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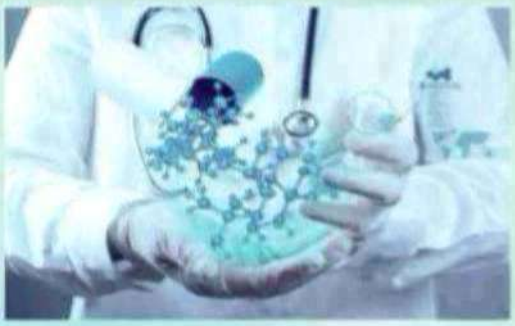

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STATIC DEFORMATIONS IN DESTRUCTIVE DISEASES OF THE PELVIS AND HIP JOINT

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✓ ***Resume***

At the first analytical stage, the features of surgical approaches to the treatment of static deformities of the anterior part of the feet were studied. The advantages and disadvantages of traditional classifications and methods of pre-operational planning are analyzed. Indications for the creation have been determined and a working clinical and surgical classification has been developed, and the method of preoperative planning for surgical correction of static deformities of the forefoot has been modified.

Key words: clinical and surgical classification, preoperative planning of surgical correction, static deformities.

СТАТИЧЕСКИЕ ДЕФОРМАЦИИ ПРИ ДЕСТРУКТИВНЫХ ЗАБОЛЕВАНИЯХ ТАЗА И ТАЗОБЕДРЕННОГО СУСТАВА

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✓ ***Резюме***

На первом аналитическом этапе изучались особенности хирургических подходов к лечению статическими деформациями переднего отдела стоп. Проанализированы преимущества и недостатки традиционных классификаций и методик предоперационного планирования. Определены показания к созданию и разработаны рабочая клинико-хирургическая классификация, модифицирована методика предоперационного планирования хирургической коррекции статических деформаций переднего отдела стопы.

Ключевые слова: клинико-хирургическая классификация, предоперационного планирования хирургической коррекции, статических деформаций.

ЧАНОҚ-СОН БЎҒИМИ ДЕСТРУКТИВ КАСАЛЛИКЛАРИНИНГ СТАТИК ДЕФОРМАЦИЯЛАРИ

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✓ ***Резюме***

Биринчи аналитик босқичда чаноқ – сон бўғими статик деформацияларни даволашда жарроҳлик ёндашувларнинг хусусиятлари ўрганилди. Анъанавий таснифларнинг афзалликлари ва камчиликлари ва операциядан олдинги режалаштириш усуллари таҳлил қилинади. Яратиш учун кўрсатмалар аниқланди ва ишлайдиган клиник ва жарроҳлик таснифи ишлаб чиқилди, чаноқ – сон бўғими статик деформацияларини жарроҳлик йўли билан тузатиш учун операциядан олдин режалаштириш усули ўзгартирилди.

Калит сўзлар: клиник ва жарроҳлик таснифи, жарроҳлик операциядан олдин режалаштириш, статик деформациялар.

Relevance

At the second clinical stage of our work, as a result of a comparative analysis, the most effective and low-traumatic surgical correction techniques used in our Center for anterior deformities were identified and an algorithm for choosing surgery for various degrees of transverse flatfoot was developed. The third stage of our work was experimental. At this stage, the safe speed characteristics of power plants used for percutaneous osteotomies were determined in animal experiments. The analysis of complications, as well as the effectiveness of the proposed surgical treatment tactics, including a clinical and surgical classification, an improved preoperative planning technique and an algorithm for choosing a surgical correction method, were evaluated at the fourth, clinical and analytical stage of the study [1.3.5.7.9.11].

The aim of the study was to study the course of the hip dysplastic process and predict the treatment outcomes of children with dysplasia, hip subluxation and dislocation.

Results and analyses

At this stage, the functional results of treatment (immediate and long-term) were studied, and the complications of surgical treatment of patients in this category were analyzed using the developed tactics in comparison with traditional methods of treatment of patients with static deformities of the anterior part of the feet. All patients were operated on with the author's personal participation and were examined by him during follow-up examinations. The results of the operations were evaluated based on medical records using the hospital archive of radiographs, as well as during follow-up examinations through clinical examination and radiography. Criteria for inclusion in the study: 1) transverse flatfoot of the II-III degree according to the working clinical and surgical classification; 2) simultaneous surgery on both feet; 3) the age of patients over 18 years old. Criteria for excluding patients from the study: 1) hyperelasticity of the forefoot; 2) the impossibility of regular clinical examinations of the patient within 12 months after surgical treatment; 3) stage III osteoarthritis of the first metatarsophalangeal (PCC1) and/or metatarsophalangeal (PFC1) joints. The patient's medical records were studied: medical history, local status, protocols of operations. Foot radiographs were studied with the help of the hospital archive. In addition, foot photographs taken by all patients before and after surgery, foot X-rays in dynamics 1.5, 3, 6 months and 1 year after surgery, as well as questionnaire data were evaluated. An individual card was filled out for each patient, where all the above data was entered [2.4.6.8.10]. The average age was 54±3 years. The study involved only patients who underwent metatarsal osteotomies simultaneously on both feet. All patients had radiological and clinical signs of static deformities of the feet of II -III degree (according to the clinical and surgical classification). At the same time, 78.3% of patients with severe (III) degree of deformity had static deformities of the middle and posterior parts of the foot, i.e. they were combined. The majority of patients with severe (III) degree of deformity. Thus, 180 patients with grade II deformity accounted for 41.18% of the total number of patients, while 257 patients with grade III deformity accounted for 58.82% of the total number of patients participating in the study.

Information on the age of patients in the studied groups is presented below, in which all patients were divided by age into groups of 10 years. In the table below, it can be noted that there were fewer young patients, most likely due to the fact that only patients with severe deformities participated in the study, whose age, according to 36 to 65 years (more than 88% of the total number of patients). The small number of elderly patients (over 66 years old) is also due to a number of factors: low functional needs of this category of patients, severe concomitant pathology that prevents planned surgical treatment. Depending on the objectives of the study, in accordance with the comparison criteria necessary for each individual task, different groups of patients were formed from the total number of patients, differing only in one feature. Detailed characteristics, criteria for selecting and comparing patients in groups are presented below, as well as in the sections of the chapter describing the clinical and analytical section of this work.

Conclusion

The homogeneity of the patient groups by age, gender, and degree of static deformity of the forefoot allowed for a correct comparative study of the results of surgical treatment using various techniques. Information about each patient, the nature and features of the performed surgical intervention, as well as the results of control examinations were recorded in the protocols of clinical observations and individual patient registration cards.

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