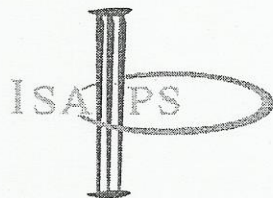
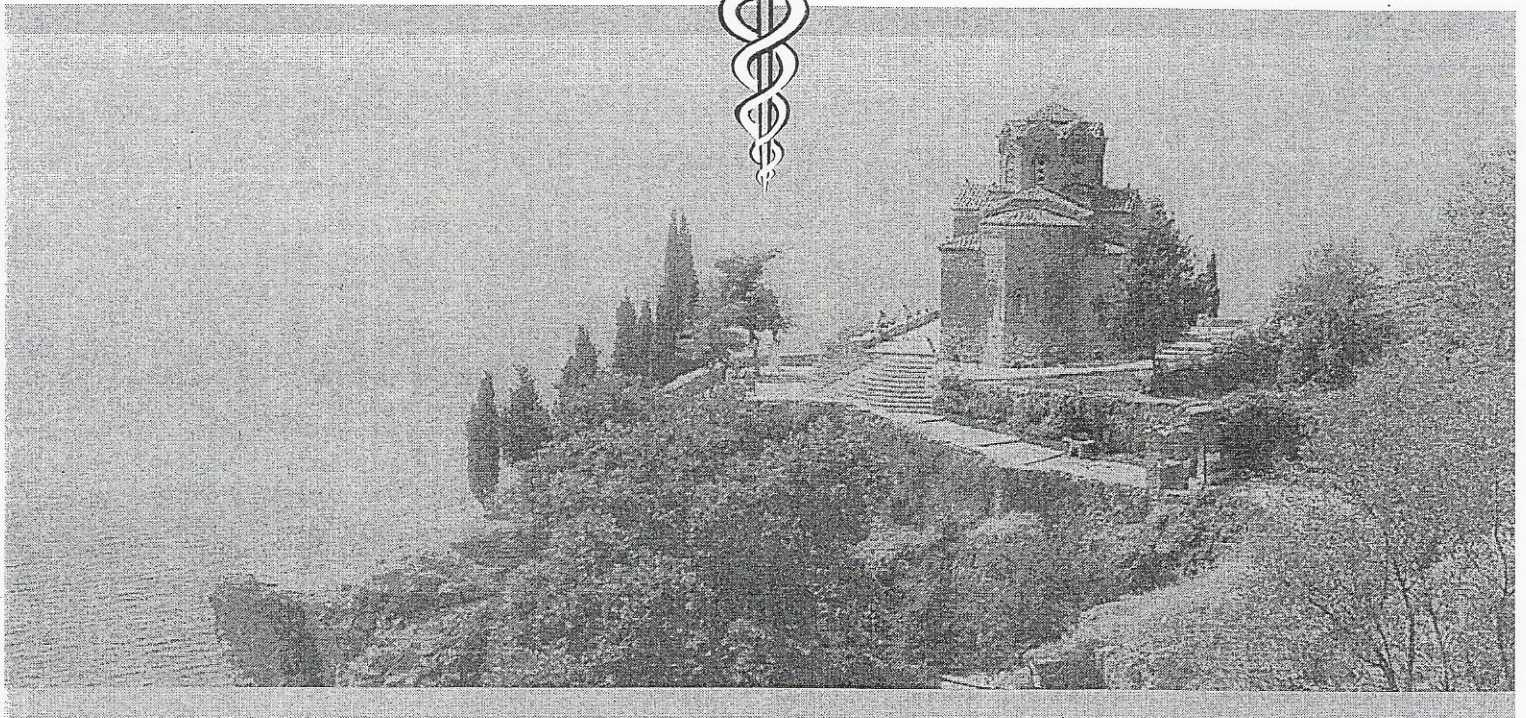


VI-th Congress of the Balkan Association of Plastic,
Reconstructive and Aesthetic Surgery

4-7 June, 2009, Ohrid Macedonia
hotel "INEX Gorica"



ISAPS 1-day
Symposium

ABSTRACT BOOK

www.bapras.org.mk

partial triceps rupture.

The both fracture of the radial head and partial tendon rupture were treated conservatively, with cast immobilisation above the arm for 5 weeks. Thereafter, physiotherapy was continued for 4 weeks. These injuries functionally and radiologically healed without surgery. One year after the injury the patient has full range of movement of the elbow and forearm with complete recovery of the triceps power. High degree of suspicion and careful examination are needed to prevent missed diagnosis in falls on the outstretched arm and should bring to mind the probability of tears of the triceps tendon .

Abstract ID 228

The influence of the duration of immobilisation on flexor tendon functional recovery

Milijanka Novkovic 1 Jelena Jeremic 1 Cedomir Vucetic 1 Maja Nikolic 1

1 Centar for burns, plastic and reconstructive surgery, Clinical Centar Serbia, Belgrade 2 Institute for orthopedics and traumatology, Clinical Centar Serbia, Belgrade

Introduction: The problem of flexor tendon reconstruction is still permanent change in everyday practice. **Aim:** Aim of this study was to investigate the influence of the duration of immobilisation on flexor tendon functional recovery. **Materials and Methods:** During the period from 2001 to 2006, 59 patients with flexor tendon lacerations of the hand were treated with direct tenorrhaphy (modified Kessler suture) within the first 24 to 48 hours. Patients that showed full range of motion in the early postoperative period were in risk for tendon rupture and the immobilisation lasted longer than three weeks. Patients in which we noticed early development of contractures, were treated with shorter immobilisation, up to three weeks. **Results:** The evaluation of the results depended on the degree of the mobility of the proximal and distal interphalangeal joints (Strickland). Patients with shorter immobilisation time, and early active motion exercises achieved better results . **Conclusion:** With adequate starting of postoperative mobilisation, we can expect better functional results after primary flexor tendon reconstructions.

Abstract ID 35

A New Sclerotherapy Technique For The Wrist Ganglion: Transcutaneous Electrocauterization

Dr. Nazım Gümüş, M.D.

Department of Aesthetic, Plastic and Reconstructive Surgery, Adana Numune Research and Training Hospital, Adana, Turkey

Ganglion, a cystic benign mass, most common soft tissue tumor of the hand, usually occurs hand, wrist and foot. In this study, we discuss a new sclerotherapy technique with which 17 patients with wrist ganglion were treated by using short bursts of high frequency low voltage electrodesiccation delivered through a fine electrode that was inserted into the sac. Their ages varied from 28 to 52 with an average of 32,7 years. Two patients had volar wrist, and 15 others had dorsal ganglia. In all patients, an ultrasound imaging was made for the discrimination of the other hand tumors. Under aseptic conditions, first ganglion was aspirated by using a large needle which was commonly used for peripheral venous catheterisation, and 0,5 cc of 1% xylocaine was injected into the cystic cavity, then electrocauterization was done. In the post-operative follow-up ranging from 6 to 29 months, one recurrence developed 3 months after the intervention, requiring the same procedure to overcome it. No complication occurred and all complaints of the patients resolved with this approach. This presented technique is simple, safe, effective and cheap for ganglion sclerotherapy, resulting in hopeful outcomes to become it an acceptable alternative to the open surgery.