

THE CHOICE OF TACTICS OF SURGICAL TREATMENT OF FRACTURES OF THE VERTEBRAE IN THE BODIES OF THE THORACIC AND LUMBAR SPINE COMPLICATED BY STENOSIS OF THE SPINAL CANAL

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Relevance of the problem: In recent years, not only at Republican scientific center for emergency medical care, but in all branches, new modern diagnostic methods (MRI, CT, digital radiography) have been introduced throughout our republic, the diagnosis of bone structure has improved significantly, but also other pathologies of the spinal column. Modern diagnostic methods make it possible to identify complicated compression fractures of the vertebrae, with injuries of the spine of the II, III degree. The problem of treatment of uncomplicated compression fractures of the vertebral bodies is relevant and in demand in modern neurosurgery. The variety of surgical methods and the lack of a unified approach to the treatment of this category of patients remains a big issue in the professional environment. In spinal injury surgery, stabilization of the damaged segment comes to the fore. When stabilizing an unstable spinal motion segment, transpedicular fixation systems are widely used, the purpose of which is to restore the deformed vertebra early enough in time and the patient's ability to work.

The purpose of our study: to develop a differentiated surgical treatment for vertebral fractures complicated by spinal canal stenosis to improve the efficiency and quality of patient treatment based on the use of modern transpedicular stabilization and bone grafting.

Material and methods of research: For the period of 2021-2022 years 38 (100%) patients with fractures of the vertebral bodies of the thoracic and lumbar spine, which occurred against the background of injuries of various origins, were operated on at the Republican Scientific Center for Emergency Medical Assistance, Bukhara branch of the RRCEMMP. of them, 26 (68%) men, 12 (32%) women, aged 20 to 65 years (mean age 30.0 ± 5.0 years). Compression fractures of varying degrees were diagnosed in all patients. Taking into account the degree of spinal fractures and in the presence of neurological deficit, transpedicular stabilization and

vertebroplasty were performed. The study group included patients with complicated compression fractures at the indicated levels of II, III degree, adhering to the AO/ASIF classification of vertebral fractures. The patients were subjected to a comprehensive examination in order to determine the cause of the deficit in the patient's neurological status, assess the somatic status, determine the prevalence of the process on the spine and the extent of surgical treatment.

Results. The patients were divided into 3 groups. All patients underwent surgical treatment. Group 1 patients underwent decompressive laminectomy with transpedicular fixation from 2 sides - 24 (63.2%) patients, group 2 patients underwent transpedicular stabilization with bone grafting from 2 sides - 11 (28.9%), group 3 patients underwent decompressive laminectomy with transpedicular-transcorporeal fixation - 3 (7.9%). The effectiveness of treatment was assessed by the degree of regression of pain and musculo-reflex syndromes and X-ray control data. In the postoperative period, when performing X-ray (spondylogram, MSCT) studies in the 2nd group, the effect of eliminating the deformity with restoring the height of the body of the deformed vertebra by more than 80% and the regression of pain syndrome according to the assessment of pain on a visual scale (VAS) below 4 points was noted in 27 (70.33%) observations. Complete elimination of the compressive factor, elimination of kyphotic deformity, restoration of the height of the body of the compensated vertebra, and the absence of neurological symptoms corresponded to good results of treatment and amounted to 32 (85%) cases. Thus, surgical treatment was characterized in 1 (2.7) cases as unsatisfactory.

Conclusion. Posterior decompression of the neurovascular formations of the spinal canal eliminates the compressive factor that causes pain. Carrying out simultaneous establishment of transpedicular stabilization with bone grafting in case of complicated vertebral compression fractures provides a strong fixation of the anterior support column of the spinal motion segment and elimination of the angle of kyphotic deformity for the entire period of fusion of the vertebrae.