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## Effect of denervation of coxo-femoral joint (CFJ) after experimental induction of synovitis in dogs

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Denervation of the Coxo-Femoral Joint (CFJ) is a recently introduced surgical technique for the treatment of Canine Hip Displasia (CHD). Synovitis was induced by injecting sodium urate under ultrasonographic guidance in right CFJ in 6 dogs at 2 occasions, one week before surgical denervation and two weeks post denervation. Dogs were then examined for signs of pain, lameness and range of motion of both CFJs. In this study, restriction of CFJ motion and pain were the most important clinical signs after induction of synovitis. Restriction of joint motion was manifested clinically by decreased joint flexion, extension and abduction. A decrease in limb forces of the affected limb and an increase in limb forces in the contra lateral pelvic limb were noticed, while no compensatory loading of the forelimbs was detected. In the present study, selective denervation of the canine CFJ did not result in the prevention of gait abnormalities induced by sodium urate crystals. No significant differences were found when comparing kinetic and kinematic parameters measured following injection, before and after denervation. Thus, the hypothesis that selective denervation of the canine CFJ will prevent CFJ pain from sodium urate crystals induced synovitis was not accepted.

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## Open reduction and internal fixation (ORIF) of tibial and fibular fractures in Democratic Republic of the Congo

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The surgical care of the traumatology in Kisangani (Democratic Republic of the Congo "DRC") comes up against constraints medical-economic and cultural which often end in delayed care. The purpose of this study was to determine the deadlines of care, the operating deadlines and to correlate them in the postoperative complications. The Functional and radiographic results of the fractures of leg were also evaluated. Our hypothesis was that the rate of complications is significantly higher in case of the delayed care (coverage). This retrospective study was realized in Kisangani University Hospital from 1996 to 2009. 76 leg fractures or tibial pilon treated by internal or external fixation closed or open heart were analyzed. Functional and radiographic results were evaluated at 12 months minimum. The care of the patient loads was late. The average time of admission at the hospital was of  $19 \pm 18.28$  days (extreme from 1 to 90 days) with a significant difference of the complications according to the time of admission ( $p < 0.05$ ). The operating time after admission was  $9.5 \pm 8.51$  days (Extremes of 1 to 30 days) with a significant difference complications according to the operative time ( $p < 0.05$ ) at the expense of late operated patients (infections and nonunion). The time of admission or the operating time after admission does not influence the operating results functional ( $p > 0.05$ ). These results are consistent with those reported in the literature. The delay of surgery is a partner to the increase of postoperative complications (infection and nonunion) and hospital stay. A delay of more than an operative 48 hours must be avoided, but not for the medically unstable patients who require medical stabilization period. Level of evidence - Level IV: retrospective - historical series.

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