Scientific adviser: Sprincean Mariana, MD, PhD, associate professor, Department of Molecular Biology and Human Genetics
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Background. Apert syndrome (AS) is a dominant autosomal genetic disorder caused by heterogeneous mutation in FGFR2 genes on chromosome 10q26 and belongs to a group of disorders known as craniofacial congenital malformations. AS can promote the premature fusion of bones in the skull, hands, and feet. The incidence of infants born with Apert syndrome is approximately 1 in 50000 to 80000. In this study is emphasized the importance of clinical and genetic approaches in the research on the specific diagnosis in patients with Apert syndrome.
Case report. The clinical particularities of Apert syndrome are determined by craniosynostosis result from the premature fusion of the skull bones. The child present following clinical features: short anterioposterior diameter with high forehead and flat occiput, flat facies, shallow orbits, proptosis, hypertelorism, small nose, maxillary hypoplasia, a cleft palate, low set ears, and cutaneous syndactyly of the fingers and toes. The neuroimaging of the head revealed craniosynostosis of the skull bones. The diagnosis of Apert syndrome was confirmed by clinical manifestations and paraclinical investigations. The treatment of Apert syndrome is directed toward the specific symptoms that are apparent in each individual.
Conclusions. Clinical and genetic approaches during genetic counseling combined with a number of new methods of neonatal diagnosis in patients with Apert syndrome can reduce the frequency of chromosomal abnormalities and congenital malformations.
Key words: Apert syndrome, congenital malformations, craniosynostosis, syndactyly.

DEPARTMENT OF ORTHOPEDICS AND TRAUMATOLOGY

27. RECONSTRUCTION OF THE SCALP DEFECT WITH THE TRAPEZIUS MUSCLE FLAP (CLINICAL CASE)

Authors: **Viorica Mihaluta, Alina Stoian, Elena Pavlovschi**
Scientific adviser: Grigore Verega, MD, PhD, Professor, Department of Traumatology and Orthopedics
Nicolae Testemitanu State University of Medicine and Pharmacy of the Republic of Moldova

Background. Many patients with complex scalp and skull defects can benefit from scalp reconstruction using the trapezoid flap, reducing the morbidity of the donor site. The trapezius flap was first reported by Nakajima and Fujino in 1984. It was originally described as a myocutaneous or muscle flap, and it has also been used as a free flap. The blood that supply the trapezium muscle and the skin is mainly from the superficial and descending branches of the transverse cervical artery as well as the occipital artery.
Case report. This work presents the clinical case of a 65-year-old woman who was diagnosed with cornified pluristrative squoamos cancer with bone destruction and invasion to confluence sinus and left transverse venous sinus, who underwent the occipital extra-intracranial tumor removal. She addresses to our clinic with a massive defect of 10 by 18 cm. After making the operative planning, we decided to solve the case with distal trapezius muscle flap.
Conclusions. The decision of the reconstructive technique should be taken into account with regarding to its consequences on the affected anatomical structures, the personal pathological antecedents and pre-existing lesions at the level of the donor area.
Key words: reconstruction of scalp defect, trapezius muscle, clinical case

28. SURGICAL TREATMENT OF FRACTURES IN PATIENTS WITH POLYTRAUMA, CASE REPORT.