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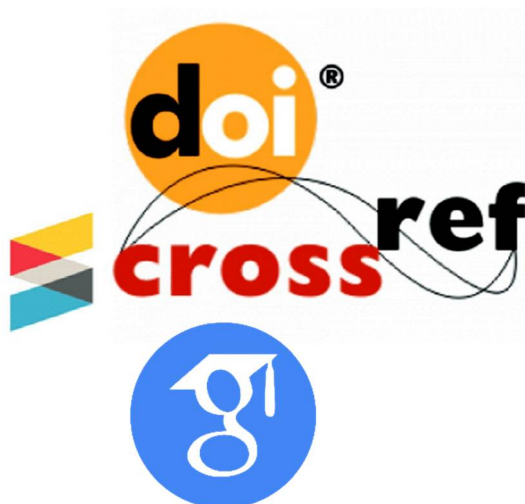
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THE RESULTS OF EXAMINATION AND EFFECTIVENESS OF TREATMENT IN PATIENTS SUFFERING WITH PAIN SYNDROME WITH COMPRESSION-ISCHEMIC DORSOPATHY

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ABSTRACT

In 2021-2023, in the city hospital of Samarkand, we examined 55 patients with pain syndrome with dorsopathy of compressive ischemic origin, of which 31 (56.4%) were women and 24 were men (43.6%), studied standardized clinical and cluster analysis was used to process instrumental indicators. It was shown that spinal cord degenerative diseases are a cascading process that develops over time. Diagnostic studies are aimed at identifying these changes. It is especially important to determine the compression of the root to choose treatment tactics.

Key words: compression dorsopathy with ischemic genesis, ischiuradiculoalgia, chronic dorsopathy, osteochondrosis.

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РЕЗУЛЬТАТЫ ОБСЛЕДОВАНИЯ И ЭФФЕКТИВНОСТЬ ЛЕЧЕНИЯ ПАЦИЕНТОВ С БОЛЕВЫМ СИНДРОМОМ С КОМПРЕССОРНО-ИШЕМИЧЕСКОЙ ДОРСОПАТИЕЙ

АННОТАЦИЯ

В 2021-2023 годах в городской больнице Самарканда нами обследовано 55 пациентов с болевым синдромом с дорсопатией компрессионно-ишемического генеза, из них 31 (56,4%)

женщины и 24 мужчины (43,6%), изучен стандартизированный клинический и кластерный анализ. была использована для обработки инструментальных показателей. Показано, что дегенеративные заболевания спинного мозга представляют собой каскадный процесс, развивающийся во времени. Диагностические исследования направлены на выявление этих изменений. Особенно важно определить компрессию корня для выбора тактики лечения.

Ключевые слова: компрессионная дорсопатия ишемического генеза, ишиорадикулоалгия, хроническая дорсопатия, остеохондроз.

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SIQILISH-ISHEMIK GENEZLI DORSOPATIYASI BO'LGAN OG'RIQ SINDROMI BILAN OG'RIGAN BEMORLARNI TEKSHIRISH NATIJALARI VA DAVOLASHNING SAMARADORLIGI

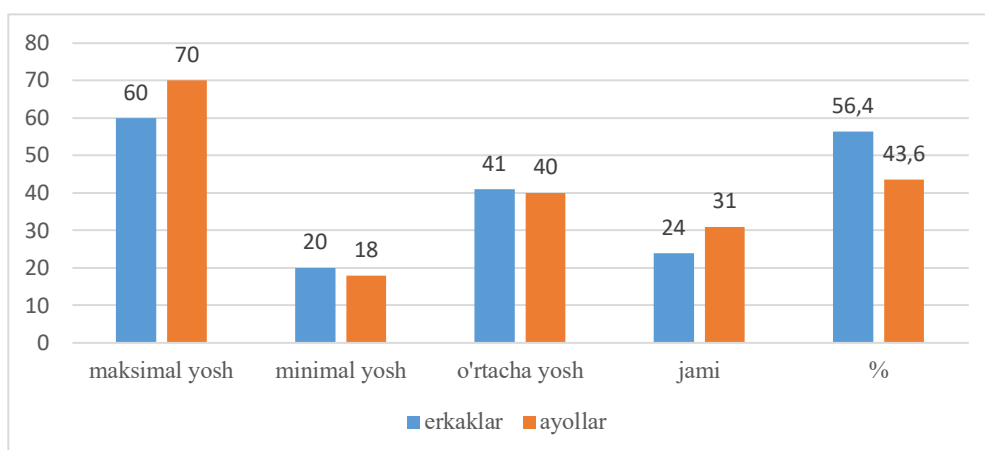
ANNOTATSIYA

2021-2023-yillarda Samarqand shahar shifoxonasida biz siqilish ishemik genezli dorsopatiya bilan og'riq sindromi bo'lgan 55 bemorni tekshirdik, ulardan 31 (56,4 %) ayollar va 24 erkaklar (43,6%) bemorda o'rganilgan standartlashtirilgan klinik va instrumental ko'rsatkichlarini qayta ishlash uchun klaster tahlili qo'llanildi. Orqa miya degenerativ kasalliklari vaqt o'tishi bilan rivojlanadigan kaskadli jarayon ekanligi ko'rsatilgan. Diagnostik tadqiqotlar ushbu o'zgarishlarni aniqlashga qaratilgan. Davolash taktikasini tanlash uchun ildizning siqilishini aniqlash ayniqsa muhimdir.

Kalit so'zlar: siqilish ishemik genezli dorsopatiya, isxioradikuloalgiya, surunkali dorsopatiya, osteoxondroz.

Kirish. Siqilish-ishemik kelib chiqishi dorsopatiyalari mushaklarning muntazam ravishda uzoq davom etadigan statik kuchlanishiga, bir xil turdagi harakatlarga, oyoq-qo'llarning majburiy holatiga, chuqur egilishlarga, shuningdek uzoq vaqt tik turish yoki o'tirishga ega bo'lgan harakatlar natijasida rivojlanadigan o'zgarmas pozitsiya hisoblanadi.

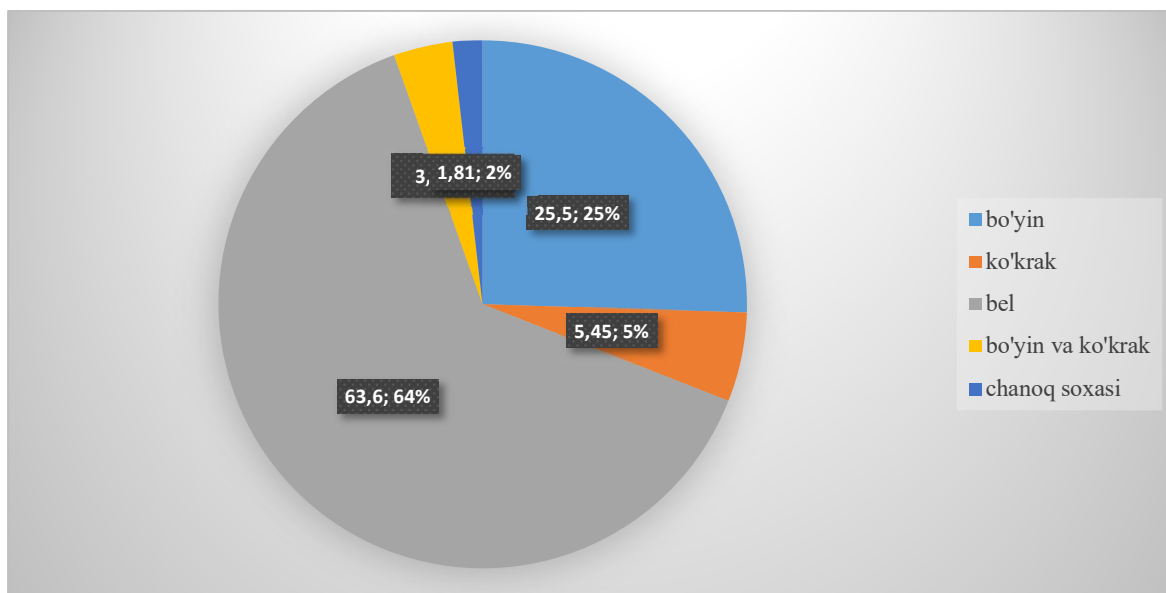
Tadqiqot usullari: Biz siqilish ishemik genezli dorsopatiya bilan og'riq sindromi bo'lgan 55 bemorni tekshirdik, ulardan 31 (56,4 %) ayollar va 24 erkaklar (43,6%).



1-rasm. Bemorlarning jinsi va yoshi bo'yicha taqsimlanishi.

1-rasm: bemorlarning jinsi va yoshi bo'yicha taqsimlanishi ko'rsatilgan. Ayollarning o'rtacha yoshi 40 yosh bo'lib, maksimal yoshi 70, eng kama esa 18 yoshni tashkil qilgan. Erkaklarning o'rtacha yoshi 41, maksimal yoshi 60, eng kama esa 20 yosh edi. Barcha bemorlarning asosiy shikoyatlari

surunkali og'riqlar bo'lib, lokalizatsiya bo'yicha 14 (25,5%) bemorda bo'yin, ko'krak qafasi - 3 (5,45%), bel - 35 (63,6%), bo'yin va ko'krak - 2 (3,63%) umurtqa pog'onasi va 1 (1,81%) bemorda isxioradikuloalgiya kuzatildi.

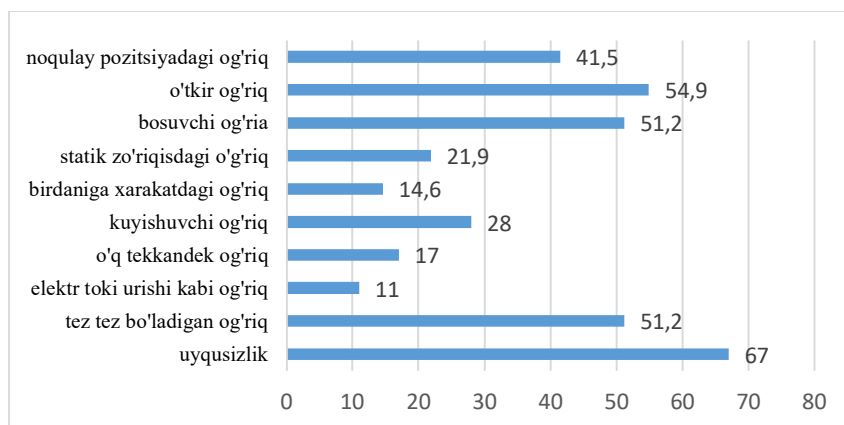


2-rasm. Bemorlarning og'riqlarni tarqalish lokalizatsiyasi

Ba'zi hollarda bemorlar boshga - 10 (18,2%), qo'llar - 14 (25,5%) va oyoqlarga - 31 (56,3%) tarqaladigan og'riqni boshdan kechirdilar. Kasallikning boshida asosan bel mintaqada tarqalgan og'riq, nosimmetrik ikki tomonlama xarakterga ega bo'lib, ma'lum bir sohada yanada mahalliyashtirilgan. Bemorlarning 54,9% doimiy (to'mtoq) og'riq bezovta qildi. To'satdan harakatlarni amalga oshirishda 12 (21,8%) holatlarda og'riq chidab bo'lmas holga bo'ladi, 4 (7,3%) kuyuvchi tabiatli og'riq, 9 (16,3%) "o'q tekandek", 6 (11%) "elektr toki urishi" kabi sodir bo'ladi. Ba'zi bemorlarda og'riqlar og'irlikni ko'tarish - 28 (51%), oldinga egilish - 16 (29,1%), yo'tal - 14 (25,6%) bilan qo'zg'atilgan. Bemorlar tez-tez uyg'onish - 28 (51%) va uyqusizlik - 45 (81,8%), asab tizimining keyingi asteniyasi bilan shikoyat qildilar, chunki uyqusizlikdagi noqulay harakatlar og'riqni keltirib chiqardi.

Ikkita (3,6%) bemorda o'choq L1-L3 darajasida kuzatilgan, shikoyatlari sonning ichki va old yuzasi bo'ylab o'tkir og'riqlargacha kamaygan. Bel umurtqalarning L4-L5 darajasida shikastlanishi bilan 34 (61,8%) bemorlar sonning lateral yuzasi va oyoqning oldingi yuzasi bo'ylab to'piqqacha bo'lgan kuyishuvchi og'rig'idan shikoyat qildilar.

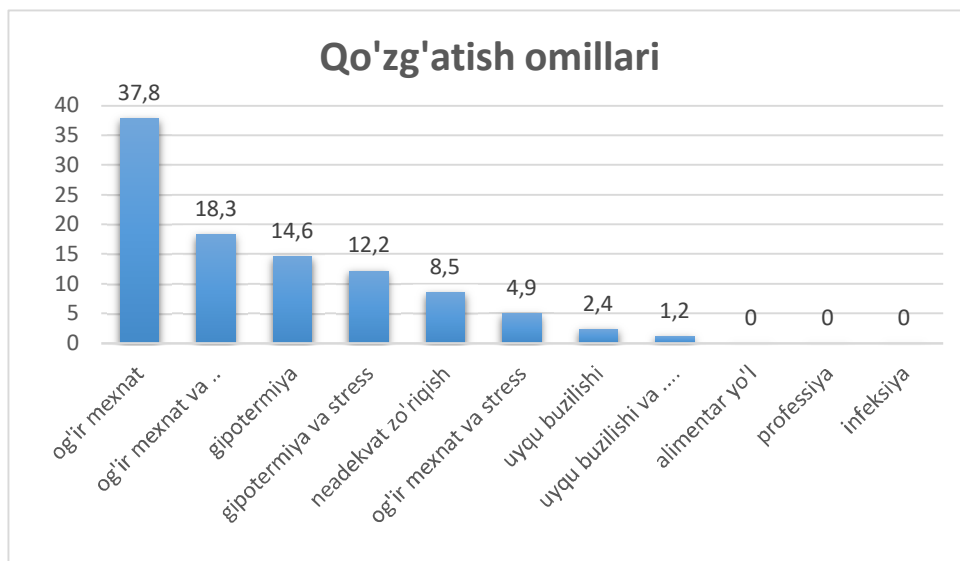
Anamnezdan kasallik asta-sekin, noto'g'ri bajarilgan harakatlar, mushaklarning statik kuchlanishi, shuningdek, o'zgarmagan holatda uzoq vaqt turish yoki o'tirish natijasida boshlangan.



3-rasm: Bemorlarda asosiy shikoyatlarning paydo bo'lish chastotasi:

Tadqiqot natijalari: Subyektiv ko'rsatkichlarni tahlil qilish natijalari shuni ko'rsatdiki, bemorlarda og'riq o'tkir, ba'zi hollarda o'tkir osti kechishi qayd etilgan. 18% hollarda qo'zg'atuvchi omillarsiz to'satdan spontan og'riq paydo bo'lishi kuzatilgan.

Kasallikning o'rtacha davomiyligi o'rtacha 4 yil 4 oyni tashkil etdi, bu kasallikning surunkaliligini ko'rsatdi. Kasallikning kuchayishi yiliga bir marta - 6 bemorda (10,9%), yiliga 2 marta - 32 (58,1%), yiliga 3 marta - 17 (30,9%). Kuchlanishning davomiyligi 10 dan 16 kungacha. Shuni ta'kidlash kerakki, o'rganish davrida kuchlanish chastotasi vaqt o'tishi bilan asta-sekin o'sib bordi va kuchlanish davomiyligi 16 dan 25 kungacha uzoqroq bo'ldi. Shuni ham ta'kidlash kerakki, kuchlanish oralig'idagi remissiyalar to'liq bo'lmagan.



4-rasm. Rivojlanishni qo'zg'atuvchi asosiy omillar siqilish-ishemik kelib chiqadigan surunkali dorsopatiya

Qo'zg'atuvchi omillar tahlili shuni ko'rsatdiki, ko'pincha (37,8%) og'riq og'ir yuklarni ko'tarishdan keyin boshlangan, 18,3% hollarda og'ir yuk ko'tarish va gipotermiya omillarining kombinatsiyasi bilan kuchaygan va 14,6% hollarda faqat gipotermiya sodir bo'lgan. Bemorlarning 2,4 foizi uyqu buzilishini qayd etdi. Gipotermiya va stress kabi qo'zg'atuvchi omillarning kombinatsiyasi 12,2%, og'irlikni ko'tarish va stress - 4,9%, uyqu buzilishi va gipotermiya - 1,2%, shuningdek,adekvat bo'lmagan yuklama 8,5% ni tashkil etdi.

Obektiv holati: bemorlarning umumiy ahvoli qoniqarli, ongi ravshan, holati passiv, nafas olish tezligi daqiqada 16 dan 28 martagacha o'zgarib turadi va o'rtacha 22, puls daqiqada urish tezligi 65 dan 86 gacha, o'rtacha 76 ga teng, o'rtacha arterial bosim 130/85 mm Hg ust, limfa tugunlarining kattalashishi aniqlanmagan.

Nevrologik holat. Ong aniq, barcha bemorlarda joy, vaqt, vaziyat va o'z-o'zidan orientatsiya saqlanib qoladi. 41 (75%) bemorda faol harakatlar oralig'ida cheklov aniqlandi. Obektiv umurtqa pog'onasi nevrologik tekshiruvini ushbu guruhdagi barcha bemorlarda 55 (100%) umurtqali deformatsiyalarni aniqladi.

1-jadval.

Bemorlarni asosiy nevrologik belgilarning paydo bo'lish chastotasi

Simptom	Jami N=55	
	abs	%
nevropatik og'riq	29	52,7
VASH bo'yicha og'riq darajasi	35	63,6
oyoq yoki qo'llarga tarqaladigan yonish xususiyatli og'riq	23	41,8

bel lordozning tekislanishi	38	69
chanoq soxasidagi og'riq	30	54,5
tik turgan holatda yuzaki mushaklarning kuchlanishi	27	49
yotgan holatda yuzaki mushaklarning kuchlanishi	34	61,8
qo'l yoki oyoqdagi zaiflik	34	61,8
reflekslarning pasayishi	20	36,4
tendon reflekslarining prolapsi	10	18,2
zararlangan ildizning innervatsiya zonasida gipoesteziyasi	31	56,4
zararlangan ildizning innervatsiya zonasida giperesteziya	11	20
Lassega sinamasining ijobiy belgisi	28	51
uyqusizlik	18	32,7
allodiniya	10	18,2
Orqa miya rentgenogrammasi - osteoxondroz belgilari (bo'g'im bo'shlig'ining torayishi; osteofitlarning shakllanishi; sariq ligament va umurtqalararo ligamentlarda degenerativ-distروفik o'zgarishlar.	55	100
MRT va MSKT protruzionlar va churra intervertebral disklar belgilari	15	27

Barcha bemorlar (N=55) neyrovizual tadqiqotlaridan o'tkazildi.

Xulosa: Orqa miya degenerativ kasalliklari vaqt o'tishi bilan rivojlanadigan kaskadli jarayon ekanligi ko'rsatilgan. Klinik ko'rinishlar murakkab o'zgarishlar, jumladan, osteoxondroz, spondiloz, osteoartrit tufayli yuzaga keladi, ular ko'pincha tug'ma moyillik bilan kuchayadi. Diagnostik tadqiqotlar ushbu o'zgarishlarni aniqlashga qaratilgan. Davolash taktikasini tanlash uchun ildizning siqilishini aniqlash ayniqsa muhimdir. Yuqoridagi harakatlar distروفik ta'sirlangan disk sohasidagi disfiksatsiya bilan bog'liq bo'lgan siqilish ishemik genezli dorsopatiyaning dastlabki namoyon bo'lishiga olib keladi, uning tolali halqasining yaxlitligi saqlanib qolishi yoki buzilishi mumkin. Ta'sirlangan disk hududida mikrosirkulyatsiya qon aylanishi buzilgan taqdirda, ishemiyani qo'zg'atadigan va sinuvertebral asab retseptorlarini siqib chiqaradigan diskemiya kuzatiladi.

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