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“OCCURENCE AND SPREAD OF DESTRUCTIVE CHANGES IN THE SPINE.”

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Annotation: *This article discusses the results of clinical observations of destructive changes in the spine by age and gender, the degree of occurrence and specificity of symptoms, which affect almost 90% of the world's population from pain in the spine during their lives [1]*

Keywords: *dorsalgia, dorsopathy, protrusion, intervertebral disc herniation.*

**“UMURTQA POG’ONASIDAGI DESTRUKTIV O’ZGARISHLARNING
UCHRASHI VA TARQALISHI.”**

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Annotatsiya: *Ushbu maqolada Dunyo bo'ylab deyarli 90% aholi umri davomida umurtqa pog'onasidagi og'riqlardan aziyat chekadigan[1] va hozirgi kungacha ko'payib borayotgan umurtqa pog'onasidagi destruktiv o'zgarishlarining yosh va jins bo'yicha uchrashi hamda o'griqlarning o'ziga xosligini amaliyotda kuzatuv natijalari haqida so'z boradi.*

Kalit so'zlar: *dorsalgiya, dorsopatiya, protruziya, umurtqalararo disk churrasi*

**“ВОЗНИКНОВЕНИЕ И РАСПРОСТРАНЕНИЕ ДЕСТРУКТИВНЫХ
ИЗМЕНЕНИЕ В ПОЗВОНОЧНИКЕ.”**

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Аннотация: *В данной статье обсуждаются результаты клинических наблюдений деструктивных изменений позвоночника по возрасту и полу за степенью встречаемости и спецификой симптомов которым страдают почти 90% населения земного шара от болей в позвоночнике в течение жизни [1]*

Ключевые слова: *дорсалгия, дорсопатия, протрузия, грыжа межпозвонкового диска*

Relevance: Dorsalgia - pain syndromes associated with damage to the spine are one of the most common reasons for consulting a doctor [2]. Although low-back pain is not a lethal condition, it was estimated at the third rank among all diseases by disability-adjusted life-years in 2010 in the USA (US Burden of Disease Collaborators, 2013), after ischemic heart disease and chronic obstructive pulmonary disease, and at the first rank by years lived with disability. It also ranked high globally for the same year, in disability-adjusted life-years [3]. Low back pain covers a spectrum of different types of pain (eg, nociceptive, neuropathic and nociplastic, or non-specific) that frequently overlap. The elements comprising the lumbar spine (eg, soft tissue, vertebrae, zygapophyseal and sacroiliac joints, intervertebral discs, and neurovascular structures) are prone to different stressors, and each of these, alone or in combination, can contribute to low back pain. [4]. The risk level of dorsalgia is considered interrelated with age and sex, among men, it begins in the age range of 25-30 years, and the number of applicants with complaints of pain in the lumbar region increases in the age range of 55-60 years. This condition has wide-reaching social and economical reverberations. [5]. Dorsalgia is not only a medical problem, but also a social-economic problem. [Brovkin S.V., Musalatov K.A., Aganesov A.G., Nasonova V.A.]

The purpose of the study: The occurrence of destructive changes in the spine by age and gender and the specificity of pain.

Materials and methods: n=50 patients with different forms of dorsalgia were studied (20 women, 30 men). The age of the patients is between 22-70 (average age: 45±5.12). Dorsalgia was divided into acute (22 (44%) cases) and chronic (28 (56%) cases); of them, it is in the neck area (12 (24%) cases) and in the lumbar region (38 (76%) cases).

Medical history, clinical-neurological status, laboratory and paraclinical examination methods (MRT/MSCT) were studied in all patients. The VASH scale was used to assess the intensity of pain in patients.

The result. 12 out of 50 patients (24%) complained of neck pain. 8 (66.7%) of them suffer from acute pain and 4 (33.3%) suffer from chronic pain. According to the VASH scale, patients who complained of acute pain in the neck area rated the intensity of pain with 6 points, and those who complained of chronic pain rated it with 4 points. In addition, pain in the neck area 9(75%) of the patients complained of pain in the neck area and 3(25%) of them had noise in the ears. All patients with chronic pain in the neck area noted that muscle tension in the neck area and pain are often observed during sharp movements.

All 12 patients had osteochondrosis in the neck area, 8 (66.7%) had intervertebral protrusion in the neck area, 4 (33.3%) had one or more intervertebral disc herniations in the neck area.

38 patients complained of back pain. Among them, acute pain was observed in 22 (57.8%) patients, chronic pain in 16 (42.1%) patients. According to the VASH scale, patients who complained of acute pain in the lower back evaluated the intensity of pain with an average of 7, and chronic pain with 5. Traction symptoms were positive in 12 out of

38 patients (31.57%), pain radiated to the legs in 12 patients (31.57%), pain was observed in 8 patients (21.05%) when palpating the paravertebral areas.

All of the patients who complained of pain in the lumbar region had osteochondrosis in the lumbar region, 25 (65.7%) had intervertebral protrusion, and 10 (34.2%) had one or more intervertebral disc herniations. Several factors influence the development of dorsopathy. These are: overweight, obesity, life and eating habits, and profession.

Protrusion and intervertebral disc herniation occurred in middle-aged men and women due to obesity and occupation. Patients mainly complained of more pain in autumn and winter.

Conclusion: According to statistical results, dorsalgia is observed more often in the lower back area than in the neck area. The acute and chronic course of the disease affects the intensity of pain.

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