



IMPROVEMENT OF THE ANTERIOR EXTRAPERITONEAL ACCESS PATHWAYS IN THE SURGICAL TREATMENT OF TUBERCULOSIS OF THE LUMBAR SPINE AND LUMBAR VERTEBRAE

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<https://www.doi.org/10.37547/ejmns-v03-i03-p1-02>

ARTICLE INFO

Received: 22th February 2023

Accepted: 28th February 2023

Online: 04th March 2023

KEY WORDS

Spinal column, surgical, improvement.

ABSTRACT

The strength of the shoulder strap of the spine was considered a sentence to diseases leading to severe disability. According to many authors, the clinical course of osteoarticular tuberculosis in modern conditions is specific and occurs in up to 44.7% of cases, it was noted that after death the diagnosis increased to 0.9%. At the moment, according to the information provided by WHO, "...More than 36.7 million HIV-infected patients worldwide are immunized, who have a 20-37 times higher risk of transmission of tuberculosis than other people..

With the help of the shoulder strap of the spine, it was considered a sentence to diseases leading to severe disability. According to many authors, the clinical course of osteoarticular tuberculosis in modern conditions is specific and occurs in up to 44.7% of cases, it was noted that after death the diagnosis increased to 0.9%. At the moment, according to the information provided by WHO, "...more than 36.7 million HIV-infected patients worldwide are immunized, who have a 20-37 times higher risk of transmission of tuberculosis than other people...". It should be noted that tuberculosis develops in a person infected with AIDS, and in most cases tuberculosis occurs in organs other than the lungs, manifesting itself mainly in the form of persistent lymphadenopathy, which has undergone generalization, and the search for effective treatment methods is an urgent problem for scientists working in the field of clinical phthysiology.

There are many scientific studies conducted in the world aimed at improving the effectiveness of surgical methods of treatment. In this regard, the use of modern surgical methods in previous spinal fusion in patients with tuberculosis of the lumbar and lumbosacral spine, the identification of endogenous and exogenous factors leading to tuberculosis, the features of the clinical course of tuberculous spondylitis, the application of measures taken to improve the quality of life of patients and restore their ability to work as soon as possible.

At the moment, special attention is paid to improving the functioning of the healthcare system in our country, including issues of promoting a healthy lifestyle among the population, timely diagnosis of diseases, treatment and prevention of tuberculosis. In this regard, active preventive work is being carried out on the early diagnosis of tuberculosis among the



population and the reduction of morbidity rates, the necessary tasks have been identified to improve the results and quality of treatment: "...improving the efficiency, quality and comfort of medical care among the population of our country, as well as the introduction of a standard medical system, the introduction of high-tech diagnostic and treatment methods, the organization of patronage services and an effective model of medical examination, maintain a healthy lifestyle and prevent diseases ...".

Scientific work is also being carried out on the early detection of tuberculosis, improving the level of modern quality medical care, improving modern technologies using modern methods of surgical treatment.

Surgical treatment of tuberculosis of the lumbar spine is still a difficult problem, mainly related to the choice of methods of radical reconstructive surgery. In most cases, radical restorative methods (rta) are used through frontal access, which often lead to unexpected complications. When performing RTAS, gross muscle damage, blood loss, as well as a cosmetic defect may occur.

Rta is the main method of treatment of specific and nonspecific inflammatory processes of the spine. The need for simultaneous radical counting of pre- and paravertebral abscesses, restoration of destroyed bodies of lumbar-tuberous vertebrae and visual control of vessels in the expanded anterior region gave rise to the idea of using extraperitoneal access to the abdominal aorta. Proposed by Charles Robb in 1964, it has been used in the field of vascular surgery to access the spine. After the mobilization of the veins, the possibility of manipulations in the anterior and lateral sections of almost all lumbar and 1,2 sacral vertebrae opens up. An introduction in the style of operatic Robb in patients with severe destructive processes of the lower lumbar and sacral vertebrae, combined with direct excellent visualization of blood vessels, allows for a full-radical reconstruction of the expanded anliate, that is, a significant part of vertebrates that has been destroyed, which not only reduces the risk, but also ..., Guglin D.V., Dorofeev L.A. and others, 2014; Usmanov I.H., Bazarov Sh.I., 2021; Rajasekaran S., 2013).

Thus, the effectiveness of the use of modern techniques in the surgical treatment of tuberculosis of the lumbar spine and lumbosacral region of the spine is high. At the same time, in the conditions of an active tuberculosis process in the vertebrae, as well as in the presence of para-, pre- and epidural abscesses, the possibilities of previous accesses using previous pararectal and transverse bispinal accesses have not been sufficiently studied, which requires further research. The use of previous incisions makes it possible to ensure stable fixation of the segment in which the operation was performed, minimize the traumatic situation, early activation of patients and reduce the degree of disability.

The study is based on the examination data of 192 patients, of which 26 (13.5%) patients underwent RTA in the traditional classical way using frontal-lateral access, and 166 (86.5%) patients were treated in a modern surgical style using anterior and cross-section (along the bispinarum line). During 2016-2020, all patients were treated at the center of Phthisiology and pulmonology of the Bukhara region.

1-жадвал

Distribution of patients by gender and age



Sex	Number of patients	19-29 year	30-39 year	40-49 year	50-59 year	60-69 year	70 year
Male	78 (40,6%)	6 (7,7%)	11 (14,1%)	14 (17,9%)	26 (33,3%)	16 (20,5%)	5 (6,4%)
Female	114 (59,4%)	3 (2,6%)	20 (17,5%)	30 (26,3%)	38 (33,3%)	18 (15,8%)	5 (4,4%)
Total:	192 (100%)	9 (4,7%)	31 (16,1%)	43 (22,4%)	65 (33,9%)	34 (17,7%)	10 (5,2%)

Note: $\chi^2 = 8.8$; $p < 0.05$ at the significance level, the critical value of 22 is 9.488. The relationship between the factor and performance is not statistically significant, the degree of significance is $p > 0.05$; $p = 0.066$.

The age of the patients ranged from 19 to 82 years, with an average age of 50.7 ± 3.9 years. Table 1 shows that women are 1.5 times more likely than men, and those over 60 years of age - 5.2%, and in one case - 82 years. Surgical intervention was most often performed at the age of 50-59 years - in 33.9% of cases. It should be noted that the most common disease occurred in the rural population - 92.7% of cases.

In most patients, tuberculosis localization was observed in the lumbar segment of the spine - 160 (79.3%), while bilocal processes were observed in 32 (19.2%) cases. Table 2 shows that the most common localization of tuberculosis processes in the spine is in the lumbar region of the VL4-5 vertebrae - 53 (27.6%), and the patient had less damage in the upper lumbar spine - 6 (3.1%). In 165 (85.9%) patients out of 192, the disease was detected for the first time, and in 27 (14.1%) cases it was previously treated - in a secondary case.

Damage to 2 vertebral bodies, apparently, was more common - 127 (66.2%) cases, 3 vertebral bodies - 35 (18.2%), more than 3 vertebral bodies - 26 (13.5%) cases, and in rare cases 1 individual lesion of the spine body - was detected in 4 (2.1%) cases.) patients. It should be noted that the disease was more common in 82.8% of cases with osteolysis of the spine, and in 17.2% there was a pathological fracture of the affected spine, and in 18.3% - antilisthesis or retrolisthesis of the spine.

Generalized forms of tuberculosis were in 11 ($5.7 \pm 2.3\%$) cases, of which 5 (45.5%) were diagnosed with active tuberculosis of the respiratory organs, and 6 (54.5%) - tuberculosis of other organs.

Mycobacterium tuberculosis (SMB) - 1 (0.5%) was detected in both sputum and urine of the patient. In 117 ($60.9 \pm 2.6\%$) patients, the disease developed slowly for more than 1 year, there was a characteristic increase in pain in the spine, a rare increase in temperature to subfebrile, sometimes the addition of deep root disorders. The development of the disease within 6 months, pain in the spine, subfebrile temperature and acute underground flow, accompanied by sweating in late terms - 57 ($29.7 \pm 3.3\%$) patients, while the clinical course of the disease in 18 ($9.4 \pm 2.6\%$) patients was observed in acute form, temperature rise above 38.0°C , signs of severe intoxication, at the same time, deep destructiveness and instability of the spine was noted, epidural, para- and prevertebral abscesses were detected in 99 (51.6%) cases.



The final diagnosis of patients was made from 3-4 months to 10 years before the appearance of complaints, on average 13.1 ± 1.1 months.

Fever and sweating 103 ($53.7 \pm 1.8\%$), pain and irritation in the affected area – all in the patient, weight loss - 84 ($43.8\% \pm 1.2\%$), increased pain during movement- 183 ($95.3\% \pm 4.7\%$), lower paraparesis, violation of tendon reflexes, muscle hypotrophy - were observed in 24 ($12.5 \pm 3.5\%$) patients.

All patients were examined by general clinical methods: anthropometric, palpatory, percussion, organ auscultation, orthopedic and neurological methods. Pathological signs, changes in normal reflexes, anatomical features, ways and places of the spread of abscesses (small triangle, iliac bone, buttocks, inner thigh, knee joint, muscle extension, etc.) were thoroughly studied.

Concomitant diseases in 148 (77.1%) cases were noted in chronic bronchitis - 47 (31.8%), anemia - 60 (40.5%), cardiovascular diseases - 21 (14.2%), diseases of the hepatobiliary system - 8 (5.4%), urinary - venereal organs - 5 (3.4%) and diabetes mellitus - 7 (4.7%) patients.

The severity of neurological disorders N.L., proposed by Frankel and others (1969), A.Yu. It was evaluated by Mushkin and others (1998) on the basis of a completed scale.

Conclusion. Karin's mouth is an old friendly wall kirish pararectal kesim bilan on the left tomonda - 133 (69.3%), binda-4 (2.1%) ta, oldalang (lin. bispinarum) kesim bilan - 29 (15.1%) distribution of amalga oshirildi. 26 (13.5%) condition and productive capacity (M. obliquus externus at internus abdominis), old korin musclari (M. transverses abdominis), katta and kichik Bel rocket engineering (M.psoas major at minor) often scrap bilan jonbosh extraperitoneal idashuvli MOUTH amalga oshirildi. TS bilan ablashgan jarra lashlik aralashuvning radical defined prirada frying prioda, course and treeschiny kindergarten. Iringi-necrotic big massalarni tashlash, Udmurt tanalarni consonant long-tailed resection and crossatmalarga khra, Orka mia or Orka mia ildizisin for decompression is practiced by oshirdi. Exploitation of boskihida bosses Udmurtka walkers south aspired to relativity to cyclan adi.

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