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**ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE**

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STUDY OF THE FEATURES OF THE CLINICAL COURSE OF SPONDYLODISCITIS, DEVELOPMENT OF A DIAGNOSIS AND TREATMENT ALGORITHM

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✓ Resume

Spondylodiscitis (SD) - infectious disease vertebrae and intervertebral disks . Its frequency has increased in recent years due to the increase in invasive manipulation on spine . The urgency of this problem is determined by the fact that with such disease violated two the main functions of the spine are to ensure a stable vertical position of the body and protection spinal nervous structures . At the same time, the diagnosis of spondylodiscitis is difficult and often occurs co a significant delay after the onset of the first symptoms, which is associated with a rare occurrence given disease , non-specificity of its manifestations, and in connection with this, insufficient awareness doctors By issues infectious defeats spine .

Key words: Spondylodiscitis, vertebrae and intervertebral discs, first symptoms.

ИЗУЧЕНИЕ ОСОБЕННОСТЕЙ КЛИНИЧЕСКОГО ТЕЧЕНИЯ СПОНДИЛОДИСЦИТА, РАЗРАБОТКА АЛГОРИТМА ДИАГНОСТИКИ И ЛЕЧЕНИЯ

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✓ Резюме

Спондилит (СД) – инфекционное заболевание позвонков и межпозвонковых дисков. Частота его возросла в последние годы в связи с учащением инвазивных манипуляций на позвоночнике. Актуальность данной проблемы определяется тем, что при таком заболевании нарушаются две основные функции позвоночника – обеспечение стабильного вертикального положения туловища и защита спинальных нервных структур. При этом диагностика спондилита затруднительна и зачастую происходит со значительной задержкой после появления первых симптомов, что связано с редкой встречаемостью данного заболевания, неспецифичностью его проявлений, а в связи с этим недостаточной информированностью врачей по вопросам инфекционных поражений позвоночника.

Ключевые слова: Спондилит, позвонков и межпозвонковых дисков, первых симптомов.

SPONDILODISKITNING KLINIK KECHISH XUSUSIYATLARINI O'RGANISH, DIAGNOSTIKA VA DAVOLASH ALGORITMINI ISHLAB CHIQUISH

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✓ **Rezyume**

Spondilodiskit (SD) - vertebra va intervertebral disklarning yuqumli kasalligi. So'nggi yillarda umurtqa pog'onasida invaziv manipulyatsiyalarning ko'payishi tufayli uning chastotasi oshdi. Ushbu muammoning dolzarbligi bunday kasallik bilan umurtqa pog'onasining ikkita asosiy funksiyasi buzilganligi bilan belgilanadi - tananing barqaror vertikal holatini ta'minlash va umurtqa nerv tuzilmalarini himoya qilish. Shu bilan birga, spondilodiskit tashxisi qiyin va ko'pincha birinchi alomatlar boshlanganidan keyin sezilarli kechikish bilan yuzaga keladi, bu kasallikning kamdan-kam uchraydiganligi, uning namoyon bo'lishining o'ziga xos emasligi va etarlicha diagnostic texnologiyalarining mavjud bo'lmashligi bilan izohlandi.

Kalit so'zlar: Spondilodiskit, vertebra va umurtqalararo disklar, birinchi alomatlar.

Relevance

Spondylodiscitis is a term for an inflammatory process in the intervertebral disc, body and joints of a vertebra. Symptoms of the disease are not particularly specific, develop gradually and subacutely, which makes it difficult to diagnose pathology. Timely detection of spondylodiscitis is of great importance for the prognosis. Spondylodiscitis is rare, with an average of 0.5–2.5 per 100,000 population [9, 13]. Recently, an increase in the incidence of spondylodiscitis has been noted. This is due to the improvement of diagnostic methods, an increase in the frequency of nosocomial infection, an increase in the number of immunocompromised patients, and an increase in the number of the elderly population [1, 13]. People over 50 years of age are predominantly susceptible to the disease [5, 7, 9, 13]. In our observation, only 1 patient was younger (29 years old). Men are more likely to get DM and, according to the literature, the ratio of men and women is 1.5–2:1, respectively [1, 2, 13].

Spondylodiscitis (SD) is an inflammatory process of the spine that involves intervertebral discs, adjacent vertebrae, and joints. The disease occurs against the background of a degenerative-dystrophic process of the spinal column or is formed after surgical interventions on the spine [1, 2, 3]. In the international classification of diseases (ICD 10), pathology belongs to class 13 - diseases of the musculoskeletal system and connective tissue, spondylopathy block (M45-M49), heading other inflammatory spondylopathy (M46).

The relevance of the problem of DM is determined by the violation of the basic functions of the spine: ensuring a stable vertical position of the body and protecting the spinal neural structures [4]. The non-specificity of the clinical picture, the rare occurrence and, as a result, the lack of awareness of physicians about infectious diseases of the spine, as well as the lack of a unified clinical guideline and protocols for the treatment of diabetes, cause frequent errors in the diagnosis of this pathology. As a result, the delay in making a diagnosis sometimes reaches 12 months, averaging 4.3 months [3, 5-7]. In a review over the past decade, we presented an analysis of the problems associated with early diagnosis, determination of management tactics and treatment of patients with diabetes.

Purpose of the study: Improving the results of treatment of spondylodiscitis through timely diagnosis and improvement of complex treatment methods with stabilization of the spinal segment.

Materials and methods

The material of the research is patients with spondylodiscitis. All patients will undergo a comprehensive examination: neurological, X-ray, CT, MRI, studies.

The clinical symptoms of DM are not specific. The onset of the disease, as a rule, goes unnoticed, and constant back pain becomes an alarm, which intensifies at night, when walking, and growing signs of general intoxication. This state can last in different ways: from 10 days to one month, depending on the severity of the process [1, 4]. The most common symptom of DM is back pain, but up to 15% of patients may not experience pain [1, 15]. The pain syndrome depends on the localization and prevalence of the pathological process in the spine. The most frequent localization of pain and, accordingly, lesions - in the lumbar region, less often - in the thoracic and very rarely - in the cervical. Pain in the thoracic spine may resemble pneumonia or pleurisy, in the lower thoracic and lumbar regions they mimic an acute abdomen, dynamic obstruction, paranephritis, osteochondrosis. This leads to misdiagnosis or even unnecessary surgery [4]. Fever is a less common symptom, occurring in about half of patients [4]. Fever is less common in DM of tuberculous etiology [1]. The spread of the infectious process to the spinal canal is accompanied by the development of radicular syndrome with

limitation of motor activity, signs of irritation or extinction of reflexes, and sensory disturbances in the areas of the affected roots [1, 10, 15].

With the progression of the disease, there are signs of spinal cord compression with a frequency of 10 to 64%: the development of paresis of the limbs with an increase in neurological deficit to plegia, dysfunction of the pelvic organs with urinary retention and defecation.

Spinal deformity in the form of kyphosis is more common in tuberculous lesions. Cervical DM may present with dysphagia or torticollis [1]. Sharp pain during palpation of the spinous processes of the vertebrae and the paravertebral region at the level of the lesion is the most common symptom detected during examination of the patient (78-97% of cases), which is often associated with limitation of the range of motion and spasm of the paravertebral muscles [1, 4, 17].

Result and discussion

The main symptom that forced patients to seek medical help was severe pain in the affected area, which in most cases (85.7%) bothered them constantly and intensified with movement. Pain intensity on a visual analogue scale ranged from 8 to 10 points. Only in 1 case the pain had a dull aching character and corresponded to 7 points on the visual analogue scale. Such a characteristic of pain was in the youngest patient, 29 years old, who had suffered an injury to the lumbar spine 3 years before the development of spondylodiscitis.

It should be noted that in all observed cases, the use of non-steroidal anti-inflammatory drugs (NSAIDs) in relation to pain was ineffective.

The lumbar spine was predominantly involved in the pathological process — 71.4% (n=5), in the remaining 2 cases, the thoracic spine was affected.

85.7% of patients in the past suffered from degenerative-dystrophic changes in the structures of the spine, which was expressed in pain and limitation of movement in the affected area even before the onset of the infectious process. This masked the manifestations of spondylodiscitis and made diagnosis much more difficult.

Conclusions

In our observation, the following changes were found that helped in the diagnosis of spondylodiscitis: trabecular edema of the vertebral bodies, changes in the MRI signal in the area of adjacent vertebrae, deformity of the endplates, a decrease in the height of the affected disc, thickening of the posterior longitudinal ligament, a decrease in signal intensity on the T1-weighted image, structural changes in the vertebral bodies.

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