

To A Question Of Operative Treatment No Accrete Crises And False Joints Neck A Hip

Juraev Ilkhom Gulomovich¹, Ashirov Mavlon Umirzokovich², Tilyakov Khasan Azizovich³,
Kahkhorov Azizbek Sirojiddinovich⁴

¹*Samarkand State Medical Institute, Samarkand, Uzbekistan*

²*Samarkand State Medical Institute, Samarkand, Uzbekistan*

³*Assistant of the Department of Traumatology and Orthopedics, Samarkand State Medical Institute*

⁴*Samarkand State Medical Institute, Samarkand, Uzbekistan*

Abstract: *In recent years in our country many publications and monographs are devoted to modern methods of expeditious treatment of this group of patients. Despite a large number of the offered methods, big specific weight make not accrete changes, false joints and an vascular necrosis of a head of a femur. Unfortunately, and today patients with fractures of a neck of a femur often continue to treat a conservative, so-called "functional" method mortality at which from accompanying pathology later after a change can reach 6 months 80%.*

Keyword: *false joints, fractures of a neck of a hip, end prosthesis replacement.*

1. INTRODUCTION

Despite the progress achieved in the surgical treatment of femoral neck fractures, according to most traumatologists and orthopedists, they still remain an unsolved problem. Along with other complications of non-fused fractures and pseudoarthrosis of the femoral neck, according to the authors (Lirtsman R.M. 1972), make up from 16 to 22%.

The high percentage of complications arising after surgical treatment of fractures of the femoral neck give grounds to assert that the problem of treating such fractures and preventing non-union and the formation of false joints continues to be very relevant and requires its solution according to (P. Kolesnikov).

This percentage of non-union and the formation of false joints of the femoral neck is most often associated with errors in the technique of surgery and the postoperative period in the treatment of fresh fractures.

The basis of the causes of nonunion and pseudarthrosis of the femoral neck is the prescription of the fracture, the degree of the neck defect, disvascular changes in the head, the ratio of bone fragments to each other and their fixation.

It should be noted that after osteosynthesis, fusion does not occur when the fragments are in the wrong position, by incorrect immersion of the fixator from the point of view of the action of biomechanical forces. As noted (Ya.I. Krizhanovsky 1986), if fusion did not occur within six months, then we can say that a pseudarthrosis is formed.

By this time, diastasis appears between the fragments, resorption of bone tissue around the fixator and its migration. Until six months, there is still hope for the union of bone fragments. Such a fracture can be considered "unresolved", and later than the specified time, a pseudarthrosis occurs.

As noted (Ya.I. Krizhanovsky 1986) that for a complete characterization of the pseudarthrosis it is necessary to indicate the degree of disvascular necrosis of the femoral head.

Diffuse osteoporosis testifies to atrophic processes of the head and minor disvascular disorders, given against the background of osteosclerosis, moderate dysvascular, diffuse sclerosis, significant disorders.

In our work, we decided to share our experience of surgical treatment of 36 patients with nonunion fractures (19) and pseudarthrosis (17). The patients were between the ages of 40 and 60 and older. Most (76%) of them were over 60 years old. Among the sick men there were 24, women - 12. The prescription of fracture in patients with nonunion of fragments up to 3 months was 8 people, from 3 - to 6 months 11. In patients with a pseudarthrosis of the femoral neck, the prescription of fracture was 6 months in 8 patients, 1 year - 5.2 years - 4 patients.

All examined patients had diffuse osteoporosis of the femoral head. At the same time, a radiologically insignificant defect of the femoral neck was found in 7, moderate in 12, significant in 17. Among patients, 12 had a fixed pseudarthrosis in 3 unfixated.

Depending on the age, general condition of the patients, structural changes in the neck and head of the femur were taken with an appropriate method of treatment. Most patients (22) underwent reconstructive surgery.

At the beginning of our work, out of the total number of patients examined by us, 4 with a pseudarthrosis and 9 with non-fused fractures of the femoral neck underwent compression metal osteosynthesis with a screw with and without a diaphyseal pad. Long-term results in these patients were followed in the period from 1 to 1.5 years. Good results in patients with a pseudarthrosis were noted out of 4 patients only in 2, and in patients with nonunion fracture of the femoral neck out of 9, 5 had good results.

It should be noted that the reason for the deterioration of the results was associated with disvascular necrosis of the femoral head with symptoms of coxarthrosis.

In this regard, we did not further use osteosynthesis as an independent method of surgical treatment for nonunited fractures and pseudoarthrosis of the femoral neck.

In 10 patients with a pseudarthrosis and in 6 with nonunited fractures with an insignificant cervical defect, without signs of disvascular phenomena of the femoral head, compression metal osteosynthesis was performed with a screw with a diaphyseal pad in combination with bone autografts.

Long-term results were studied in 15 patients. Excellent results were found in 6 patients (in 2 with a pseudarthrosis, in 4 with an ununited fracture), good results were found in 5 patients (in 3 with a pseudarthrosis and 2 with an ununited joint), satisfactory in 2 with a nonunion and in 2 patients with a pseudarthrosis.

Let's take an example. From the medical history of the patient who underwent the operation according to the specified method.

Patient B, 56 years old and hospitalized No. 114. The clinic was hospitalized 9 months after a hip fracture. A patient in a district hospital underwent reposition of the fragments, followed by a plaster cast. After 3 months, the plaster cast was removed and it was recommended to walk with crutches.

Onset of radiological moderate cervical defect, resorption and cervical atrophy, in places of the head deepening a false joint of the femoral neck was installed. The patient underwent an operation of osteosynthesis of the cervix with the use of autotransplantation from the shin, inserted parallel to the screw inserted into the cervix.

The result of the operation in a year is good. Fusion of fragments was observed with restoration of the structure of the neck and head of the femur.

We performed total hip arthroplasty (JRENE) in 7 patients with a pseudarthrosis with a significant cervical defect and severe disvascular manifestations of the femoral head.

Endoprosthetics of the hip joint was mainly carried out in patients aged 60 and over with a satisfactory general condition.

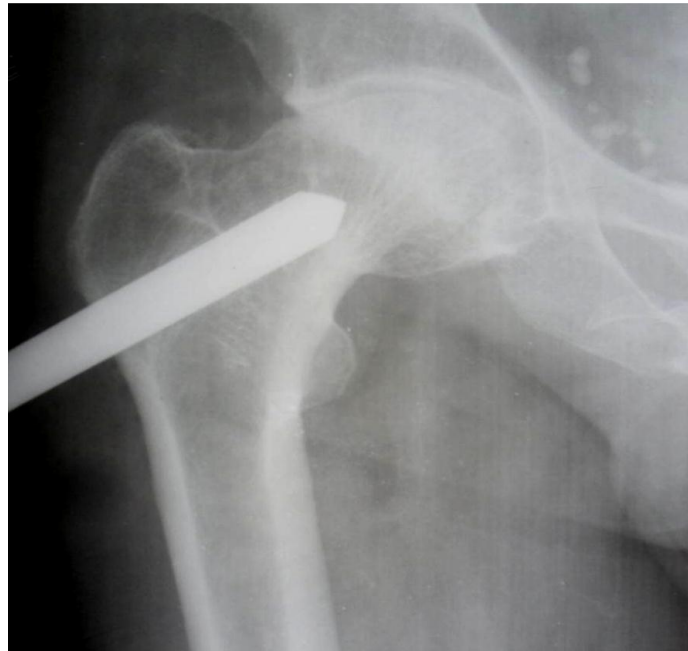
After 2 weeks, the patients began to walk independently with the help of crutches without any particular complaints of pain. The results of the operation were traced for 2 years. All patients had good results. The patients returned to physical labor.

Let's take an example

Patient M., 58 years old, case history No. 851. Hospitalized in the clinic with a diagnosis of false joint of the femoral neck. Received an injury 2 years ago when falling from a height of 3 meters. At the place of residence, the patient was operated on with metal osteosynthesis with a 3-blade Smith-Peterson nail, followed by application of a plaster cast. After 2 months, the plaster cast was removed. I walked with crutches. Migration of a three-bladed nail and a pseudarthrosis of the femoral neck came.

On admission, X-ray signs of resorption and atrophy of femoral neck fragments.

Picture 1.



Picture 2



The patient underwent total hip arthroplasty (JRENE). After the operative course, the smooth wound healed by primary traction. After 2 weeks, the patient began to walk independently with the support of the operated leg. The result is good after 1.5 years.

It should be emphasized that the autotransplant introduced into the neck during osteosynthesis has a positive effect on the stimulation of bone regeneration in the area of the pseudarthrosis of the neck. The results of the study showed that non-union fractures usually heal one year after surgery, the pseudarthrosis after 2 years. After cervical fusion and the absence of signs of days vascular necrosis of the head, we recommend a dosed load on the limb after 1.5 years.

When signs of days vascular necrosis persisted, as well as when the restructuring of the bone structure of the femoral head was incomplete, the timing of the load was correspondingly postponed.

2. CONCLUSIONS

1. The nature of the surgical intervention in the shooting of unbroken fractures and pseudoarthrosis largely depends on the defect of the neck, the severity of disvascular necrosis of the femoral head, and the general condition of the patients.
2. Metal osteosynthesis is indicated for nonunited fractures and pseudoarthrosis of the femoral neck more than a year old with a slight neck defect and no signs of dysvascularization.
3. With a moderate defect of the neck with symptoms of moderate disvascularization of the femoral head. osteosynthesis should be supplemented with the use of autografts.
4. With a significant defect of the neck with a pronounced sign of dysvascularization, hip arthroplasty is indicated.

LITERATURE

- [1]. Yakimov L.A. "Treatment of fractures of the hip joint in the early post-traumatic period" / Dis ... doc. Med. Sciences. M., -2007. -306s.
- [2]. Barnett K, Mercer SW, Norbury M, et al. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet*. 2012; 380 (9836): 37-43. doi: 10.1016 / S0140-6736 (12) 60240-2.
- [3]. Guiding principles for the care of older adults with multimorbidity: an approach for clinicians: American geriatrics society expert panel on the care of older adults with multimorbidity. *J Am Geriatr Soc*. 2012; 60 (10): E1-E25. doi: 10.1111 / j.1532-5415.2012.04188. x.
- [4]. Vertkin AL, Skotnikov AS "Comorbidity". *Attending physician*, 2013; No. 6, Pages 66-69.
- [5]. Nurgazizova A.K., Origin, development and modern interpretation of the concepts "Comorbidity" and "Polymorbidity". *Kazan Medical Journal*, 2014 .; Pp. 292-296.
- [6]. Zhuravlev Yu. I., Tkhorikova VN "Modern problems of measuring polymorbidity". *Scientific bulletin of BelSU. Medicine series. Pharmacy*, 2013; 11 (154), Issue 22, pp. 214-219.
- [7]. Oganov R. G. "Cardiovascular diseases at the beginning of the XXI century: medical, social, demographic aspects and ways of prevention" <http://federalbook.ru/files/FSZ/soderghanie/2013/IV/Oganov.pdf>
- [8]. Comorbid pathology in clinical practice. Clinical guidelines. *Cardiovascular Therapy and Prevention*. 2017; 16 (6): 5-56. <https://doi.org/10.15829/1728-8800-2017-6-5-56>
- [9]. Ginard KN "When one interferes with the other - comorbidity on the topic of the day." *New Millennium Medicine*, 2012; No. 6, Page 22-24.
- [10]. Styazhkina S.N., Chernyshova T.E., Ledneva A.V. "Comorbidity in surgical practice", 2012. Pp. 43-44.
- [11]. Styazhkina SN, et al. "The role of comorbid pathology in surgery." *Science, education and culture*. 2017, pp. 82-83.
- [12]. Shemetova G.N. "Approaches to the tactics of managing patients with comorbid conditions", *Saratov*, 2016. P.1.
- [13]. Shirinsky VS, Shirinsky IV, "Comorbid diseases - an urgent problem of clinical medicine" *Siberian medical journal*. 2014, Volume 29, No. 1. P. 8-11.
- [14]. Global status report on noncommunicable diseases 2014. Attaining the nine global noncommunicable diseases targets; a shared responsibility "WHO, 2014.
- [15]. Huntley AL, et al. Measures of Multimorbidity and Morbidity Burden for Use in Primary Care and Community Settings: A Systematic Review and Guide. *Annals of Family Medicine*. 2012; 10 (2): 134-41.
- [16]. Charlson M.E., Pompei P., Ales K.L. et al. (1987) A new method of classifying prognostic comorbidity in longitudinal studies: development and validation. *J. Chron. Dis.*, 40: 373-383.