Wnioski

1. Wózka przetokowej aortalno-dwunastnicy jest najpoważniejszym powikłaniem infekcji próżni naczyńowej wywodzącym bezwzględnie najczęstszą interwencję chirurgiczną.

2. Powinno stosować się do przetok naczyniowych impregnowanych solami srebra w leczeniu przetok aortalno-dwnastnicy.

Piśmiennictwo


References

is seen in researches devoted to tissue reaction for grafts as well as in tissue engineering experiments or in searching biological markers of bone tissue disorders [8].

One of the key issue in today’s orthopedics is the osteolysis phenomenon, which happens around the prosthesis and is caused by the presence of the grafts’ debris. This results in asymptomatic loosening of the endoprostheses. The stimulation of the proliferation and differentiation of the osteoclast precursors into mature cells cause this type of osteolysis.

The process is affected by cytokines, which are produced as a result of macrophage’s fagocytosis of debris. The specific OPG/RANKL/RANK scheme of the cytokines involved in this process has been lately identified. It has been shown that the RANK receptor’s stimulation results in the cells transformation into active osteoclasts and in bone resorption’s increase, in consequence. TNF alpha plays important role in this process. The designation of these relations may influence the strategy of the treatment of aseptic loosening. The usage of TNF blockers is considered; etanercept used in RA treatment for example. The usage of bisphosphonates, especially alendronate the efficacy of which was proven in phase II and III studies, is also considered [4].

The researches on bearing surfaces of the biomaterials are still another key issue in today’s orthopedics. These researches comprise the trail of the controlled crystallization of HDPE which is the most popular material for acetabular components. This modification should result in decrease of the bearing surfaces wearing which is estimated for traditional materials for 0.1-0.2 mm per year. In vitro studies which have been conducted up till now confirm decrease of the wearing process in components made from modified HDPE, although some clinical observations have showed durability decrease of the Hylamer TM HDPE. Other trials concerning endoprostheses’ construction comprise also the assessment of “alternative materials”” concepts such as metal-metal (modification of the classic McKee-Farrar’s implant), ceramics-polyethylene, or ceramics-ceramics. Zirconium ceramics was proposed as the material for head components of hip implants besides aluminium’s ceramics. There are some new possibilities due to further development of super hard materials such as boron nitride, different crystalline forms of silicon carbide or silicon nitride as well as boron carbide [7].

Tissue engineering is another important field of biological researches especially dedicated to the treatment of the articular cartilage disorders.

The mini invasive diagnostic techniques (arthroscopic optical or mechanical assessment of the compliance of the cartilage) allows for early detection of cartilage’s disorders. Although the accurate treatment may prevent the progress in cartilage devastation in some cases, the biological reconstruction of the articular surface is often necessary. The first choice method is implantation of chondrocytes suspended in an artificial cartilage matrix. This complex reveals mechanical features similar to the healthy tissue. The similar strategy is suggested also for the bone deficiency treatment. The problem of the interaction between the cells and surrounding synthetics matrix until the time of producing pericellular layer of natural cartilage or bone matrix is still unresolved. This issue is reflected in vivo test usage of tissue growth factors such as BMP, FGF, PDGF, CGF.

These factors are produced in genetic engineering processes by expressing of relevant genes in tissue cultures, so they are used as endogenous material. In vivo and ex vivo gene therapy is an alternative strategy based on the incorporation of the necessary gene into treated organism by the specific vectors. This method used experimentally in some
morfogenetyczne kości, czynniki wzrostu fibroblastów czy płytkopochodne czynniki wzrostu i czynniki chrzcielki. Czynniki te mogą być stosowane jako zewnętrzne lub środki do wstawiania w kwasie zaporowym. Alternatywą w tej chwili są przekształcone wodne lub sól wodne, które ułatwiają wchłanianie kwasu i przyspieszają ewolucję.

W kontekście leczenia chorób narządu nurka, w szczególności w przypadku jej uszkodzenia, stosowanie takich preparatów może być szczególnie korzystne.

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Biomaterialy

Disease (neoplastic metastases, cystic fibrosis) might be useful in treatment of injuries and orthopedic disorders.

Spectacular progress is observed in general and sport traumatology. Researchers’ interests are focused on the sport injuries of the crucial ligaments. It was noticed that ACL injuries in women are observed between 10 and 14 day of menstrual cycle, it means during ovulation period. That is way some authors suggest the preventive role of oral contraceptive against injuries in women’s sports.

The high tibial osteotomy is considered alternative for ligament reconstruction in cases of ACL injuries. This method should improve stability of the knee as a result of transferring of the external tibial bow on knee stabilizers [5, 10].

The publications devoted to tibial condylar fractures caused by injuries of low and moderate energy are one of the key issues, while discussing progress in general traumatology. The minimalization of the surgery is strongly suggested. It is achievable by the arthroscopic closed reduction. Usage of bone graft substitutes (e.g. calcic-phosphoric cement) is recommended. Nevertheless patients’ age is still the most important prognostic factor. The percentage of unsatisfactory outcomes increases significantly among patients above 50 year of life. The authors suggest more accurate qualification for the surgery in the case of patients in this group of age [9].

The Less Invasive Stabilization System is a milestone in the treatment of the multifragmentary fractures of the distal femur and the proximal tibia. There were very good outcomes observed, in rather small group of patients treated that way. There were also similar, satisfactory outcomes observed among patients with the proximal tibia fractures treated with the carbon-composite braces used for the fixation. Further studies for these methods are necessary [8].

The minimalization of the surgical procedures is also a challenge in spondylodysis surgery. The endoscopic anterior spondylodysis in fractures and spondylolysis is a novel method in the group of minimvasive discectomy techniques including chemical/enzymatic and laser discectomy. The three dimensional navigation techniques are already widely used in spondylodysis surgery. It may lead to the robotization of some surgical procedures. The similar opportunities are also present in total knee and hip arthroplasties. The observations of the large groups of patients with long follow-up are necessary for the outcomes comparisons after classical and navigation assisted techniques.

The postoperative treatment after a hip and elbow surgery is the main issue in rehabilitation. The attention of the endoprosthesis is still an essential problem after the THR. Some authors report an increase of the frequency of endoprosthesis’ luxations by 0.2% yearly, up to 7% after 25 years of follow-up. It was also noticed that the luxation happens extremely rarely while patient is lying, so the value of the abducens pillow is doubtful. There are also no difference in frequency of luxations after different rehabilitaion regimens [2].

The satisfactory range of the movement spreading from 30 to 130 degrees is the goal for the rehabilitation after an elbow arthroplasty. The immobilization in the full extension is necessary directly after the surgery. The specific braces are recommended during the night for 6 weeks postoperatively. In addition all the physical exercises are performed with the forearm in the full pronation during 4 weeks postoperatively, for the stabilization of the articulation. The braces are recommended up to 12 weeks.
W rehabilitacji narządu ruchu na pierwszy plan wysuwają się zagadnienia postępowania popoperacyjnego w chirurgii biodra i stawu łokciowego. W endoprotezoplastyce stawu biodrowego najistotniejszy jest problem zwinięcia sztucznego stawu. W jednej z prac stwierdzono wzrost częstości tych przypadków o 0,2% rocznie, dochodzący do 7% do 25 lat obserwacji. Stwierdzono również, że praktycznie nie dochodzi do zwinięcia prótezy w lożku, co podaje w ważliwość wartości stosowania poduszek odwodzących. Nie stwierdzono również związku częstości zwinięcia z różnymi programami rehabilitacji [2].

W rehabilitacji po endoprotezoplastyce stawu łokciowego działy się do uzyskania użytecznego zakresu ruchów, to jest zginęcia od 30 do 130 stopni. Jednak bezpośrednio po zabiegu kończyny wymaga użurczomienia w pełnym wyprostowaniu, a odpowiednie ćwiczenia są stosowane na noc przez 6 tygodni po zabiegu. W zależności od stanu pacjenta, podejmowane są decyzje o redukcji czasu rehabilitacji.

Piśmiennictwo