



New Day in Medicine
Новый День в Медицине

NDM



TIBBIYOTDA YANGI KUN

Ilmiy referativ, marifiy-ma'naviy jurnal



AVICENNA-MED.UZ



ISSN 2181-712X.
EiSSN 2181-2187

3 (77) 2025

**Сопредседатели редакционной
коллегии:**

**Ш. Ж. ТЕШАЕВ,
А. Ш. РЕВИШВИЛИ**

Ред. коллегия:

М.И. АБДУЛЛАЕВ
А.А. АБДУМАЖИДОВ
Р.Б. АБДУЛЛАЕВ
Л.М. АБДУЛЛАЕВА
А.Ш. АБДУМАЖИДОВ
М.А. АБДУЛЛАЕВА
Х.А. АБДУМАДЖИДОВ
Б.З. АБДУСАМАТОВ
М.М. АКБАРОВ
Х.А. АКИЛОВ
М.М. АЛИЕВ
С.Ж. АМИНОВ
Ш.Э. АМОНОВ
Ш.М. АХМЕДОВ
Ю.М. АХМЕДОВ
С.М. АХМЕДОВА
Т.А. АСКАРОВ
М.А. АРТИКОВА
Ж.Б. БЕКНАЗАРОВ (главный редактор)
Е.А. БЕРДИЕВ
Б.Т. БУЗРУКОВ
Р.К. ДАДАБАЕВА
М.Н. ДАМИНОВА
К.А. ДЕХКОНОВ
Э.С. ДЖУМАБАЕВ
А.А. ДЖАЛИЛОВ
Н.Н. ЗОЛотова
А.Ш. ИНОЯТОВ
С. ИНДАМИНОВ
А.И. ИСКАНДАРОВ
А.С. ИЛЬЯСОВ
Э.Э. КОБИЛОВ
А.М. МАННАНОВ
Д.М. МУСАЕВА
Т.С. МУСАЕВ
М.Р. МИРЗОЕВА
Ф.Г. НАЗИРОВ
Н.А. НУРАЛИЕВА
Ф.С. ОРИПОВ
Б.Т. РАХИМОВ
Х.А. РАСУЛОВ
Ш.И. РУЗИЕВ
С.А. РУЗИБОВЕВ
С.А.ГАФФОРОВ
С.Т. ШАТМАНОВ (Кыргызстан)
Ж.Б. САТТАРОВ
Б.Б. САФОВЕВ (отв. редактор)
И.А. САТИВАЛДИЕВА
Ш.Т. САЛИМОВ
Д.И. ТУКСАНОВА
М.М. ТАДЖИЕВ
А.Ж. ХАМРАЕВ
Д.А. ХАСАНОВА
А.М. ШАМСИЕВ
А.К. ШАДМАНОВ
Н.Ж. ЭРМАТОВ
Б.Б. ЕРГАШЕВ
Н.Ш. ЕРГАШЕВ
И.Р. ЮЛДАШЕВ
Д.Х. ЮЛДАШЕВА
А.С. ЮСУПОВ
Ш.Ш. ЯРИКУЛОВ
М.Ш. ХАКИМОВ
Д.О. ИВАНОВ (Россия)
К.А. ЕГЕЗАРЯН (Россия)
DONG JINCHENG (Китай)
КУЗАКОВ В.Е. (Россия)
Я. МЕЙЕРНИК (Словакия)
В.А. МИТИШ (Россия)
В.И. ПРИМАКОВ (Беларусь)
О.В. ПЕШИКОВ (Россия)
А.А. ПОТАПОВ (Россия)
А.А. ТЕПЛОВ (Россия)
Т.Ш. ШАРМАНОВ (Казахстан)
А.А. ЩЕГОЛОВ (Россия)
С.Н. ГУСЕЙНОВА (Азербайджан)
Prof. Dr. KURBANHAN MUSLUMOV (Azerbaijan)
Prof. Dr. DENIZ UYAK (Germany)

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

*Илмий-рефератив, маънавий-маърифий журнал
Научно-реферативный,
духовно-просветительский журнал*

УЧРЕДИТЕЛИ:

**БУХАРСКИЙ ГОСУДАРСТВЕННЫЙ
МЕДИЦИНСКИЙ ИНСТИТУТ
ООО «ТИББИЁТДА ЯНГИ КУН»**

Национальный медицинский
исследовательский центр хирургии имени
А.В. Вишневского является генеральным
научно-практическим
консультантом редакции

Журнал был включен в список журнальных
изданий, рецензируемых Высшей
Аттестационной Комиссией
Республики Узбекистан
(Протокол № 201/03 от 30.12.2013 г.)

РЕДАКЦИОННЫЙ СОВЕТ:

М.М. АБДУРАХМАНОВ (Бухара)
Г.Ж. ЖАРЫЛКАСЫНОВА (Бухара)
А.Ш. ИНОЯТОВ (Ташкент)
Г.А. ИХТИЁРОВА (Бухара)
Ш.И. КАРИМОВ (Ташкент)
У.К. КАЮМОВ (Тошкент)
Ш.И. НАВРУЗОВА (Бухара)
А.А. НОСИРОВ (Ташкент)
А.Р. ОБЛОКУЛОВ (Бухара)
Б.Т. ОДИЛОВА (Ташкент)
Ш.Т. УРАКОВ (Бухара)

3 (77)

2025

март

www.bsmi.uz

https://newdaymedicine.com E:

ndmuz@mail.ru

Тел: +99890 8061882

Received: 20.02.2025, Accepted: 09.03.2025, Published: 14.03.2025

UDC 616.721.1-007.43

CLINICAL SYMPTOMS AND PATTERNS IN PATIENTS WITH HERNIATED DISCS COMPLICATED BY SCOLIOTIC SPINAL DEFORMITY

Karimov Komiljon Kamolovich <https://orcid.org/0009-0004-3231-4108>

e-mail: karimov.komiljon@bsmi.uz

Bukhara State Medical Institute named after Abu Ali ibn Sina, Uzbekistan, Bukhara, st. A. Navoi. 1 Tel:
+998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ Resume

It confirms the role of intervertebral disc herniation in the development of degenerative scoliosis and the development of spinal biomechanical disorders, including its scoliotic deformity. At the same time, there is still no single approach to the choice of surgical treatment tactics for intervertebral disc herniations, including against the background of scoliotic spinal deformity. This problem requires further study and practical development. Questions about the timing, scope, and order of surgical intervention are still debatable.

Keywords: Spinal deformity, herniated disc, clinical signs, surgical treatment methods.

КЛИНИЧЕСКИЕ СИМПТОМЫ И ЗАКОНОМЕРНОСТИ У БОЛЬНЫХ С ГРЫЖАМИ ДИСКОВ, ОСЛОЖНЕННЫХ СКОЛИОТИЧЕСКОЙ ДЕФОРМАЦИЕЙ ПОЗВОНОЧНИКА

Каримов Комилжон Камолович <https://orcid.org/0009-0004-3231-4108>

e-mail: karimov.komiljon@bsmi.uz

Бухарский государственный медицинский институт имени Абу Али ибн Сины, Узбекистан, г.
Бухара, ул. А. Навои. 1 Тел: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ Резюме

Подтверждает роль грыж межпозвонкового диска в возникновении дегенеративного сколиоза и развитии нарушений биомеханики позвоночника, включая его сколиотическую деформацию. Вместе с тем, до сих пор нет единого подхода к выбору тактики хирургического лечения при грыжах межпозвонковых дисков, в том числе на фоне сколиотической деформации позвоночника, Указанная проблема требует дальнейшего изучения и практической разработки. Вопросы о сроках, объеме, очередности хирургического вмешательства до сих пор дискуссионны.

Ключевые слова: Деформация позвоночника, грыжа межпозвоночного диска, клинические признаки, хирургические методы лечения.

СКОЛИОТИК УМУРТҚА ДЕФОРМАЦИЯСИ БИЛАН МУРАККАБЛАШГАН ДИСК ЧУРРАСИ БЎЛГАН БЕМОРЛАРДА КЛИНИК СИМПТОМЛАРНИНГ КЕЧИШИ

Каримов Комилжон Камолович <https://orcid.org/0009-0004-3231-4108>

e-mail: karimov.komiljon@bsmi.uz

Абу али ибн Сино номидаги Бухоро давлат тиббиёт институти Ўзбекистон, Бухоро ш., А.Навоий
кўчаси. 1 Тел: +998 (65) 223-00-50 e-mail: info@bsmi.uz

✓ Резюме

Бу дегенератив сколиоз ва умуртқа биомеханик касалликлар, шу жумладан унинг сколиотик деформациясини ривожланишида умуртқалараро диск чуррасининг ролини тасдиқлайди. Шу билан бирга, умуртқалараро диск чурралари учун жарроҳлик даволаш тактикасини танлашда ҳали ҳам ягона ёндашув мавжуд эмас, шу жумладан сколиотик умуртқа деформация фонида бу муаммо кўшимча ўрганиш ва амалий ривожланишни талаб қилади. Жарроҳлик аралашувининг вақти, кўлами ва тартибини инобатга олиш муҳим аҳамиятга.

Калит сўзлар: Умуртқа деформацияси, диск чурраси, клиник белгилар, хирургик даволаш усуллари.

Relevance

According to statistical data, degenerative - dystrophic diseases of the spine are observed in 60-70% of the able-bodied population. The level of disability in this pathology is 4 per 100 thousand of the population. Among people with disabilities from diseases of the musculoskeletal system, one in five (20.4%) suffers from degenerative changes in the spine. In the last 1015 years, there has been an increase in the incidence of degenerative-dystrophic spine pathology. One of the manifestations of DDP is G.I. scoliosis. Gaivoronsky (2007) gives a leading role in its development to the primary pathology of the central nervous system, resulting in endochondral bone formation dysfunction in the vertebrae. The choice of treatment tactics largely depends on the accurate diagnosis of the detected pathomorphological substrates, pathogenetic situations and related clinical phases of the course. According to American researchers, the prevalence of scoliosis in patients 40 years of age and older reaches an average of 8.85%, and this indicator increases with age. Thus, in the age group from 40 to 50 years, 3.14% of patients are diagnosed with scoliosis, while among centenarians aged 90 and older, every second patient (50%) suffers from this disease. The rate of progression of degenerative scoliosis also depends on age: in patients of the older age group (69 years and older), the disease progresses at a rate of 2.5 ° per year, and in younger patients — 1.5 ° per year. The acute onset of the disease with severe pain syndrome was noted in the majority of patients, which accounted for 94% of the total number. A progressive course with an increase in clinical symptoms was observed in 4 (6%) patients. The disease in all the examined patients proceeded without light gaps and with a tendency to increase symptoms [1.3.5.7.9.11.13.15].

The purpose of the study. improvement in the study of the course of clinical symptoms in patients with disc hernia, complicated by scoliotic spinal deformity.

Object of study: patients with disc hernia, complicated by scoliotic spinal deformity, were taken.

Result and discussions

The provoking factors were usually physical exertion in 21 patients (31.3%), falls in 14 (20.8%) cases, sudden movement in 1 (1.5%) case, and accidents in 1 (1,5 %). 30 (44,8%) patients noted a gradual increase in the disease and the absence of a provocative the factor. The average age of the examined patients was 47.3±3.4 years: 46±4.7 years for men and 48.7±5.1 years for women. The age group of men ranged from 22 to 70 years old, and of women from 21 to 80 years old. The distribution by age and gender is reflected. It should be noted that when analyzing anthropometric data, the average weight of the surveyed men and women exceeded the normal weight by an average of 6-8 kg. Of the concomitant diseases, hypertension (or symptomatic arterial hypertension) prevailed. It was detected in 51 (76.1%) cases, in approximately equal amounts in men and women (27 (40.3%) and 24 (35.8%) cases, respectively). IHD was diagnosed in 14 (20.8%) cases. The majority of patients were admitted to a neurosurgeon 3-5 weeks after the onset of the disease, usually with severe spinal biomechanics disorders. The diagnosis of degenerative-dystrophic diseases of the spine in patients in our observations was based on the identification of the following syndromes: -vertebrogenic syndrome (pain, limited mobility and deformity of the affected spine, tonic tension of the paravertebral muscles) - in all patients; - sensory disorders in the innervation zone of the affected root - 87% of cases; - motor disorders in the muscles innervated by the affected root - 62% of cases; - reduction or loss of reflexes - 71% of observations; - the presence of moderate (69%) and profound biomechanical impairments of motor act compensation - 23% of observations; - neurogenic claudication syndrome - 14.9% of cases; - pelvic organ dysfunction - 5.9% of cases.

Vertebrogenic syndrome, which developed as a protective response to irritation of nervous structures and manifested itself a second time or simultaneously with radicular syndrome, was detected in all patients. He combined limited spinal mobility with antalgic deformity (scoliotic and kyphotic) of the affected spine. Radicular syndrome included sensory disturbances (pain and tactile sensitivity) in the innervation zone of the affected root in 58 (86.5%) of the examined patients and motor disturbances (peripheral type paresis) in the muscles innervated by the affected root in 42 (62.7%) patients. Sensitivity disorders developed gradually in the pain area. In the acute period, hyperesthesia was observed in the area of the root lesion or hypesthesia in combination with hyperpathy. Anesthesia was found in the late stage of the disease [2.4.6.8.10.12.14.16].

Against the background of radicular pain and sensitivity disorders, paresthesias were also noted, more often with damage to the S1 root. In some cases, sensitivity disorders were observed in the area of

two adjacent or two symmetrical roots. In 4 patients with large median and paramedian herniated discs or large sequesters, when compression of the dural sac with the roots of the ponytail occurs, more extensive areas of sensitivity disorders were noted, starting from the root at the level of which the herniated disc is located. The types and types of disorders of various types of sensitivity noted in our patients are presented. It is shown that most often the disorders were represented by a decrease in all types of surface sensitivity, to a lesser extent pain, which accounted for 52 (77.6%) of all observations, to a greater extent tactile - 63 (94.0%) and temperature hypesthesia - 55 (82.1%) cases. At the same time, paresthesia can accompany normal and almost all types of sensitivity disorders. We consider the presence of paresthesia in the radicular zone to be a characteristic sign of the root's reaction to tension during a herniated disc. A decrease in deep sensitivity was noted in 3 (4.5%) patients. In some patients, a peculiar ascending type of sensitivity disorders was revealed. At the same time, hypesthesia reached the thoracic segments in 2 (2.9%) patients and in 1 (1.5%) case, hyperesthesia was noted at the same level. All patients had a pronounced pain syndrome with a vegetative component.

The changes in the motor-reflex sphere were moderately pronounced due to the very complex and mixed innervation of various muscle groups of the lower extremities. It was only with a detailed study, often using ENMG, that we were able to identify the muscle groups that predominantly suffer from damage to a particular root. Against this background, diffuse muscle changes were also detected in the case of prolonged root suffering. When a unilateral decrease or disappearance of tendon reflexes was detected, compression of the root corresponding to the level of disc herniation was noted, however, in 5 (7.5%) patients, the disappearance of the reflex was not due to a hernia (it was detected on the opposite side) but in the area of the greatest scoliotic bend with disc deformation. In the presence of only pain syndrome on the affected side, both an increase in knee and Achilles reflexes, as well as a slight decrease in them, were detected.

Neurogenic claudication syndrome was observed in 10 (14.9%) patients. A characteristic feature in this case was its decrease within a few minutes when bending forward and in a sitting position. Examining this group of patients with instrumental methods, congenital or spinal canal stenosis of varying degrees caused by discogenic compression and spinal deformity was detected. Clinical manifestations also depended on the course of the disease. Acute pain was typical for the initial period of the disease in 63 (94.0%) patients. With a slowly progressive or chronic course of the disease, 4 (6.0%) of the examined patients showed decreased sensitivity.

Lower back pain was more diffuse in nature and was represented by dull and aching sensations that increased with movement, in a forced position, when changing the position of the trunk. In a horizontal position, such pains usually disappeared or decreased significantly. Patients with both acute and subacute onset of the disease were forced to adopt an antalgic posture. Radicular pains, as a rule, were more local and pronounced in nature, patients described them as stabbing, burning, shooting, itching. The pain zones spread in the form of stripes along the outer or posterior surface of the entire leg. Unilateral radicular symptoms were observed in 54 (80.5%) cases, in 13 (19.5%) the symptoms were bilateral. The majority of patients, 62 (92.5%), had some degree of spinal biomechanics disorder both above and below the lesion level.

Conclusion

An analysis of our observations showed that the immediate cause of the development of neurological syndromes were herniated discs, ruptures of the fibrous ring with total or partial prolapse of the pulp core into the lumen of the spinal canal in combination with antalgic, and then with degenerative spinal deformity, which led to compression of one or more spinal roots, and sometimes the entire dural sac. Pathology in one of the last two intervertebral discs and irritation of the V lumbar or I sacral root were most often detected.

LIST OF REFERENCES:

1. Аганесов А.Г. Динамическая фиксация позвоночника после микрохирургической дискэктомии / А.Г. Аганесов, К.Т. Месхи, А.Л. Хейло и соавт. // Вестн. травматол. и ортопед, им. Н.Н. Приорова. 2008;2:11-14.
2. Батышева Т. Т. Современные аспекты диагностики и лечения грыж межпозвоночного диска поясничного отдела позвоночника / Т. Т. Батышева, Л. В. Багирь, З. В. Кузьмина и соавт. // Леч. врач. 2006;6:25-29.

3. Гайворонский А. И. Функциональная анатомия центральной нервной системы / А. И. Гайворонский, И. В. Гайворонский. - СПб.: Спец, лит., 2007; 256 с.
4. Давыдов Е. А. Обоснование целесообразности использования фиксаторов для остеосинтеза позвоночника из никелида титана / Е. А. Давыдов, В. П. Берснев, Р. Д. Касумов и соавт. // Проблемы нейрохирургии: Науч, тр- СПб., 2000; 196 стр.
5. Журавлев Ю. И. Прогнозирование исходов оперативного лечения дегенеративных заболеваний поясничного отдела позвоночника / Ю. И. Журавлев, Г. И. Назаренко, В. В. Рязанов и соавт. // Вести, травматол. и ортопед, им. Н.Н. Приорова. 2008;2:3-10.
6. Зеелигер А. Нейростимуляция у пациентов с хроническими невропатическими болями при так называемом синдроме неудачной операции на позвоночнике (мировой и собственный опыт) / А. Зеелигер, В. П. Берснев // Журн. Вопр. нейрохир. им. Н.Н. Бурденко. 2007;1:153-155.
7. Кавалерский Г. М. Тактика хирургического лечения дегенеративно-дистрофических заболеваний пояснично-крестцового отдела позвоночника у лиц пожилого и старческого возраста / Г. М. Кавалерский, С. К. Макиров, М. Д. Ченский и др. // Вестн. травматол. и ортопед, им. Н.Н. Приорова. 2009;2:40-46.
8. Левин, О. С. Эффективность алфлутопа при хронической вертеброгенной люмбоишиалгии по данным двойного слепого плацебо-контролируемого исследования / О. С. Левин, Д. Ю. Олюнин, Л. В. Голубева // Фарматека. 2006;7:114-119.
9. Мамаев, В. В. Клинико-рентгено-компьютерно-томографические сопоставления при неврологических проявлениях остеохондроза позвоночника / В. В. Мамаев, И. В. Маняхина, О. Н. Мусорин // Клини. вести. 1997;1:61-63.
10. Назаренко, А. Г. Разработка технологии объективной оценки хирургического лечения дегенеративных поражений межпозвоночных дисков пояснично-крестцового отдела позвоночника: Автореф. дис. ... канд. мед. наук / А. Г. Назаренко. - М., 2006; 22 с.
11. Олейник, А. Д. Поясничный остеохондроз (вопросы эпидемиологии, трудоспособности, патогенеза и прогноза хирургического лечения): Автореф. дис. ... д-ра мед. наук / А. Д. Олейник. - СПб., 2004; 44 с.
12. Певзнер К. Б. Чрескожная высокочастотная деструкция дугоотростчатых суставов в лечении постдискэктомического синдрома на поясничном уровне / К. Б. Певзнер, О. Е. Егоров, Г. Ю. Евзиков и соавт. // Хир. позвоночника. 2007;3:45-48.
13. Симонович, А. Е. Биомеханические эффекты декомпрессивных и стабилизирующих операций при поясничном остеохондрозе / А. Е. Симонович, А. Гладков, Е. А. Черепанов // Хир. позвоночника. 2005;2:62-69.
14. Топтыгин, С. В. Алгоритм диагностики и дифференцированного микрохирургического лечения первичных и рецидивирующих грыж поясничных межпозвоночных дисков / С. В. Топтыгин // Хир. позвоночника. 2005;3:71-77.
15. Усиков В. Д. Результаты применения комбинированной фиксации сколиотической деформации позвоночника у взрослых / В. Д. Усиков, С. А. Михайлов, Д. А. Пташников и соавт. // Травматол. и ортопед. России. 2010;2:59-62.
16. Фарбер, М. А. Пояснично-крестцовый радикулит / М. А. Фарбер. - Алма-Ата: Наука, 1975; 239 с.
17. Холин, А. В. Современные представления о дегенеративных заболеваниях позвоночника и их лучевой диагностике: анализ литературы и собственный опыт / А. В. Холин // Травматол. и ортопед. России. 2009;3:101-107.

Entered 20.02.2025