

- 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 disability 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 polytraumatized 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 polytraumatized 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.