIS. ON THAT OCCASION IS FOUND AND THE PRESENCE OF BILATERAL NECROSIS OF THE HUMERAL HEAD.

RESULTS

CURRENTLY THE PATIENT IS RECOVERY AFTER LAST SURGERY AND IT HAS TWO FUNCTIONAL HIP PROSTHESIS WITH GOOD HIP MOBILITY AND WALKING WITHOUT PAIN. HE ACCUSED BUT A MARKED FUNCTIONAL EMBARRASSMENT TO BOTH SHOULDERS AND HAS A RELATIVELY IMPORTANT LIMITATION OF MOVEMENTS BILATERALLY. RADIOGRAPHIC IMAGES HIGHLIGHT LESIONS IN BOTH ADVANCED OSTEONECROSIS OF THE HUMERAL HEAD. RECENT ANALYZES SHOW THE EXISTENCE OF ASSOCIATED RISK FACTORS SUCH AS HYPERURICEMIA AND ELEVATED TRANSAMINASES, AMID HEAVY DRINKING.

CONCLUSIONS

AS SUGGESTED BY SOME STUDIES HUMERAL HEAD NECROSIS AND AVASCULAR NECROSIS IN SPECIAL CASES WITH MULTIPLE LOCATIONS IS NOT DUE ONLY CORTICOSTEROID THERAPY OR ALCOHOL, HAVING RATHER A MULTIFACTORIAL

¹ Spitalul Clinic Județean Sibiu, Clinica de Ortopedie și Traumatologie, fmarinescu2004@yahoo.com

January 2015

ETIOLOGY. THERAPY IS DIFICULT IN THE FINAL STAGES WHEN YOU HAVE TO CHOOSE BETWEEN CONSERVATIVE TREATMENT, HEMIARTHROPLASTY OR TOTAL SHOULDER PROSTHESIS.

KEYWORDS: OSTEONECROSIS, CORTICOSTEROID THERAPY, ARTHROPLASTY.

A RARE CAUSE OF CHRONIC HINDFOOT PAIN: TALAR CYST ADJACENT TO SUBTALAR JOINT, TREATED BY ARTHROSCOPY

George Ovidiu MUNTEAN¹
Cristea COSTACHE²
Raluca IORDACHE³
Tudor DUMITRESCU⁴

SUMMARY:

MALE PATIENT, AGED 26, CAME TO THE CONSULTATION FOR CONTINUOUS MODERATE PAIN IN THE LEFT HINDFOOT. PAIN WITH NOCTURNAL EXACERBATION, GOT WORSE IN THE LAST 6 MONTHS. THE PATIENT WAS A RUGBY PLAYER AND PRESENTED TWO YEARS AGO AN ANKLE SPRAIN, IMMOBILIZED FOR THREE WEEKS. EVOLUTION SHOWED SLOW IMPROVEMENT, BUT INCOMPLETE, WITH PAIN DURING THE EFFORT AND LATER DURING THE NIGHT. AFTER 18 MONTHS OF THE INJURY, THE PATIENT STOPPED TRAINING, BUT THE PAIN PERSISTED.

INITIAL CLINICAL EXAMINATION SHOW PAIN ON PALPATION IN THE RIGHT SUBTALAR JOINT ON THE LATERAL SIDE AND PAIN DURING SUPINATION. COMPUTED TOMOGRAPHY SHOWS TALAR NECK BONE CYST ADJACENT TO THE SUBTALAR JOINT, ABOUT 7/5 MM.

THE TREATMENT WAS A POSTERIOR ANKLE ARTHROSCOPY. IN THE SUBTALAR JOINT THE CYST WAS SPOTTED AND TREATED BY CURETTAGE AND CANCELLOUS BONE AUTOGRAFTING (HARVESTED FROM THE TIBIAL METAPHYSIS). THE PATIENT RESUMED WALKING WITH PARTIAL WEIGHT BEARING THE DAY AFTER SURGERY. REPORTED CHRONIC PAIN DISAPPEARED IMMEDIATELY AFTER SURGERY. AT 6 WEEKS WAS WALKING PAIN FREE, AND IN THREE MONTHS RADIOGRAPHS SHOWED BONE HEALING. AT 6 MONTHS, THE PATIENT RETURNED TO SPORT.

KEYWORDS: ANKLE SPRAIN, TALAR CYST, ANKLE ARTHROSCOPY.

¹ Asistent universitar dr.,Facultatea de Medicină-Universitatea Transilvania Braşov, Departamentul Specialităţi Chirurgicale, Braşov, România; georgemuntean@rdslink.ro;

² Sef Lucrări universitar dr., Facultatea de Medicină-Universitatea Transilvania Braşov, Departamentul Discipline Profilactice şi Clinice, Braşov,România; cristea_costache@yahoo.com ;

³ Dr., Spitalul Clinic Judetean de Urgenţă Braşov, România; jordy_oro@yahoo.com.

⁴ Dr., Spitalul Clinic Judetean de Urgenţă Braşov,România; tudor88@yahoo.com ;

MEDIUM-TERM RESULTS OF THE ARTHROSCOPIC TREATMENT OF SHOULDER RECURRENT DISLOCATION

George Ovidiu MUNTEAN¹
Cristea COSTACHE²
Raluca IORDACHE³
Tudor DUMITRESCU⁴

SUMMARY:

THE SHOULDER DISLOCATION HAS A HIGH POTENTIAL OF RECCURENCY ESPECIALLY IN YOUNG ACTIVE INDIVIDUALS, UNDER 20 YEARS OF AGE. TREATMENT OF PRIMARY DISLOCATION, ACCORDING TO RESULTS OF THE LATEST STUDIES WORLDWIDE, HIGHLIGHTS THE NEED FOR A FULL DIAGNOSIS, ESPECIALLY IF, AFTER REDUCTION AND IMMOBILIZATION, THE PATIENT SHOWS CLINICAL SIGNS OF INSTABILITY. IN THESE CASES, MRI SCAN REVEALES LESION DESCRIBED BY BANKART, HILL-SACHS OR ROTATOR CUFF TEARS, AND THE TREATMENT MAY REQUIRE SURGERY.

OUR STUDY INCLUDES A TOTAL OF 12 PATIENTS DIAGNOSED WITH RECURRENT SHOULDER DISLOCATION, TREATED IN ST. CONSTANTIN HOSPITAL BRAȘOV BETWEEN 2012-2014. PATIENTS HAD A HISTORY OF AT LEAST 2 DISLOCATIONS, CLINICAL SIGNES OF SHOULDER INSTABILITY AND MRI CHANGES.

WE TREATED THE PATIENTS BY ARTROSCOPY, FOLLOWED BY IMMOBILIZATION IN TORACOBRAHIAL ORTOSIS FOR 3 WEEKS AND PROHIBIT THE EXTERNAL ROTATION UP TO 6 WEEKS. AFTER 3 WEEKS THE PATIENTS WAS SENT TO A REHABILITATION PROGRAM. THE FOLLOW-UP WAS 1 YEAR AFTER SURGERY.

PATIENTS WERE UNDER 30 YEARS OF AGE (MEAN 19, 16-27). 5 OF THEM HAD 2 DISLOCATIONS, THE OTHER MORE THAN 3. THE AVERAGE PERIOD FROM THE FIRST EVENT TO SURGERY WAS 18 MONTHS. THE MOST COMMON SYMPTOM WAS CLINICAL INSTABILITY, IN 10 CASES. ALL PATIENTS HAD A POSITIVE APPREHENSION TEST. MRI EXAMINATION SHOWED BANKART LESIONS (12/12), HILL-SACHS LESIONS (5/12), ROTATOR CUFF TEAR (12/4). TRATAMNETUL CONSISTED IN ANTERIOR LABRAL REATTACHMENT USING 2 ANCHORS (8), 3 ANCHORS (4). 2 PATIENTS REQUIRED CUFF REPAIR. AT 6 MONTHS, 10 OF THE 12

¹ Asistent universitar dr.,Facultatea de Medicină-Universitatea Transilvania Brașov, Departamentul Specialități Chirurgicale, Brașov, România; georgemuntean@rdslink.ro;

² Sef Lucrări universitar dr., Facultatea de Medicină-Universitatea Transilvania Brașov, Departamentul Discipline Profilactice și Clinice, Brașov,România; cristea_costache@yahoo.com ;

³ Dr., Spitalul Clinic Judetean de Urgență Brașov, România; jordy_orot@yahoo.com.

⁴ Dr., Spitalul Clinic Judetean de Urgență Brașov,România; tudordd88@yahoo.com ;

PATIENTS HAD RETURNED TO PRE-INJURY SPORTS ACTIVITY, AND SHOWED NO SIGNS OF INSTABILITY. WE HAD NO RECURRENCES IN ONE YEAR PERIOD. IN CONCLUSION, SHOULDER DISLOCATION IN YOUNG AND ACTIVE PATIENTS IS A POTENTIALLY RECURRENT SUFFERING. IF RECURRATION OCCUR, A COMPLETE DIGNOSE OF THE CAUSE IS NEEDED. ARTROSCOPIC SURGERY TREATMENT HAS LED TO VERY GOOD RESULTS, 10 OF 12 PATIENTS RETURNED TO PRE-INJURY LEVELS OF SPORTS, WITH NO RECURRENCE WITHIN 1 YEAR.

KEYWORDS: SHOULDER ARTHROSCOPY, RECURRENT DISLOCATION, SHOULDER STABILIZATION.

OUR EXPERIENCE IN TREATING ELDERLY POLYTRAUMATISED PEOPLE

F. GROSEANU¹
C. BUDICA²
A. PRUNDEANU³
C. MIHAI⁴
C. GRECEA⁵
ST. CRISTEA⁶

INTRODUCTION: VICTIMS OF SIMULTANEOUS AND POLIVALENT TRAUMATIC LESIONS, WITH MULTIPLE ETIOLOGY AND TOPOGRAPHY, PRESENT, PHYSIOPATOLOGICAL SPEAKING, A SYNTHESIS OF PATOGENIC CORELATIONS OF ALL ORGANS INVOLVED; THE MORTALITY IN THESE CASES ARE UP TO 14% IN SPECIALISED TRAUMA HOSPITALS AND EVEN HIGHER FOR OLD PERSONS.

OBJECTIVES: WE ASSESSED THE MORTALITY RATE, TIME OF HOSPITALISATION, RATE OF COMPLICATIONS, FUNCTIONAL RECOVERY OF ELDERLY PATIENTS. WE TRIED TO ESTABLISH A PROTOCOL FOR TREATING THESE POLYTRAUMATISED PATIENTS.

MATERIAL AND METHOD: BETWEEN 2009-2012 42 OLD PATIENTS POLYTRAUMATISED (INCLUDING FRACTURES OF THE EXTREMITIES) WERE ADMITTED IN OUR CLINIC WITH A MEAN AGE OF 75,4 YEARS (69-86 YEARS). IN 35 PATIENTS WE USED SURGICAL TECHNIQUES FOR FRACTURES TREATING AND IN 7 CASES CAST IMOBILISATION. SURGICAL TREATMENT HAS BEEN USED IN EMERGENCY FOR 24 PATIENTS AND DELAYED FOR A MEAN 9,4 DAYS (1-17 DAYS) IN 11 PATIENTS. IN ALL 24 PATIENTS TREATED IN EMERGENCY A MULTIDISCIPLINARY SURGICAL TEAM (GENERAL SURGERY, NEUROSURGERY, THORACIC SURGERY, ORTHOPAEDIC SURGERY) WAS NECESSARY DEPENDING ON ORGANS INVOLVED. IN DELAYED CASES THE ORTHOPAEDIC SURGICAL TREATMENT CONSISTED IN CAST OR TRACTION IMOBILISATION IN EMERGENCY AND AFTER PATIENT STABILISATION BY THE OTHER SURGICAL SPECIALITIES DEFINITIVE FRACTURES FIXATION WAS USED. IN ALL CASES WITH UNSTABLE PELVIC FRACTURE WE PERFORMED EXTERNAL FIXATION WITH/WITHOUT ILIOSACRAL SCREW IN EMERGENCY. THE FOLLOW-UP WAS 2 YEARS.

¹ ST Pantelimon Emergency Hospital, Bucharest, Romania

² ST Pantelimon Emergency Hospital, Bucharest, Romania

³ ST Pantelimon Emergency Hospital, Bucharest, Romania

⁴ ST Pantelimon Emergency Hospital, Bucharest, Romania

⁵ ST Pantelimon Emergency Hospital, Bucharest, Romania

⁶ ST Pantelimon Emergency Hospital, Bucharest, Romania

RESULTS: THE MORTALITY RATE WAS 22% (9 PATIENTS); WE FOUND A HIGHER RATE OF DEATH FOR PATIENTS WHO RECEIVED DELAYED TREATMENT. THE PERIODE OF HOSPITALISATION WAS IN AVERAGE 24 DAYS. THE FUNCTIONAL RECOVERY WAS VERY GOOD IN 21 PATIENTS, GOOD IN 4 PATIENTS AND POOR IN 8 PATIENTS.

CONCLUSIONS: IN ELDERLY POLYTRAUMATISED PATIENTS THE MORTALITY RATE IS HIGHER THAN IN YOUNGER PEOPLES. THE SURVIVAL RATE DEPEND ON RAPIDITY OF DIAGNOSIS AND TREATMENT, EXISTENCE OF WELL-TRAINED MULTIDISCIPLINARY SURGICAL TEAM, THE QUALITY OF NURSING PROCEDURES. THE POURPOSE OF SURGICAL TREATMENT IS TO ALLOW RAPID MOBILISATION OF THESE PATIENTS.

KEYWORDS: ELDERLY, POLYTRAUMATISED, SURGICAL, MORTALITY

ARTHROSCOPIC TREATMENT OF ANTERIOR SHOULDER INSTABILITY

Nicolae ERHAN¹
Viorel VETRILĂ²
S. MOLOȘNIC³

INTRODUCTION: FREQUENCY OF ANTERIOR SHOULDER INSTABILITY IS QUITE HIGH, DUE TO THE ANATOMICAL AND FUNCTIONAL SHOULDER PARTICULARITIES, FREQUENT RECURRENCES AFTER ORTHOPEDIC TREATMENT OF TRAUMATIC DISLOCATION OF THE HUMERUS, ESPECIALLY IN YOUNG AGE PEOPLE. ARTHROSCOPIC SURGERY PROVIDES SIGNIFICANTLY HIGHER ADVANTAGES IN TRADITIONAL SURGERY SUCH AS MINIMAL TISSUE TRAUMA, REDUCED INTRAOPERATIVE MORBIDITY, AND OPTIMAL FUNCTIONAL AND COSMETIC RESULTS.

METHODS: PERSONAL EXPERIENCE INCLUDES TREATMENT OF 82 PATIENTS (74 MEN AND 8 WOMEN WITH A MEAN AGE OF 27 YEARS) ON WHICH WAS PERFORMED ARTHROSCOPIC STABILIZATION OF ANTERIOR SHOULDER INSTABILITY BETWEEN 2004-2013. WAS PERFORMED THE REINSERTION OF ANTERIOR-INFERIOR PART OF THE GLENOID LABRUM AND JOINT CAPSULE USING BIORESORBABLE ANCHORS (3 PATIENTS), METAL (30 PACIENȚI), TRANSGLENOIDAL UNRESORBABLE THREAD SUTURE (49 PATIENTS). IN 3 PATIENTS BANKART LESION WAS ASSOCIATED WITH SLAP LESION, AND WAS PERFORMED ADDITIONAL ANCHOR FIXATION. HILL-SACHS LESION WAS FOUND IN 11 CASES.

RESULTS: AFTER SURGERY THE PATIENTS WERE EVALUATED AT AN INTERVAL OF 12 TO 24 MONTHS USING THE ROWE AND ZARINS SCORE . WE OBTAINED EXCELLENT OR GOOD RESULTS IN 76 PATIENTS (76.5%), SATISFACTORY - 3, UNSATISFACTORY - 1 PATIENT. NEGATIVE RESULT WE HAVE FOUND IN 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.

¹ Republica Moldova, Chisinau, USMF „Nicolae Testemițanu”, Catedra Ortopedie și Traumatologie.

² Republica Moldova, Chisinau, USMF „Nicolae Testemițanu”, Catedra Ortopedie și Traumatologie.

³ Republica Moldova, Chisinau, USMF „Nicolae Testemițanu”, Catedra Ortopedie și Traumatologie, Clinica privată Terramed

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-OPERATORY BONE GEOMETRY.

KEYWORDS: ARTHROSCOPIC TREATMENT, ANTERIOR SHOULDER INSTABILITY, BANKART LESION.

RECONSTRUCTIVE OPERATIONS IN CHILDREN AND TEENAGERS WITH SPINE DEFORMATIONS

Nicolae ŞAVGA¹

WORK'S GOAL: RISING OF QUALITY OF THE LIFE OF CHILDREN WITH SPINE DEFORMATIONS, BY WORKING OUT OF SURGICAL TREATMENT ALGORITHM.

MATERIAL AND METHODS: 109 PATIENTS WITH SPINE DEFORMATIONS HAVE BEEN PRE- AND POSTOPERATIVELY EXAMINED. THE EVALUATION INCLUDED COLLECTING OF ANAMNESIS DATA, CLINICAL EXAMINATION, LABS AND IMAGING (STANDARD RADIOGRAPHY/ WITH FUNCTIONAL TESTS, MAGNETIC RESONANCE) WITH A FOLLOW-UP OF 1 TO 5 YEARS. CHILDREN WERE AGED BETWEEN 3 AND 17 YEARS; THEY WERE PREDOMINANTLY BOYS – 61(56 %). ETIOLOGY OF SPINE DEFORMATIONS WAS: TRAUMATIC INJURIES IN THE ACUTE STAGE – 29 (26,6 %) PATIENTS, POSTTRAUMATIC CYPHOSIS DEFORMATIONS – 5 (4,6%) PATIENTS, SCOLIOSIS – 58 (53,2%) CHILDREN, SPONDYLOLISTHESIS – 17 (15,6%) PATIENTS.

RESULTS: THE MAIN GOALS OF SURGICAL INTERVENTIONS WERE: ELIMINATION OF THE COMPRESSION FACTOR, DEFORMATION AND DISBALANCE CORRECTION AND SPINE STABILIZATION.

SURGERY ALLOWED OBTAINING THE FOLLOWING RESULTS:

1. REPOSITION (REDUCTION) OF THE BODY OF DISPLACED VERTEBRAS;
2. RECONSTRUCTION OF FORWARD AND AVERAGE SPINE COLUMNS;
3. RESTORATION OF PHYSIOLOGICAL SPINE PROFILES;
4. RESTORATION OF NORMAL ANATOMY OF THE VERTEBRAL CHANNEL;
5. STABILIZATION OF THE SPINE-IMPELLENT SEGMENT.

THE COMPARATIVE ANALYSIS OF THE QUALITY OF LIFE OF PATIENTS WITH SEVERE SPINE DEFORMATIONS (ACCORDING TO A QUESTIONNAIRE „EQ-5D”), BEFORE AND AFTER SURGICAL INTERVENTION, HAS SHOWN THAT THE QUALITY OF LIFE OF PATIENTS IN POSTOPERATIVE PERIOD ESSENTIALLY IMPROVED, IN COMPARISON WITH THE PREOPERATIVE PERIOD, FROM 12,7±0,3 POINTS TO 6,7±0,1. THE DISTANT RESULTS OF SURGICAL TREATMENT WERE GOOD– 85, 1%, SATISFACTORY– 11,2 % AND UNSATISFACTORY – 3,7%.

CONCLUSION:

1. IN FRESH CASES OF THE COMPLICATED SPINAL - MARROW TRAUMA WITH MILD AND AVERAGE DEGREE OF A NEUROLOGIC SYMPTOMATOLOGY (DEGREE OF D ON FRENKEL) THE PREFERENCE WAS GIVEN TO THE CLOSED, INDIRECT

¹ “Surgical infections in children” Research Laboratory,
Department of Pediatric Surgery, Orthopedics and Anesthesiology
”Nicolae Testemiţanu” State Medical and Pharmaceutical University,
Chisinau, Republic of Moldova

DECOMPRESSION. AT A SERIOUS NEUROLOGIC SYMPTOMATOLOGY (A, B, C DEGREE) CARRIED OUT OPEN DECOMPRESSION AND REVISION OF DURAL BAG 'S CONTENTS.

2. OPTIMUM METHODS OF CORRECTION OF DIFFICULT RIGID SCOLIOTIC SPINE DEFORMATIONS WERE: FORWARD SPINE RELEASE; DORSAL CORRECTION, TOTAL FASETEKTOMY (THE BOTTOM AND TOP FACING) THROUGHOUT CORRECTION BY PONTUS' METHOD AND BACKBONE FIXATION BY A METAL CONSTRUCTION.

KEYWORDS: SPINE, DEFORMATION, CHILDREN.

SURGICAL MANAGEMENT OF CHILDREN WITH SEVERE SCOLIOSIS

Nicolae ŞAVGA¹

WORK'S GOAL: IMPROVEMENT OF QUALITY OF LIFE AT CHILDREN WITH SERIOUS SCOLIOTIC DEFORMATIONS BY DEVELOPMENT OF DIFFERENTIATED SURGICAL TACTICS.

MATERIAL AND METHODS: 109 PATIENTS WITH SEVERE SCOLIOTIC DEFORMATIONS HAVE BEEN PRE- AND POSTOPERATIVELY EXAMINED. THE EVALUATION INCLUDED COLLECTING OF ANAMNESIS DATA, CLINICAL EXAMINATION, LABS AND IMAGING (STANDARD RADIOGRAPHY/ WITH FUNCTIONAL TESTS, MAGNETIC RESONANCE) WITH A FOLLOW-UP OF 1 TO 10 YEARS. CHILDREN WERE AGED BETWEEN 5 AND 17 YEARS; THEY WERE PREDOMINANTLY GIRLS – 69(76 %).

RESULTS: THE MAIN GOALS OF SURGICAL INTERVENTIONS WERE: ELIMINATION OF THE COMPRESSION FACTOR, DEFORMATION AND DISBALANCE CORRECTION AND SPINE STABILIZATION.

THE DISTANT RESULTS OF SURGICAL TREATMENT WERE GOOD – 68,4%, SATISFACTORY – 24,1%AND UNSATISFACTORY – 3,5%.

CONCLUSION:

1.OPTIMUM METHODS OF CORRECTION OF DIFFICULT RIGID SCOLIOTIC SPINE DEFORMATIONS WERE: FORWARD SPINE RELEASE; DORSAL CORRECTION, TOTAL FASETEKTOMY (THE BOTTOM AND TOP FACING) THROUGHOUT CORRECTION BY PONTUS' METHOD AND BACKBONE FIXATION BY A METAL CONSTRUCTION.

2. SURGICAL TREATMENT OF DIFFICULT JUVENILE SCOLIOSES BEGAN AT 8-10 YEARS OLD, WITH THE FOLLOWING DORSAL CORRECTION BY "A GROWING CONSTRUCTION", WITHOUT POSTERIOR SPINE FUSION EXECUTION.

3. IN CASES OF CONGENITAL DEFORMATIONS PRIMARY OPERATIVE DEFECT'S CORRECTION WAS CARRIED OUT AT CHILDREN AT THE AGE OF 5-7 YEARS – "BLOCKING SPONDYLOSYNDESIS" AT CURVATURE TOP WITH THE FOLLOWING DORSAL CORRECTION BY "A GROWING CONSTRUCTION" WITHOUT POSTERIOR SPINE FUSION EXECUTION.

4. FINAL CORRECTION OF DEFORMATION, POSTERIOR SPINE SPONDYLOSYNDESIS AND THORACOPLASTY ARE CARRIED OUT ON THE END OF SPINE GROWTH.

KEYWORDS: SPINE, DEFORMATION, SCOLIOSIS, CHILDREN.

¹ "Surgical infections in children" Research Laboratory,
Department of Pediatric Surgery, Orthopedics and Anesthesiology
"Nicolae Testemiţanu" State Medical and Pharmaceutical University,
Chisinau, Republic of Moldova

MEDIUM-TERM RESULTS OF CEMENTLESS TOTAL HIP ARTHROPLASTY OF THE DYSPLASTIC HIP

Nagy ÖRS¹
Zuh SÁNDOR-GYÖRGY²
Gergely ISTVÁN³
Attila KOVÁCS⁴

AIM: THE STUDY PRESENTS OUR MEDIUM TERM RESULTS WITH TOTAL HIP ARTHROPLASTY OF THE DYSPLASTIC HIP USING CEMENTLESS PRESS-FIT AND THREADED ACETABULAR COMPONENTS.

MATERIAL AND METHOD: WE INCLUDED A NUMBER OF 228 PATIENTS (243 HIPS) WHO UNDERWENT CEMENTLESS TOTAL HIP ARTHROPLASTY IN OUR CLINIC BETWEEN JANUARY 2005 AND JANUARY 2010. PRESS-FIT ACETABULAR CUPS WERE IMPLANTED IN 195 OF THESE CASES, WHILE THE REST OF 48 CASES RECEIVED THREADED CUPS. MEAN FOLLOW-UP WAS OF 6.4 YEARS (RANGING BETWEEN 4 AND 9.2 YEARS). FOR CLINICAL FOLLOW-UP WE USED THE HARRIS HIP SCORE PREOPERATIVELY AND AT 3, 6 AND 12 MONTHS POSTOPERATIVELY, AND AT ANNUAL INTERVALS THEREAFTER. RADIOLOGICAL EXAMINATION WAS USED TO ASSES OSSEOINTEGRATION OF PROSTHESES AND TO HIGHLIGHT ANY SIGNS OF MOBILIZATION.

RESULTS: HIP DYSPLASIA WAS CLASSIFIED AS CROWE TYPE I IN 109 HIPS (44.86%), CROWE TYPE II IN 102 HIPS (41.98%), CROWE TYPE III IN 29 HIPS (11.93%) AND CROWE TYPE IV IN 3 CASES (1.23%). THE HARRIS HIP SCORE SHOWED IMPROVEMENTS IN ALL CASES, WITH NO STATISTICALLY SIGNIFICANT DIFFERENCES BETWEEN THE TWO TYPES OF ACETABULAR COMPONENTS. DURING THE FOLLOW-UP PERIOD WE OBSERVED RADIOLOGICAL SIGNS OF LOOSENING IN 5 CASES (2.05%), OF WHICH ONE WAS A CASE OF ACETABULAR COMPONENT MOBILIZATION, AND 4 CASES WERE FEMORAL STEM MOBILIZATIONS. IN ALL OF THESE CASES REVISION ARTHROPLASTY WAS PERFORMED.

¹ Clinic of Orthopaedics and Traumatology Târgu Mureş, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureş

² Clinic of Orthopaedics and Traumatology Târgu Mureş, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureş

³ Clinic of Orthopaedics and Traumatology Târgu Mureş, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureş

⁴ Clinic of Orthopaedics and Traumatology Târgu Mureş, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureş

CONCLUSIONS: *ALTHOUGH THE DIFFICULTY OF TOTAL HIP ARTHROPLASTY IS INCREASED IN CASES OF HIP ARTHROSIS SECONDARY TO CONGENITAL HIP DYSPLASIA, WE OBTAINED GOOD AND VERY GOOD MEDIUM TERM RESULTS USING PRESS-FIT AND THREADED CEMENTLESS ACETABULAR COMPONENTS. WE NOTED NO SIGNIFICANT DIFFERENCES BETWEEN THE CLINICAL AND RADIOLOGICAL RESULTS OBTAINED FOR THE TWO TYPES OF ACETABULAR COMPONENTS USED.*

KEYWORDS: ARTHROPLASTY, DYSPLASTIC HIP, PRESS-FIT, THREADED

ARTROSCOPIC RELEASING IN EXTERNAL SNAPPING HIP – CASE PRESENTATION

Radu FLEACA¹
Cosmin MOHOR²
Mihai ROMAN³

PURPOSE

MOST OF THE CASES WITH EXTERNAL SNAPPING HIP SYNDROME ARE TREATED CONSERVATIVELY, BUT IN CASE OF FAILURE OF THIS THERAPY THE TREATMENT IS SURGICAL. OPERATIVE TECHNIQUES USED ARE MAINLY CLASSIC OPEN SURGERY. THE PURPOSE OF THIS STUDY IS TO REMARK THE UTILITY OF ARTHROSCOPIC TECHNIQUES USED IN TREATMENT OF THIS PHATOLOGY.

MATERIALS AND METHODS

THIS PAPER PRESENT THE PACIENT, 21 YO, BEING DIAGNOSED WITH RIGHT EXTERNAL SNAPPING HIP SYNDROME. THE PATIENT UNDERWENT A CLASIC INTREVENTION FOR THE SAME CONDITION ON THE SAME HIP ONE YEAR AGO. THREE MONTHS POSTOPERATIVE, THE SYMPTOMS RETURN, WITH PAINFUL FLEXION OF THE HIP, INCRESING PAIN ACCOMPANIED BY HIP POP-UPMOTION, GENERATING LIMITATION OF THE PHYSICAL ACTIVITY AND ATROPHY OF THIGH MUSCLES. WE DECIDED TO PERFORM A SURGICAL CURE BY ARTHROSCOPY.

RESULTS

THE SURGICAL INTERVENTION WAS PERFORMED WITH THE PATIENT IN PRONE POSITION ON THE SURGERY TABLE, WITH SLIGHT CONTRALATERAL INCLINATION, USING TWO PORTALS. WE HAVE USED THE ANTEROLATERAL PORTALFOR THE SCOPE AND THE ACCESORY ANTEROLATERAL PORTAL FOR WORKING TOOLS, BOTH PORTALS BEING ANTERIOR OF THE FASCIA LATA. THE FIRST PORTAL WAS THE ANTEROLATERAL. AFTER DEBRIDEMENT AND EXCISION OF ADHESIONS/SCAR TISSUE PRESENT FROM THE PREVIOUS INTERVENTION, WE HAVE IDENTIFIED THE EXPANSION OF THE GLUTEUS MAXIMUS WITCH WAS RESECTED AT THE LEVEL OF THE INSERTION ON FASCIA LATA, USING A RADIOFREQUENCY PROBE. IN ORDER TO COMPLETE THE DECOMPRESSION OF THE PERTROCHANTERIC REGION WE HAVE THEN RESECTED THE POSTERIOR HALF OF THE ILIOTIBIAL TRACT. DURING SURGERY WE HAVE USED THE LATERAL ACCESORY PORTAL FOR SCOPE ONLY

¹ “Lucian Blaga” University of Sibiu, Departament of Orthopaedics and Traumatology, Clinical Hospital of Sibiu

² “Lucian Blaga” University of Sibiu, Departament of Orthopaedics and Traumatology, Clinical Hospital of Sibiu

³ “Lucian Blaga” University of Sibiu, Departament of Orthopaedics and Traumatology, Clinical Hospital of Sibiu

FOR INSPECTION.THE PATIENT DID NOT PRESENT ANY POSTOPERATIVE COMPLICATIONS, BUT THERE HAS BEEN A MARKED INFILTRATION OF LIQUID IN THE THIGH, WHICH RESULTED IN A PAINFUL RESTRICTION OF MOBILITY OF THE HIP IN THE FIRST TWO WEEKS AFTER SURGERY. AFTER REHABILITATION THE PATIENT HAS RETURNED TO THE INITIAL ACTIVITY (TEGNER 6), BUT THERE'S STILL A DECREASE IN MUSCULAR STRENGTH AND MASS OF THE HIP EXTERNAL ROTATORS AND OF THE QUADRICEPS.

CONCLUSIONS

HIP ARTHROSCOPY ADDRESSES TO A MORE EXTENSIVE PATHOLOGIES , INCLUDING PERIARTICULAR DISORDERS. THE EXTERNAL SNAPPING HIP, ACCOMPANIED BY THE TROCHANTERIC BURSITIS, SHORTENING OF THE ILIOTIBIAL TRACT, OF THE GLUTEUS MEDIUS, EVEN RECURRENT, CAN BE TREATED SUCCESSFULLY ARTHROSCOPICALLY, BENEFITING FROM ALL THE ADVANTAGES OF MINIMALLY INVASIVE TECHNIQUES.

KEYWORDS: SNAPPING HIP SYNDROME, ARTHROSCOPY, RELEASE

PAST, PRESENT AND FUTURE IN ACL ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION

Radu PREJBEANU¹
Dinu VERMESAN²
Horia HARAGUS³
Andrei BALANESCU⁴
Anca BOSCU⁵

ABSTRACT

OVER THE LAST YEARS WE HAD A SHARP INCREASE IN ACL RECONSTRUCTIONS. WE AIMED TO ANALYZE IN RETROSPECT THE TRENDS REGARDING SURGICAL TECHNIQUE AND ORIGINAL RESEARCH BASED ON OUR EXPERIENCE OF 800 CASES.

WE BEGUN BY USING THE TRANSTIBIAL TECHNIQUE AND BONE PATELLAR BONE AUTOGRAFTS. THIS WAS THE CURRENT STANDARD LESS THAN 10 YEARS AGO. BIOMECHANICAL STUDIES HAVE FOUND THAT THIS APPROACH DID NOT RESTORE THE ORIGINAL FUNCTION OF THE LIGAMENT. A DIFFERENT, ANATOMIC APPROACH BASED ON THE ORIGINAL INSERTION SITES AND THE TWO BUNDLE STRUCTURE WAS THEREFORE PROPOSED. THIS LED ALSO TO A CHANGE IN AUTOGRAFT AND POPULARIZED THE SEMITENDINOSUS AND GRACILIS. INCONSISTENT RESULTS WITH THIS TECHNIQUE HAS ALLOWED FOR THE ANATOMIC SINGLE BUNDLE – OUR CURRENT STANDARD PROCEDURE – TO SHOW ITS BENEFITS. PROFESSIONAL ATHLETES POSE GREATER CHALLENGES REGARDING EARLY RETURN TO SPORTS AND INTENSE PHYSICAL ACTIVITIES. THE HIGH PREVALENCE OF ACL RECONSTRUCTIONS HAS LED TO AN INCREASE IN SYMPTOMATIC KNEES AND REVISIONS, WHICH LED TO FURTHER CHALLENGES REGARDING REMAINING BONE STOCK AND GRAFT OPTIONS.

THE EXPERIENCE GAINED HAS BROUGHT US MORE CONFIDENCE. THIS HAS TRANSLATED IN BETTER OUTCOMES, REDUCED SURGICAL TIME AND

¹ University of Medicine and Pharmacy ‘Victor Babes’ Timisoara; Department of Orthopedics and Trauma, Clinic No. 1, Timisoara; raduprejbeanu@gmail.com

² University of Medicine and Pharmacy ‘Victor Babes’ Timisoara; Department of Orthopedics and Trauma, Clinic No. 1, Timisoara; raduprejbeanu@gmail.com

³ University of Medicine and Pharmacy ‘Victor Babes’ Timisoara; Department of Orthopedics and Trauma, Clinic No. 1, Timisoara; raduprejbeanu@gmail.com

⁴ University of Medicine and Pharmacy ‘Victor Babes’ Timisoara; Department of Orthopedics and Trauma, Clinic No. 1, Timisoara; raduprejbeanu@gmail.com

⁵ University of Medicine and Pharmacy ‘Victor Babes’ Timisoara; Department of Orthopedics and Trauma, Clinic No. 1, Timisoara; raduprejbeanu@gmail.com

HOSPITALISATIONS. IN ADDITION, THE CONTINUOUS CHANGES HAVE ALLOWED US TO IDENTIFY AND EXPLORE MEANS OF IMPROVEMENT THROUGH ORIGINAL RESEARCH.

KEYWORDS: ANTERIOR CRUCIATE LIGAMENT, ANATOMIC RECONSTRUCTION, SINGLE BUNDLE

MINIMALLY INVASIVE TREATMENT IN DISTAL TIBIAL FRACTURES

R. VLADUTU¹
B. ANGLITOIU²
C. FAUR³
T. DINCA⁴
M. GIURA⁵
J.M. PĂTRAȘCU⁶

ABSTRACT:

MINIMALLY INVASIVE TECHNIQUE IN DISTAL TIBIAL FRACTURES ARE TECHNICALLY FEASIBLE AND MAY BE ADVANTAGEOUS IN THAT IT MINIMIZES SOFT TISSUE COMPROMISE AND DEVASCULARIZATION OF THE FRACTURED FRAGMENTS.

SIXTEEN PATIENTS WITH DISTAL FRACTURES WERE TREATED WITH ANATOMICALLY CONTOURED PLATES BETWEEN JAN.-DEC.2013 IN 2ND ORTHOPAEDIC DEPARTMENT TIMISOARA HOSPITAL COUNTY. SURGICAL TECHNIQUE INVOLVES CONVENTIONAL OPEN REDUCTION AND INTERNAL FIXATION WITH PLATES AND SCREWS OF THE ASSOCIATED FIBULAR FRACTURE IN 14 CASES, FOLLOWED BY MINIMALLY PLATE OSTEOSYNTHESIS OF DISTAL TIBIA USING PRECONTOURED PLATES AND PERCUTANEOUS PLACED CORTICAL SCREWS.

THIS STUDY WAS DESIGNED TO REVIEW CLINICAL AND RADIOLOGICAL OUTCOMES OF DISTAL TIBIA FRACTURES SURGICAL TREATMENT USING ANATOMICALLY CONTOURED PLATES.

KEYWORDS: DISTAL TIBIAL FRACTURES, MINIMALLY INVASIVE TECHNIQUE, ANATOMICALLY-CONTOURED PLATES.

¹ Regional County Hospital Timișoara, 2nd Department of Orthopaedics and Traumatology

² University of Medicine and Pharmacy “Victor Babeș” Timișoara

³ University of Medicine and Pharmacy “Victor Babeș” Timișoara

⁴ Regional County Hospital Timișoara, 2nd Department of Orthopaedics and Traumatology

⁵ Regional County Hospital Timișoara, 2nd Department of Orthopaedics and Traumatology

⁶ University of Medicine and Pharmacy “Victor Babeș” Timișoara

TREATMENT OF POSTTRAUMATIC INFECTED BONE DEFECTS BY THE INDUCED MEMBRANE TECHNIQUE- CASE REPORT

Roman POPESCU¹

Emil George HARITINIAN²

Anca BOCA³

Daniel GEAMĂNU⁴

Adrian CIOBANU⁵

Mihai Viorel POPESCU⁶

OBJECTIVES: THE MASQUELET TECHNIQUE (INDUCTION OF BIOMEMBRANE) IS AN EFFECTIVE METHOD OF BONE RECONSTRUCTION IN LARGE SEGMENTAL DEFECTS.

METHODS: WE PRESENT A DIFFICULT CASE OF A 20 YEAR-OLD PATIENT, WITH RIGHT FEMUR OPEN COMMUNUTED DIAPHYSEAL FRACTURE, INFECTED WHICH REQUIRED REPEATED INTERVENTIONS: TEMPORARY CEMENT SPACER FOLLOWED BY STAGED BONE GRAFTING- (AUTOGRAFT AND ALLOGRAFT) AND FINALLY FIXED WITH AN LCP PLATE.

INITIALLY THE PATIENT WAS OPERATED IN ANOTHER ORTHOPAEDIC HOSPITAL FOR BILATERAL DIAPHYSEAL FEMUR FRACTURE.

ON THE LEFT SIDE A STATIC LOCKING OF INTRAMEDULLARY NAILING WAS CHOSEN WITH FAVORABLE EVOLUTION.

ON THE OTHER SIDE, AT FIRST A THOROUGH WOUND DEBRIDEMENT WAS MADE, THEN AN EXTERNAL FIXATOR WAS INSTALLED FOLLOWED BY LOCKED INTRAMEDULLARY NAILING.

IN EVOLUTION THE WOUND BECAME INFECTED WITH STAPHYLOCOCCUS, ENTEROBACTER, AND KLEBSIELLA. THE INFECTION WAS TREATED BY NAIL EXTRACTION, SUSTAINED ANTIBIOTIC THERAPY AND EXTERNAL FIXATION.

AT THAT MOMENT THE PATIENT WAS REFERRED TO OUR CENTRE.

RESULTS WE ARE IN FRONT OF AN INFECTED MAJOR SEGMENTAL BONE DEFECT (12 CM) OF THE RIGHT FEMUR AND THE FIRST APPROACH WAS TO

¹ Foisor Hospital of Orthopaedics, Trauma and Osteoarticular TB

² Foisor Hospital of Orthopaedics, Trauma and Osteoarticular TB

³ Dr Ioan Cantacuzino Hospital, Bucharest

⁴ Foisor Hospital of Orthopaedics, Trauma and Osteoarticular TB

⁵ Foisor Hospital of Orthopaedics, Trauma and Osteoarticular TB

⁶ Foisor Hospital of Orthopaedics, Trauma and Osteoarticular TB

INSERT AN ANTIBIOTIC CEMENT SPACER (VANCOMYCIN) ACCORDING TO MASQUELET METHOD AND TO USE AN SINGLE PLANE EXTERNAL FIXATOR. SIX MONTHS LATER, AFTER THE BIOMEMBRANE WAS INDUCED, WE WERE ABLE TO PERFORM THE OSTEOPLASTY WITH AUTOGRAFT AND ALLOGRAFT. THE EXTERNAL FIXATOR WAS EXTRACTED THREE MONTHS LATER FOLLOWED BY LCP PLATE OSTEOSYNTHESIS
A GOOD FUNCTIONAL OUTCOME (EVALUATED BY SF 36) WAS OBTAINED SEVEN MONTHS AFTER THE LAST INTERVENTION.

CONCLUSION:THE USE OF THE MASQUELET TECHNIQUE ENSURED AN ANATOMICAL RECONSTRUCTION AND A SATISFYING FINAL FUNCTIONAL OUTCOME.

KEYWORDS: SEGMENTAL BONE DEFECT, MASQUELET, INDUCTION OF BIOMEMBRANE.

MINI-INVASIVE ANTERIOR APPROACH AND LATERAL HARDINGE APPROACH IN HIP ARTHROPLASTY

Serban DRAGOSLOVEANU¹

Cristian STOICA²

Calin DRAGOSLOVEANU³

Stefan CRISTEA⁴

INTRODUCTION:THE NUMBER OF PATIENTS THAT HAVE BENEFICIATED FROM A BILATERAL HIP ARTHROPLASTY USING MINI-INVASIVE SURGERY ON ONE SIDE AND LATERAL HARDINGE APPROACH ON THE OTHER SIDE IS RELATIVELY SMALL.WE THINK THAT ANALISING THESE PATIENTS IS THE MOST OBJECTIVE METHOD FOR COMPARING THESE TWO DIFFERENT SURGICAL APPROACHES.

METHOD:24 PATIENTS HAVE BEEN OPERATED IN OUR HOSPITAL BY THE SAME SURGICAL TEAM.FOR 21 PATIENTS WE USED UNCEMENTED PROSTHESIS AND FOR THE OTHER 3 CEMENTED.SURGERY FOR ONE HIP WAS DONE USING LATERAL HARDINGE APPROACH AND ON THE OTHER MINI-INVASIVE ANTERIOR APPROACH.FOR EVALUATION WE USED DALLAS PAIN QUESTIONNAIRE AND HARRIS SCORE.WE COUNTED POSTOPERATIVE BLEEDING, TIME HOSPITALIZATION AFTER SURGERY AND DURATION UNTIL FULL WEIGHTBEARING.

RESULTS:ANTERIOR APPROACH IS MUCH MORE TIME CONSUMING (ON AVERAGE 82MINUTES) COMPARED TO HARDINGE APPROACH (37 MINUTES).BLOODLOSS IS LESSER FOR MINI-INVASIVE SURGERY (AVERAGE 380ML) COMPARED TO LATERAL APPROACH (570ML).FOR ANTERIOR APPROACH ALL PATIENTS HAD EXCELLENT DALLAS AND HARRIS SCORES POSTOP.THIS DIFFERENCE TENDS TO NORMALIZE BETWEEN THESE TWO TYPES OF SURGERY AT 6 MONTHS.95.83% OF PATIENTS WERE MORE SATISFIED WITH THE MINI-INVASIVE TECHNIQUE.ONE PATIENT ACCUSED PAIN IN THE ANTERO-MEDIAL REGION OF THE TIGH.

CONCLUSION:USING THE ANTERIOR APPROACH INCREASES THE PATIENT'S COMFORT, APARENTLY IS MORE SAFE, THE DAMAGE TO THE TISSUES IS REDUCED BUT IT IS TIME CONSUMING AND IT NEEDS AN EXCELLENT SURGICAL TECHNIQUE.

KEYWORDS: MINI-INVASIVE SURGERY,RECOVERY, HOSPITALIZATION

¹ Sp.Foisor, Sectia Ortopedie 2, Bucuresti

² Sp.Foisor, Sectie Ortopedie 1, Conferentiar UMF Carol Davila, Bucuresti

³ Sp.Foisor, Sectia Ortopedie 2, Bucuresti

⁴ Sp.Sf.Pantelimon, Profesor UMF Carol Davila, Bucuresti

MINI-INVASIVE SURGICAL TECHNIQUE IN KNEE ARTHROPLASTY

Serban DRAGOSLOVEANU¹
Cristian STOICA²
Calin DRAGOSLOVEANU³
Stefan CRISTEA⁴

INTRODUCTION:OUR GOAL IS TO OBJECTIVELY PRESENT OUR RESULTS AFTER UTILIZING A RELATIVELY NEW TECHNIQUE WHICH IN TEORY SEEMS TO INCREASE PATIENT'S COMFORT AND FUNCTIONAL RESULTS.

METHOD:19 PATIENTS HAD UNDERGONE KNEE ARTHROPLASTY IN OUR CLINIC,OPERATED BY THE SAME TEAM USING MINI-INVASIVE SUB-VASTUS APPROACH WITH STANDARD INSTRUMENTATION. RESULTS WERE COMPARED WITH A CONTROL GROUP, MADE OF PATIENTS WITH KNEE ARTHROPLASTY OPERATED BY THE MEANS OF PARAPATELLAR APPROACH.WE USED FOR EVALUATION RX IN CEDARA, KSS, WE COUNTED SURGERY TIME AND POSTOP. BLEEDING.

RESULTS:IMMEDIATELY POSTOP. MINI-INVASIVE SURGERY HAS BY FAR SUPERIOR RESULTS.THE NEED FOR REHABILITATION IS REDUCED, POSTOP.FLEXION IS 90°.SURGERY TIME IS ON AVERAGE WITH 33 MINUTES INCREASED WHEN COMPARED TO STANDARD APPROACH.WE DID NOT NOTICE ANY MALALIGNMENT OF THE IMPLANTS.A LONG TERM FOLLOW-UP WAS IMPOSSIBLE DUE TO STUDY'S SHORT TIME.

CONCLUSION:IT SEEMS THAT MINI-INVASIVE SURGERY IN KNEE ARTHROPLASTY IS SUPERIOR TO CLASSICAL APPROACHES ON SHORT-TERM, CONDITIONED BY A PERFECT SURGICAL TECHNIQUE.

KEYWORDS: MINI-INVASIVE SURGERY,RECOVERY, KNEE ARTHROPLASTY

¹ Sp.Foisor, Sectia Ortopedie 2, Bucuresti

² Sp.Foisor, Sectie Ortopedie 1, Conferentiar UMF Carol Davila, Bucuresti

³ Sp.Foisor, Sectia Ortopedie 2, Bucuresti

⁴ Sp.Sf.Pantelimon, Profesor UMF Carol Davila, Bucuresti

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

Ion STUPAC¹
Nicolae CAPROȘ²
Ilie STUPAC³
Anatol TAGADIUC⁴
Andrei USATÎ⁵

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*

¹ Medic-rezident traumatolog, an. III, USMF "Nicolae Testemițanu".

² Dr. hab. med., profesor universitar., șef catedră Ortopedie și Traumatologie, USMF "Nicolae Testemițanu".

³ doctor, Spitalul Clinic Militar Central

⁴ doctor, șef secție Vertebrologie, IMSP SCTO

⁵ Anesteziolog IMSP SCTO.

AVERAGE $2,4 \pm 0,4$ 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.

RESULTS IN THE SURGICAL TREATMENT OF COMPLEX TIBIAL PLATEAU FRACTURES - 10-YEAR RETROSPECTIVE STUDY

Vlad ALBULESCU¹
Cosmin SELEA²
Ionut GALEA³
Cosmin FAUR⁴
Bogdan ANGLITOIU⁵
Jenel Marian PĂTRAȘCU⁶

INTRODUCTION. COMPLEX TIBIAL PLATEAU FRACTURES ARE EXTREMELY DIFFICULT TO TREAT BECAUSE OF THE INTRAARTICULAR INVOLVEMENT OF THE KNEE JOINT AND ALSO DUE TO EXTENSION OF THE FRACTURE SITE AT THE METAPHYSEAL AND DIAPHYSEAL LEVEL.

MATERIAL AND METHODS. THIS STUDY AIMS TO EVALUATE THE VARIOUS SURGICAL TREATMENT METHODS APPLIED IN THE 2ND DEPARTMENT OF ORTHOPAEDICS AND TRAUMATOLOGY OVER A PERIOD OF 10 YEARS (2004-2014). IN THIS PERIOD THERE WERE REGISTERED 56 PATIENTS WITH COMPLEX TIBIAL PLATEAU FRACTURES. IN ALL PATIENTS THE CLASSIFICATION WAS MADE ACCORDING TO SHATZKER AND AO / OTA SYSTEM. ONLY PATIENTS WITH SHATZKER V AND VI FRACTURES WERE SELECTED FOR EVALUATION IN THE PRESENT STUDY.

RESULTS. FUNCTIONAL EVALUATION WAS DONE USING THE KNEE SOCIETY SCORE (KSS). THE RESULTS WERE EXCELLENT IN 83% OF CASES. DOUBLE PLATING TECHNIQUE AND FIXATION WITH LOCKING LCP PLATE PROVED TO ASSURE THE BEST STABILITY AT THE FRACTURE SITE AND THE BEST FUNCTIONAL RESULTS.

CONCLUSIONS. COMPLEX TIBIAL PLATEAU FRACTURES OFTEN RESULT FROM SEVERE TRAUMA. IN ADDITION TO THE REDUCTION AND STABILIZATION OF THE FRACTURE, VERY IMPORTANT IS THE MANAGEMENT OF SOFT TISSUE IN THESE PATIENTS. AMONG THE METHODS OF INTERNAL FIXATION LCP LOCKING PLATE

¹ Emergency County Hospital Timisoara, 2nd Department of Orthopaedics and Traumatology

² Emergency County Hospital Timisoara, 2nd Department of Orthopaedics and Traumatology

³ Emergency County Hospital Timisoara, 2nd Department of Orthopaedics and Traumatology

⁴ University of Medicine and Pharmacy "Victor Babes" Timisoara, Department of Orthopaedics

⁵ University of Medicine and Pharmacy "Victor Babes" Timisoara, Department of Orthopaedics

⁶ University of Medicine and Pharmacy "Victor Babes" Timisoara, Department of Orthopaedics

AND DOUBLE PLATING TECHNIQUE PROVIDE THE BEST STABILITY AT THE FRACTURE SITE.

KEYWORDS: TIBIAL PLATEAU FRACTURE, FUNCTIONAL ASSESSMENT, LOCKING PLATE, DOUBLE PLATING

CORRELATION BETWEEN PATIENT ACTIVITY LEVELS AND CHONDRAL LESIONS IN THE KNEE

Ancuța ZAZGYVA¹
Sándor-György ZUH²
Örs NAGY³
Octav RUSSU⁴
István GERGELY⁵
Tudor Sorin POP⁶

AIM: TO DETERMINE THE WAY A PATIENT'S ACTIVITY LEVEL INFLUENCES THE CHARACTERISTICS OF CHONDRAL LESIONS OBSERVED DURING KNEE ARTHROSCOPY.

MATERIAL AND METHOD: THE STUDY IS BASED ON THE RETROSPECTIVE ANALYSIS OF 420 PATIENTS WHO UNDERWENT ARTHROSCOPIC INTERVENTIONS ON THE KNEE DURING JANUARY 2011 AND DECEMBER 2013. WE USED DATA OBTAINED FROM THE PATIENT RECORDS AND INFORMATION ABOUT THE OBSERVED CARTILAGE LESIONS OF THE KNEE FROM THE SURGICAL PROTOCOLS, WHICH WE SUBSEQUENTLY CORRELATED WITH THE ACTIVITY LEVEL OF PATIENTS BASED ON THEIR ESTIMATES USING THE TEGNER ACTIVITY SCALE.

RESULTS: THE MEAN AGE OF PATIENTS WAS 32.6 YEARS (16 TO 53 YEARS), 269 PATIENTS WERE MALE (64.04%) AND 151 FEMALE (35.96%). THE ACTIVITY LEVEL ACCORDING TO THE TEGNER SCALE RANGED FROM 0-1 IN 10.96% OF PATIENTS, FROM 2 TO 4 IN 21.90%, FROM 5 TO 7 IN 42.86% AND FROM 8 TO 10 IN 24.28% OF THE PATIENTS. MILD OR MODERATE CARTILAGE LESIONS WERE PRESENT IN MOST CASES: ICRS I IN 82.14% AND ICRS II IN 60.47% OF PATIENTS. ICR III LESIONS WERE PRESENT IN 27.14% OF CASES, WHILE ICRS IV LESIONS WERE FOUND IN 15.23% OF CASES. SINGLE FOCAL LESIONS WERE RECORDED IN 25.95% OF THE

¹ Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

² Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

³ Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

⁴ Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

⁵ Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

⁶ Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

PATIENTS AND MULTIPLE AND/ OR EXTENDED LESIONS WERE OBSERVED IN 63.09% OF THE TOTAL CASES. WE FOUND A STRONG POSITIVE CORRELATION BETWEEN PATIENT ACTIVITY LEVEL AND THE NUMBER AND EXTENT OF CARTILAGE LESIONS ($R = 0.77$ AND $R = 0.81$, $P < 0.01$), WITH A MODERATE CORRELATION BETWEEN ACTIVITY LEVEL AND THE SEVERITY OF CHONDRAL LESIONS.

***CONCLUSIONS:** CARTILAGE LESIONS ARE PRESENT IN THE VAST MAJORITY OF PATIENTS IN WHOM KNEE ARTHROSCOPY IS PERFORMED. HIGH ACTIVITY LEVELS PREDISPOSE PATIENTS TO MORE NUMEROUS AND EXTENSIVE CARTILAGE LESIONS OF THE KNEE.*

KEYWORDS: ACTIVITY LEVEL, CHONDRAL INJURIES, KNEE ARTHROSCOPY

CORRELATIONS BETWEEN ANTHROPOMETRIC MEASUREMENTS AND HAMSTRING AUTOGRAFTS

Sándor-György ZUH¹

Ancuța ZAZGYVA²

István GERGELY³

Tudor Sorin POP⁴

Octav RUSSU⁵

Örs NAGY⁶

AIM: ESTIMATING THE LENGTH AND DIAMETER OF HAMSTRING TENDON AUTOGRAFTS MAY BE IMPORTANT IN THE PREOPERATIVE PLANNING OF ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION OF THE KNEE. IN THIS STUDY WE AIMED TO IDENTIFY CORRELATIONS BETWEEN A NUMBER OF ANTHROPOMETRIC MEASUREMENTS AND THE SIZE OF SEMITENDINOSUS AND GRACILIS TENDON AUTOGRAFTS.

MATERIAL AND METHOD: THE STUDY INCLUDED 155 PATIENTS THAT UNDERWENT ARTHROSCOPICALLY ASSISTED ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION USING HAMSTRING AUTOGRAFTS, BETWEEN SEPTEMBER 2012 AND OCTOBER 2013. AVERAGE AGE OF THE PATIENTS WAS 26.7 ± 6.8 YEARS, WITH 119 MALE AND 36 FEMALE PATIENTS. ANTHROPOMETRIC MEASUREMENTS WERE RECORDED PREOPERATIVELY – WE DETERMINED PATIENT HEIGHT, WEIGHT, BODY MASS INDEX, LEG AND THIGH LENGTH, AND THIGH CIRCUMFERENCE 10 CM ABOVE THE PATELLA. THE LENGTH AND DIAMETER OF SEMITENDINOSUS AND GRACILIS TENDON AUTOGRAFTS WERE DETERMINED INTRA-OPERATIVELY. WE CALCULATED THE PEARSON CORRELATION COEFFICIENT (R) CONSIDERING ANTHROPOMETRIC DATA AS INDEPENDENT VARIABLES AND GRAFT SIZE AS THE DEPENDENT VARIABLE.

¹ Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

² Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

³ Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

⁴ Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

⁵ Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

⁶ Clinic of Orthopaedics and Traumatology Târgu Mureș, Department of Orthopaedics and Traumatology – University of Medicine and Pharmacy Târgu Mureș

RESULTS: WE IDENTIFIED A STRONG POSITIVE CORRELATION BETWEEN PATIENT HEIGHT AND LEG LENGTH AND THE LENGTH OF THE AUTOGRAFTS ($R = 0.78$ AND $R = 0.82$, $P < 0.001$). WE ALSO OBSERVED MODERATE CORRELATIONS BETWEEN WEIGHT AND HEIGHT, AND TENDON GRAFT DIAMETER ($P = 0.002$ AND $P = 0.005$). THERE WERE NO SIGNIFICANT CORRELATIONS BETWEEN BODY MASS INDEX OR THIGH CIRCUMFERENCE AND TENDON GRAFT DIMENSIONS.

CONCLUSIONS: PATIENT HEIGHT AND WEIGHT MAY BE USEFUL FOR ESTIMATING THE SIZE OF HAMSTRING TENDON AUTOGRAFTS IN THE PREOPERATIVE PLANNING OF ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION, IDENTIFYING PATIENTS WHO MAY PRESENT HAMSTRING TENDON INSUFFICIENCY AND THOSE FOR WHOM TENDON GRAFT LENGTH WOULD ALLOW THE USE OF A SINGLE TENDON.

KEYWORDS: ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION, ANTHROPOMETRIC MEASUREMENTS, HAMSTRINGS

INFORMATION ABOUT RESEARCH AND SCIENCE TODAY JOURNAL

AIMS AND SCOPE OF THE CONTENT

Research and Science Today Journal is a publication founded in 2011 and it is dedicated to the students of all levels (license, master and doctoral), professors and researchers of faculties in the country and abroad. We want to offer the participants the opportunity to present their scientific works in the following areas: Social Sciences, Economic Sciences, Legal Sciences, Humanities, Education Sciences, Engineering, Medicine and Sport.

This journal provides students the opportunity to create and / or to improve their abilities to write scientific papers. So each appearance (two appearances per year at which we can add supplements) contains a number of papers written by students, masters and doctoral from the faculties from the country or / and abroad. The journal promotes original studies contributing to the progress of knowledge and it is motivated by the need to address issues of theory and practice in the areas mentioned above.

The Journal is a training means of the factors involved in the conceptualization, development, implementation and evaluation, aiming the formation of creative personalities who could be able to adapt through the changing conditions of life.

Journal wants to be a forum for debates disciplinaries and interdisciplinaries theoretical topics, to become a research support, to leverage this work at regional, national and international levels.

We believe that this gathering will enjoy the support from both parts of the researchers and of the practitioners, and will provide appropriate training sources held professional through the current problems.

Frequency of publication: 2 number per year (March and November) and supplement numbers (if it necessary)

Peer-review process: All submitted manuscripts are peer-reviewed by members of the Editorial Board. Papers that fit to the topic of the journal are evaluated by two independent scientific reviewers who accepted to review papers and sent to the Editor in Chief the Reviewer Invitation Response Form. Reviewers' identity is undisclosed to the authors.

Reviewers give to the Editor in Chief their Form for Reviewer, with the comments on the scientific content of the paper and on the opportunity of publishing it. Editor in Chief summarizes reviewers' observations in order to be communicated to the corresponding author. Taking into account the opinions of all referees, the Editor in Chief decides on the acceptance/revision/rejection of the paper. Upon reviewers' recommendations, the manuscript can be accepted, sent back to author for minor revisions, or rejected.

Abstracting and indexing: SSRN, EBSCO, ProQuest, IndexCopernicus, Scipio, Genamics, Ulrich's Periodicals Directory, DOAJ, MPRA (Ideas, EconPapers, Socionet), HeinOnline, Google Academic, DRJI, CiteFactor.

More informations here: <http://www.rstjournal.com/indexari-2/>

CONTACT:

Phone: +40766665670

Mail: revistarst@yahoo.com

Web: <http://www.rstjournal.com>