**Introduction**

Basic questions of treatment of osteomyelitis is the choice of optimum surgical tactics and adequate conservative treatment.

The main method of treatment is the surgical grant - sanitation of the purulent center and early reconstruction of an extremity. In literature of the last years the works devoted to studying of pathogenetic mechanisms of a course of the inflammatory process even more often began to appear. On the basis of the revealed regularities new ways of complex treatment are developed.

**Materials and methods**

Experience of treatment of 224 patients with traumatic osteomyelitis of extremities is presented. Tactics of surgical treatment depended on degree of expressiveness of recovery processes and nature of damage of a bone purulent process.

We consider the most essential factors defining a choice of volume of surgical intervention and a possible way of bone plasticity:

- Degree of expressiveness of recovery processes
- Amount of defeat (defect) of a bone tissue

The characteristic of post-traumatic osteomyelitis offered by us is based on the anatomic principles – extent (prevalence) of inflammatory process in a bone and expressiveness of recovery processes at a bone fracture (there is a union or it isn't present).

Extents of damage of a bone tissue traumatic osteomyelitis we divide into defeat less than 1/3 diameters, from 1/3 diameters to 1/2 diameters and more than 1/2 diameters.

Degree of expressiveness of regeneration of a bone tissue is characterized as lack of an union (a false joint) or a change union (restoration of a bone).

The offered principles of a surgical component of expeditious treatment of traumatic osteomyelitis of extremities though is simplified as any classification, however its simplicity allows
to systematize views in this question, it is easy to put into practice, to carry out the analysis of results of treatment in comparable groups.

**Results**

The principles offered by us at a choice of individual volume of surgical intervention taking into account classifications of Cierny-Mader and Waldvogel, and also extent of damage of a bone tissue and expressiveness of recovery process allowed to reach positive results at 204 (92,4%) patients with traumatic osteomyelitis. We consider as an important component also carrying out adequate, taking into account modern views and the revealed individual regularities, conservative therapy.

**Conclusions**

1. The basis of a choice of surgical tactics from patients with traumatic osteomyelitis took the principles of classifications of Waldvogel and Cierny-Mader, extent of damage of a bone tissue and expressiveness of recovery process;

2. Basis of complex conservative therapy was the understanding of traumatic osteomyelitis as syndrome of the system inflammatory answer;

3. Use of the offered approaches allowed to reach positive results at 204 (92,4%) patients with traumatic osteomyelitis.