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ЖУРНАЛ НЕВРОЛОГИИ И НЕЙРОХИРУРГИЧЕСКИХ ИССЛЕДОВАНИЙ

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DYNAMICS OF NEUROLOGICAL DISORDERS IN THE TREATMENT OF HERNIATED DISC OF THE LUMBOSACRAL LEVEL IN THE PRE- AND POSTOPERATIVE PERIOD

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ANNOTATION

The article is given a comparative characteristic of the methods of surgical treatment of herniated intervertebral discs (percutaneous puncture laser nucleotomy, microdiscectomy, laminectomy) based on the results of surgical treatment of patients with osteochondrosis of the lumbosacral spine. Indications and contraindications for each type of intervention were identified. Long-term results of surgical treatment by various methods in patients were assessed using quality of life indicators.

Key words: neurological disorders, operative period, lumbossacral level, herniated disc, surgical treatment, long-term results.

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АННОТАЦИЯ

В статье дается сравнительная характеристика методов хирургического лечения грыж межпозвонковых дисков (чрескожная пункционная лазерная нуклеотомия, микродискэктомия, ламинэктомия) по результатам хирургического лечения больных остеохондрозом пояснично-крестцового отдела позвоночника. Определены показания и противопоказания для каждого вида вмешательства. Отдаленные результаты хирургического лечения пациентов различными методами оценивали по показателям качества жизни.

Ключевые слова: неврологические нарушения, операционный период, пояснично-крестцовый уровень, грыжа межпозвоночного диска, хирургическое лечение, отдаленные результаты.

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АННОТАЦИЯ

Мақолада лумбосакрал умуртқа остеохондрозли беморларни жарроҳлик даволаш натижалари асосида чурраланган интервертебрал дискларни (тери ости лазер нуклеотомияси, микродисектомия, ламинектомия) жарроҳлик даволаш усулларининг қиёсий характеристикаси берилган. Ҳар бир аралашув тури учун кўрсатмалар ва контрендикациялар аниқланди. Беморларда турли хил усуллар билан жарроҳлик даволашнинг узоқ муддатли натижалари ҳаёт кўрсаткичлари ёрдамида баҳоланди.

Калит сўзлар: неврологик касалликлар, операция даври, лумбоссакрал даража, диск чурраси, жарроҳлик даволаш, узоқ муддатли натижалар.

Among the lesions of the spine, one of the most common is osteochondrosis, leading to degenerative-dystrophic changes in the intervertebral disc and osteo-ligamentous apparatus. Signs of spinal osteochondrosis with using modern examination methods are detected in every person [1]. Epidemiological studies carried out in the abroad, indicate that the pathology of the lumbosacral spine reaches 30% of the total incidence [2].

One of the urgent problems of scientific and practical neurology is the study of methods for the diagnosis and treatment of spondylogenic diseases, which make up about 80% of all diseases of the peripheral nervous system (PNS). The widespread prevalence of vertebrogenic diseases, a long course, the severity of clinical manifestations, often accompanied by serious complications, raise the question of the development of pathogenetic treatment in a number of important medico-socio-biological problems [3].

Pain in the lower back at different periods of life occurs in 2/3 of the adult population and is the most common reason for limiting the professional activity of people of working age.

According to epidemiological studies, after respiratory and cardiovascular diseases, back pain is the second reason for seeking medical attention. Among patients with lower back pain, per 100 workers in 2008, accounted for 105.4 days of incapacity for work. The

main, most pronounced clinical manifestation of vertebrogenic diseases is pain syndrome, caused in most cases by degenerative-dystrophic changes in the spine. Degenerative-dystrophic changes in the intervertebral discs (IVD) under certain conditions lead to the formation of hernial protrusions, which in turn contributes to the development of compression radicular and radicular-vascular syndromes [4].

The totality of neurological symptoms in severe cases can lead to early disability and a deterioration in the quality of life of patients. In 40-90% of cases, the lumbosacral spine suffers, while the development of neurological disorders in 60% of cases is caused by herniated intervertebral discs [5].

Undoubted successes in the field of conservative therapy of the disease have reduced the contingent of patients requiring surgical treatment; nevertheless, this group (with IVD hernias) continues to remain significant. In some cases, conservative treatment does not lead to a stable remission of the disease and more than 7% of patients require surgery.

Surgical treatment of discogenic radicular syndromes, even with good immediate results, does not exclude the possibility of recurrence of the disease, since decompression of the neurovascular bundle eliminates only one, albeit very important, pathogenetic mechanism of the disease - the mechanical compression factor. Pathological changes in a number of functional systems involved in the process are not eliminated; under unfavorable conditions, there remains a real possibility of its activation. At the same time, in 20-25% of patients after discectomy, there is not elimination of motor disorders due to the irreversibility of preoperative changes in the roots. Moreover, in 2-6% of patients who underwent surgery, movement disorders appear for the first time as a result of trauma to the spinal structures. After the operation, as a rule, it becomes necessary to continue conservative treatment, while various medical means are widely used [6].

Cicatricial adhesions developing after surgery, the presence of orthopedic and inflammatory complications can reduce the effectiveness of surgical treatment and contribute to the formation of chronic pain syndrome, destabilize the course of recovery processes.

The complexity of pathogenetic and sanogenetic reactions of the body, as well as polymorphism of neurological manifestations in IVD hernias of lumbosacral localization in patients requiring surgical treatment, suggest an integrated approach to the treatment of this category of patients: preoperative preparatory treatment to prevent possible complications and early rehabilitation postoperative treatment [14].

Indications for removal of an intervertebral hernia of any localization - radicular syndrome, discogenic myelopathy, vertebral artery syndrome with transient ischemic attacks, rapid progression of pathology. Such severe complications are diagnosed in about 10-15% of patients. In all other cases, the displacement of the intervertebral discs can be eliminated by conservative methods. Neurologists, vertebrologists recommend surgery to patients only with the complete ineffectiveness of pills, physiotherapeutic procedures, exercise therapy [7]. Approximately 50% of operated patients turn to a neurologist during the rehabilitation period with complaints of severe pain in the back, neck, and thoracic spine. In this case, the doctor is not limited to the appointment of analgesics. A number of instrumental studies are being carried out to establish the cause of painful relapse.

A slow and incomplete regression of neurological manifestations in the immediate postoperative period and persistent radicular and neuroreflex disorders in the long term do not satisfy many specialists and are often the cause of patients' disability. Consequently, the development of methods of restorative treatment and prevention of neurological complications after surgery is of great importance [8].

The most serious complications that occur after removing a hernia develop when nerve tissue is damaged. This usually occurs as a result of a medical error, when the accumulation of large amounts of blood and inflammatory edema impair the visibility of the surgical site. In case of trauma to the spinal root located in the area of displacement of the disks, the following complications are possible: paresis - neurological syndromes, which are characterized by weakening of the muscles and mobility of the limbs; paralysis - complete, often irreversible immobilization [10].

Spinal cord injury disrupts the functioning of internal organs, especially the small pelvis. And when large blood vessels are injured, the trophism of the lower part of the spinal cord is disturbed, which causes irreversible acute paralysis of the lower extremities. The defeat of the spinal cord provokes the development of an inflammatory process in its membrane. There is arachnoiditis, which quickly takes on a chronic form of the course. It does not respond well to therapy, so the patient will often suffer from headaches, dizziness, memory impairment, and sometimes paresis [11].

Undoubtedly, all these problems require further development, research and solutions. Currently, the treatment of neurological complications in the pre- and postoperative period of treatment of herniated discs of the lumbosacral level is an urgent problem of neurology. There are many conservative techniques and methods of surgical treatment. An etiotropic therapy capable of stopping the degeneration of the structures of the spine has not yet been developed, therefore, the leading role is assigned to the methods of pathogenetic therapy [13].

Surveying the proof for indicative tests represents a few troubles that are not found in restorative investigations. In the evaluation of demonstrative tests, both the precision and the impact of testing on the result ought to be thought of. The precision of an analytic test alludes to the capacity of the assessment to recognize and portray pathologic cycles. Precision is ordinarily communicated in terms of affectability and particularity - affectability alluding to the extent of patients with the objective problem who will have a positive test, and explicitness to the quantity of individuals without the infection. With tests that have a high affectability, a negative test adequately precludes the infection. With tests that have a high particularity, a positive test viably runs the show in the sickness [12].

The exhibition of a test in a given populace can likewise be expressed as far as sure and negative prescient worth, which relies straightforwardly upon the pervasiveness of sickness in the tried population. In populaces with a high predominance of infection [14], a test with a high exactness will precisely foresee the presence of infection. Then again, a similar test outcome will yield an enormous level of bogus encouraging points in understanding populaces with a low occurrence of sickness (like an asymptomatic populace) [15]. One of the reasons for a set of experiences and actual assessment is to build the commonness of sickness in patients sent for cutting edge imaging/testing or offered a medical procedure. Thus, in our orderly audit, we have endeavored to distinguish those side effects or discoveries which have a high probability proportion for lumbar circle herniation with radiculopathy — those side effects or discoveries expected in patients determined to have lumbar plate herniation with radiculopathy however not in the individuals who don't have the condition. The utilization of these models should build the pervasiveness of this infection affirmed by cross-sectional imaging or on the other hand a medical procedure [13].

Human postural equilibrium depends on data from somatosensory, vestibular and visual frameworks [2,8]. Postural solidness relies additionally upon the productivity of the engine work: joint steadiness and muscle movement [7]. The exhibition of the postural equilibrium framework is influenced by age, neurological dysfunctions [3], cerebrocranial wounds [11], and engine organ infections [9].

A fundamental part in keeping up balance is played by the spine. Dysfunctions of the spine effect on control of stance in upstanding position. Lower back torment is a critical social issue. It has been assessed that 70–85% surprisingly eventually in their life experiences low-back torment. Lately, the level of patients going through a medical procedure due to herniated circle expanded altogether, especially in the USA. The lumbar plate herniation (LDH) is the third positioning most regular reason for surgeries [12].

In patients experiencing low-back torment disorder, critical deficiencies in postural equilibrium have been accounted for [9, 2, 4]. The proposed reasons for these shortfalls were torment [4,5] and debilitation of the proprioceptive contribution to the region of the

spine and lower appendages. The scientists [12] revealed that patients with ongoing lower back torment didn't contrast from controls as far as the lumbar spine engine execution; different examinations, nonetheless, have detailed such contrasts [6, 7]. As patients with intervertebral plate sickness are portrayed by unbalanced leg stacking. This unevenness, as a consolidated consequence of the emanating torment and upset proprioceptive information, frequently prompts postural lopsidedness and other engine shortages. In light of the investigation, solid pareses in patients with LDH cause walk issues, which is viewed as one of the signs for the medical procedure.

In conclusion, postural execution in calm remaining patients with LDH doesn't contrast from that in solid people. This is accomplished by the overreliance of the previous subjects on obvious signs and may add to a deferral and troubles in the reweighting of tactile data following a medical procedure. Impeded vision prompts essentially exacerbated postural solidness in these patients who can't as expected screen their stance because of mistaken proprioceptive data as well as to check exorbitant influence by methods for more tight control. In the early post - employable period the patients recuperate the capacity to control their postural influence with inside typical cutoff points, anyway to the detriment of fundamentally expanded recurrence of remedial forces. It is most likely a transient momentary technique expected to make up for the recuperation stage when the ordinary weighting factors for all afferents are being restored. We suggest that this transient postoperative period might be the best planning of helpful mediation focused at encouraging and building up the procurement of right engine designs.

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