

RESULTS OF SURGICAL TREATMENT OF CONGENITAL HIP DISLOCATION

Ibragimov Sadullo Yusupovich

Samarkand State Medical Institute Uzbekistan

Urinboev Paizullo Urinboevich

Samarkand State Medical Institute Uzbekistan

Kudratova Gulsara Najmiddinovna

Samarkand State Medical Institute Uzbekistan

Saloxiy Otabek Ikromovich

Samarkand State Medical Institute Uzbekistan

Muxtorov Zokir Safarovich

Samarkand State Medical Institute Uzbekistan

Kuvatov Dilshod Xolmurodovich

Samarkand State Medical Institute Uzbekistan

Ashirov Mavlon Umurzokovich

Samarkand State Medical Institute Uzbekistan

Kayumov Rustam Shuxratovich

Samarkand State Medical Institute Uzbekistan

Abstract. Relevance. At present, although significant progress has been made in the field of early detection of congenital malformations and conservative treatment, a large number of patients with this pathology remain untreated in a timely manner. In 10-15% of patients treated conservatively with congenital malformations of the thighs, the need for surgical treatment arises.

Purpose of the study. It consists of studying the causes of complications observed during long periods of treatment of patients treated surgically on congenital malformations of the thighs and looking for measures to prevent them. In such cases, depending on the age of the patients and the severity of the discharge, surgical procedures are performed, ranging from simple open placement to repair and opening of the proximal part of the femur and the roof of the joint. This article presents the results of surgical treatment performed for 111 children with congenital hip dislocation. After 30 years, the long term results of the intervention were studied in 76 (68.5%) patients. According to observation, 22(28.9%) patients and 31(40.8%) patients demonstrated good and satisfactory long term results respectively. While results of surgical treatment for 23(30.3%) patients estimated as unsatisfactory. Identified the causes of unsatisfactory results and preventive measures were recommended.

Keywords: congenital hip dislocation, reconstruction, contracture, coxarthrosis, ankylosis.

Relevance. Congenital hip dislocation ranks first in terms of frequency and number of published scientific papers among orthopedic diseases, and is one of the most pressing problems of pediatric orthopedics [1,3,7].

Currently, despite significant progress in the early detection of congenital malformations and conservative treatment, a large number of patients with this pathology remain without timely treatment. In 10-15% of patients with congenital hip dislocation treated conservatively, there is a need for surgical treatment [2].

In the literature of recent years, a group of congenital hip dislocation that does not respond to conservative treatment has been described. According to the literature, the frequency of such dislocations ranges from 1-5% to 10-20% [6].

In such cases, depending on the degree of congenital hip dislocation, operations are performed from simple open reduction to open reduction with corrective osteotomy of the femur and acetabular plasty.

There is a lot of data in the literature about the immediate results of surgical treatment of congenital hip dislocation, but long-term results are very poorly covered.

Purpose of the study. Study of long-term results (30 years) of treatment of patients treated with surgery with congenital hip dislocation, study of complications and ways to prevent complications.

Research material. The number of patients treated for congenital hip dislocation in 1991 in the department of pediatric orthopedics of the Samarkand regional hospital of orthopedics and the consequences of trauma was 310 patients, which amounted to 47.8% of the total number of patients. 111 (17.1%) patients underwent surgical treatment. A retrospective analysis of these patients was performed.

Among sick boys there were 10 (9%), girls were 101 (91%). The patients were distributed by age as follows: from 2 to 5 years - 27 (24.3%) patients, from 5 to 8 years - 73 (65.7%) patients, patients over 8 years old - 11 (9.9%) patients. In 39 (35.3%) patients, the pathology was right-sided, in 55 (49.5%) left-sided, and in 17 (15.3%) patients, bilateral.

All patients were examined by a pediatrician before and after surgery.

After preliminary preparation, the patients underwent the following operations under intubation anesthesia: simple open reduction of the femoral head - in 5 (4.5%) patients, open reduction with subtrochanteric corrective osteotomy of the femur - in 58 (52.2%) patients, open reduction with subtrochanteric corrective osteotomy of the femur and plastic of the acetabular roof - in 34 (30.6%) patients, extra-articular operations - in 8 (7.2%) patients.

After the operation, depending on the complexity of the operation, a 1.5 coxite plaster cast was applied from 4 weeks to 6-7 weeks. No early postoperative complications were observed in the patients (shock, secondary bleeding, pneumonia, relaxation, hematoma suppuration). All postoperative wounds healed by primary intention. After removing the plaster cast, physiotherapeutic treatment was carried out aimed at restoring the range of motion in the operated hip joint. After 2.5-3 months, walking was allowed with loading of a healthy limb using crutches. The load on the operated limb was allowed one year after the operation.

The immediate results after the operations were assessed as good. After the end of treatment, the parents were given the following recommendations: until the end of growth, be under the

supervision of a pediatric orthopedist, exemption from physical education, limitation of work performed while standing, when choosing a profession, prefer sedentary professions, girls limit themselves to two pregnancies.

Scaglietti O., Calandriello B. wrote in 1961: "Open reduction of hip dislocation is not a guarantee of a good result. During the operation, the femoral head and the acetabulum are matched. It is necessary to create conditions for the correct development of the pathologically altered femoral head and acetabulum".

Treatment Results: Results were evaluated 30 years after the end of treatment. The results of treatment were studied in 76 (68.5%) patients. At the time of the examination, the patients were 35-42 years old. Of these, 68 (89.5%) were women, 8 (10.5%) were men. Patients underwent clinical, radiological and CT examinations according to indications.

The treatment results were rated as good, satisfactory and unsatisfactory.

In 22 (28.9%) patients, the results were assessed as good. These patients do not present complaints, walk independently and correctly, movements in the hip joints are not limited, the length of the lower limbs is the same. The development and volume of the pelvic and femoral muscles is the same. X-ray indicators: the femoral heads are spherical, the heads are centered in the acetabulum, the cervical-shaft angles are within 120-125°. Shenton's line is not broken. The Wiberg angle is within 20-25°. Mild subchondral sclerosis is determined in the femoral head and acetabulum.

These patients were operated on at the age of 3-5 years, were performed open reduction with subtrochanteric corrective osteotomy of the femur, plastic of the roof of the acetabulum. Patients in the postoperative period were observed by an orthopedist, followed the doctor's instructions flawlessly.

Here's an example. Patient B., 35 years old, at 3 years and 6 months was operated on for congenital dislocation of the right hip.



Figure # 1. Patient B., 3 years and 6 months. Radiography in direct projection. Diagnostic radiography.

The operation “Open reduction of the right thigh with corrective subtrochanteric osteotomy, Salter osteotomy of the pelvis” was performed. After six months, the metal retainers were removed.

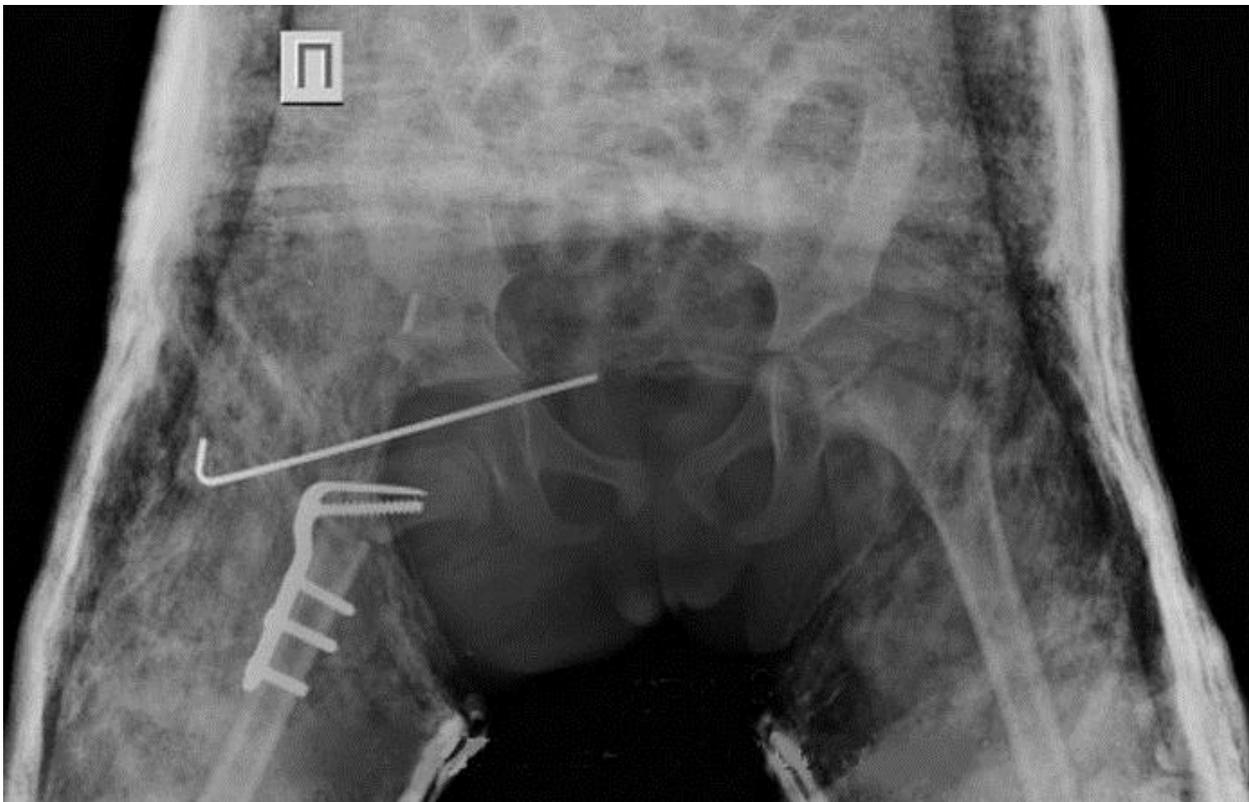


Figure 2. Patient B., 3 years and 6 months. Radiography in direct projection. Result one month after surgery (Patient in a plaster cast).



Fig. 6. Patient B., 4 years old. Radiography in direct projection. Result 6 months after surgery (before removing the metal retainers).



Fig. 4. Patient B., 5 years 4 months. Radiography in direct projection. Result in 1 year and 8 months. The treatment results were assessed as good.



Figure 5. Patient B., 35 years old. Radiography in direct projection. Result 30 years after surgery

In 31 (40.8%) patients, the results were assessed as satisfactory. These patients get tired at the end of the day, there is mild lameness and pain in the hip joints. The muscles on the operated limb are atrophied (1-1.5 cm), internal rotation and abduction in the hip joints are limited within

15-200. Patients work by profession. X-ray indicators: the heads of the femoral bones are spherical, the heads are centered in the acetabulum, the Shenton's line is broken in 6 patients, the I degree of coxarthrosis is determined in all patients, the Viberg angle is within 18-200.

These patients were operated on at the age of 5-8 years, 5 patients underwent open reduction, 18 patients underwent open reduction with subtrochanteric corrective osteotomy of the femur. In the postoperative period, these patients did not always come for an orthopedic examination, did not follow the doctor's instructions.

In 23 (30.3%) patients, the results were assessed as unsatisfactory. These patients indicate persistent pain in the operated joint, all patients have limited movement in the operated joint. In 4 patients, the absence of movement in the joint (ankylosis) is determined. In 8 patients, II and III degrees of coxarthrosis are determined. 7 sick invalids of the II group. 4 patients underwent hip arthroplasty. 6 patients were offered arthroplasty.

These patients were operated on at the age of over 8 years; coxarthrosis was determined in 12 patients before the operation. In the postoperative period, they did not receive rehabilitation, they worked in hard work. 6 women had 3-5 pregnancies.

Here's an example.

Patient A.L., 39 years old, was operated on at the age of 8 for right-sided congenital dislocation of the hip, left-sided subluxation of the hip.



Fig. 6. Patient A.L., 8 years old. Radiography in direct projection. Diagnostic radiography.

The operation "Open reduction of the right femur with corrective subtrochanteric osteotomy, plastic of the acetabular roof according to Pemberton" was performed. Six months later, the operation "Corrective subtrochanteric osteotomy of the left femur, plastic of the acetabular roof according to Pemberton" was performed. After another six months, the metal retainers were removed,



photo # 7. Patient A.L., 8 years 6 months. Radiography in direct projection. Control X-ray 6 months after surgery.



Patient A.L., 8 years old. Radiography in direct projection. Control radiography 1 year after surgery.



Fig. 9. Patient A.L., 38 years old. Radiography in direct projection. Control radiography 30 years after surgery. "Bilateral dysplastic coxarthrosis, right grade III, left grade II." The patient was offered endoprosthetics.

Conclusions: Congenital hip dislocation is a widespread disease of the musculoskeletal system. According to our data, this pathology accounts for 47.8% of inpatients. Studies have shown that clinically good long-term results are observed in 22 (28.9%) patients. This once again indicates that it is advisable to begin treatment of congenital hip dislocation from the hospital.

With constant dispensary observation of these patients until the end of growth, positive results can be achieved.

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