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THE ARTHROPLASTY OF THE HIP AT FRACTURE OF A NECK OF A FEMUR

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✓ ***Resume,***

Concerning fracture of a neck of a femur are operated 59 patients in particular have been conducted total arthroplasty of the hip. Good results are received at 94 % of the operated patients.

Keywords: total arthroplasty, fracture of a neck of a hip.

СОН СУЯГИ БЎЙИНЧАСИ СИНИШЛАРИДА ТОТАЛ ЭНДОПРОТЕЗЛАШ

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✓ ***Резюме,***

Сон суяги бўйинчаси синиши билан 59 та беморга тотал эндопротезлаш амалиёти ўтқазилган. 94% холатда яхши натижага эришилди.

Калит сўзлар: тотал эндопротезлаш, сон суяги бўйинчаси синиши.

ЭНДОПРОТЕЗИРОВАНИЕ ТАЗОБЕДРЕННОГО СУСТАВА ПРИ ПЕРЕЛОМАХ ШЕЙКИ БЕДРЕННОЙ КОСТИ

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✓ ***Резюме,***

По поводу перелома шейки бедренной кости было прооперированно 59 больных в частности проведено тотальное эндопротезирование сустава. Хорошие результаты получены у 94% прооперированных больных.

Ключевые слова. тотальное эндопротезирование, перелом шейки бедра.

Actuality

Fractures of the femoral neck account for up to 6% of all bone fractures of the limbs [2]. With age, these indicators increase. Thus, at the end of the last century around 1.3 million such fractures were registered worldwide, and by 2050 it is expected to grow to 4.5 million [2,4]. Osteoporosis and complications of this disease are one of the leading causes of fracture of the femoral neck in patients of the older age group [3]. The total cost of treatment of osteoporotic fractures in the United States in 1995 amounted to 13.7 billion dollars [1]. Inadequate treatment of femoral bone fractures, the elderly person is bedridden, chronic diseases worsen, hypostatic complications develop. Conservative treatment of femoral neck fractures in the elderly in 35 - 81% leads to a fatal outcome in the near future after trauma [1, 2]. Different types of osteosynthesis in elderly people do not give the desired result in 15 - 70% [1, 5]. Violations of fracture consolidation processes develop in 22-74% [1, 5]. Unsatisfactory results of treatment progress with age [2]. Most authors note a significant reduction in mortality in early operative treatment and offer surgery of choice for elderly and senile patients with fractures of the femoral neck - endoprosthesis [2].

Purpose of the study

To study the results of treatment of patients with femoral neck fractures in hip joint endoprosthesis.

Materials and methods

We observed 59 patients who underwent primary hip arthroplasty for fractures of the femoral neck. Men - 39 (66%), women - 20 (34%). Among the treated 21 - older than 60 years (36%). The oldest patient was 92 years old. Patients from 40 to 50 years old - 26 (44%), and over 75 years - 12 patients - 20%. The main feature in the treatment of elderly patients was the presence of concomitant pathology, a burdensome anamnesis. Thus, the pathology of the cardiovascular system was diagnosed in 23 (39%) patients of whom a combination of extensive myocardial infarctions with the formation of ischemic cardiomyopathy and NK II occurred in 8 patients (14%). Violations of cerebral circulation with a severe neurologic deficit were noted in 5 patients (3.3%), various forms of cardiac arrhythmia were diagnosed in 18 cases (30.5%). Hypertensive disease of varying severity occurred in 25 patients (42.3%). Morbid obesity was noted in 13 (22%) treated.

If possible, we tried to perform the operation as soon as possible. 21 patients (36%) were operated on in the

first 2-3 days. and 38 patients (64%) were operated after 3 days. All patients used external - lateral access according to Harding, which allows you to quickly and conveniently audit the joint, remove the damaged fragments and implant an endoprosthesis. Absolute contraindications to endoprosthesis of the hip joint were the presence of inflammatory foci both in the area of the planned operation and in the remote parts of the body; generalized infection; chronic decompensated cardiopulmonary and renal failure, (more than III degree); any acute illness, obesity (more than III degree), lack of independent movement before surgery, mental disorders (senile dementia, etc.). In addition, the possibility of care and assistance to patients after discharge from the hospital was taken into account. As implants for endoprosthesis were used endoprosthesis of the hip joint. The IRENE endoprosthesis (China) was applied in 8 cases, which was 14%, Zimmer (USA) in 10 patients, respectively 17% and DePue (USA) in 3 cases, 38 (65%) implanted Bioimpianti-Group endoprosthesis (Italy). Without cement fixation of joint components was used in 42 operations (71%), hybrid - in 2 patients (4%) and completely cement in 15 cases (25%). The choice of the method for fixing the implants depended on the severity of osteoporosis, the nature of the changes in the acetabulum and the proximal femur, as well as a number of other factors. Given the nature of the operation and the concomitant pathology, which cause a high risk of thrombotic complications and violations of the systemic and central circulation in the postoperative period and before the operation, all patients received 0.4 mg of kleksana p / c and corresponding corrective therapy. In addition, from the moment of admission to the clinic, the patients performed respiratory exercises according to the original method, aimed at increasing the resistance of the myocardium and the peripheral vascular bed to hypercapnia (five cycles per day of respiratory delay of three in the cycle under independent control). In the postoperative period, continued infusion, corrective therapy and enhanced heparinization under the control of biochemical coagulogram).

Results and discussion

A feature of the early postoperative period was that patients who were operated after 3 days. from the moment of admission, it was much more difficult and more long-lasting to adapt to walking on crutches and servicing oneself than patients operated on during the first 3 days. From the group of patients operated during the first 3 days and later, the period of adaptation to walking and self-care continued on average to 12.51 ± 2.92 days. No purulent-inflammatory complications were observed in the early postoperative period. Thrombotic complications occurred in 1 elderly patient. The other patients with severe, circulatory disorders in the postoperative period were not noted.

Long-term results were analyzed in 27 patients operated within 6 months. up to 4 years. The analyzed group included 16 women and 5 men aged 40 to 84 years. Clinical evaluation of the results of treatment was carried out according to the Harris scale for the hip joint (1969). Good and excellent results (more than 80 points) were noted in 51 patients (86%). Satisfactory results (70 - 79 points) occurred in 8 patients (13%), and unsatisfactory results (less than 70 points) were diagnosed in 1 patient (1%).Thus, hip arthroplasty in patients with hip fractures is a highly effective method, but has a number of significant features. According to the established practice, elderly patients with fractures of the femoral neck are extremely reluctant to be hospitalized in hospitals, let alone operate. Such practice condemns the patient to immobilization, the development of hypodynamic complications, non-reversal of the fracture and, often, to death. The use of various types of osteosynthesis as a medical aid, even by modern metal structures, also often leads to unsatisfactory results of treatment. The principal point in the postoperative period is the early activation of the patient simultaneously with the correction of homeostatic disorders and the prevention of complications associated with the presence of concomitant diseases.

Conclusions

1. In patients with fractures of the femoral neck, the optimal treatment is endoprosthesis of the hip joint. Failures in hospitalization and surgical treatment of such patients should be strictly motivated.

2. Endoprosthesis of the hip joint, performed in the early period (optimally within the first week after the fracture), allows to activate the victims, reduce the number of postoperative complications, lethality and adapt patients to independent and active life for a fairly long period.

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