



Managing the Fractures Treatment for Patients Who Develop Alcohol Withdrawal

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Abstract:

Aims: Southern Moldova is a wine region, with a lot of vineyards. Every peasant has in his farm some wine aryl's and produces annual hundreds liters of wine and brandy which he consumes daily. In this area the water is not drinkable, is used just for washing. At least 2 patients from the total that are hospitalized in a week, are having alcoholic withdrawal.

Material and Methods: this work is an epidemiological study on a 5 years period between 2012-2016 on a cohort of 485 patients that were hospitalized and received surgical intervention for different types of fractures in the Orthopedics and Trauma Department of Clinic Emergency Hospital “Sf. Andrew” Galati. Those patients had an alcoholic withdrawal by the time they were hospitalized. 67 of them were transferred to the psychiatry department to receive special treatment, 365 continued the treatment in our department and 53 of them received during the hospitalization variable quantities of alcohol to avoid alcohol withdrawal. From all 485 patients, 208 patients had superior limb fractures and the rest of 277 patients had an inferior limb fractures. Complications occurred only in patients with an inferior limb fractures (67) because of the personality disorders and alcoholic dementia, they didn't respect the indications received.

Results and Discussion: Alcoholic withdrawal started usually after 48 hours from hospitalization. From the 67 patients that were transferred to the psychiatry department, in 23 of them could receive the surgical intervention in the first days, and the rest after returning from the psychiatry department. In all the patients that had surgical intervention before de alcoholic withdrawal, we tried external fixation also with casts for surgical safety. 11 of them returned with fracture and osteosynthesis materials displaced and therefore another surgical intervention. The rest of 44 patients that didn't received surgical intervention and transferred to the psychiatry department, 24 of them had complications like from an undisplaced fracture they transformed into a displaced one, 2 of them had compartment syndrome, 4 of them profund venous thrombosis, 11 bleeding blisters, 2 transformed a closed fracture into an open fracture and 4 of them pulmonary embolism.

From all 365 that had treatment in our department, 8 of them had bleeding blisters, 6 profund venous thrombosis, 5 compartment syndrome, 4 pulmonary embolism and 7 transformed the closed fracture into an open one. The 53 patients that received small doses of alcohol neighter one of them had any postoperatively complications.

Conclusions: every patient that could develop alcoholic withdrawal during the hospitalization, must be diagnosed from the beginning and treated by sustaining his metabolism, vitaminotherapy and hipnotics or they could get an alcoholic treatment to avoid withdrawal?

Keywords:

Managing, Alcohol Withdrawal, Disorders, Fractures Treatment, Personality Disorders