

DIAGNOSTICS IN THE INITIAL STAGES OF ASEPTIC NECROSIS OF THE FEMORAL HEAD

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ANNOTATION

Aseptic necrosis of the femoral head is an important medical and social problem. The peculiarity of this pathology is that in most cases it affects young working people. Effective methods of conservative therapy are not enough today.

Key words: aseptic necrosis, biochemical research, conservative therapy, conservative treatment;

After deformation of the femoral head, the effectiveness of rescue operations and procedures is significantly reduced, and today there is no clear diagnostic scheme to identify the early stages of the disease. Despite the fact that MPT, CT, and biochemical studies have become common in large cities, radiography remains the main diagnostic method for orthopedists. It is known that it is impossible to determine the initial stage of the disease with the help of radiography.

The results of previously used methods of conservative treatment of the early stages of aseptic necrosis of the femoral head cannot be considered satisfactory, since most patients undergo hip arthroplasty within 1-3 years. None of the available conservative treatment methods (physiotherapy, needle-reflex therapy, anticoagulants) protect against deformation of the femoral head and therefore do not save the patient from the need for surgical treatment.

When using pre-existing verbal forms, the desired effect was not always achieved. Intravenous administration of modern bisphosphonates has a number of advantages: it can be injected in any treatment room and there are no risks associated with manipulation of the joint, as well as a low frequency of administration (1-4 times a year), also, as no effect on the gastrointestinal tract and compliance problems

The issue of conservative therapy with ANFH has not been fully resolved. Among the total number of hip arthroplasty patients, a high percentage of patients with osteonecrosis requires the use of new, effective methods of conservative therapy. The above was the basis for conducting this study.

Investigation of the early stages of aseptic necrosis of the femoral head in adults and adolescents and development of a pharmacological treatment algorithm.

12. Assessment of the role of various factors (alcohol, glucocorticoid trauma, chemotherapy and radiation therapy, osteoporosis, etc.) in the development of the disease, as well as identification of risk groups for the development of ANFH and guidelines for prevention. aseptic necrosis of the femoral head

13. Clarifying the diagnostic value of X-ray, MRI and bone turnover markers in the diagnosis of early stages of aseptic necrosis of the femoral head.

14. Study of changes in bone turnover in different stages of ANFH, as well as during therapy

15. Evaluation of the effectiveness of intravenous injection of ibandronic acid in the treatment of aseptic necrosis of the femoral head

For the first time in Russia, information was obtained on the effectiveness of intravenous bisphosphonates combined with alfacalcidol and ossein-hydroxyapatite complex in the treatment of ANFH. Pathological bone metabolism in the stages of the disease and during therapy. biochemical changes are described in detail. During treatment, its gradual decrease under the influence of bisphosphonates, a decrease in the level of bone formation, as well as an increase in the level of resorption with a decrease in the level of calcium in the blood serum were found. The role of various factors (alcohol, glucocorticoids, etc.) in the development of the disease was determined, as well as risk groups for ANFH. Evaluation of various diagnostic methods of ANFH (x-ray, MRI, biochemical method) and their diagnostic value in the early stages of the disease was carried out. It is shown that the result of treatment depends on the stage of the disease:

The use of the proposed method improves the results of treatment of the initial stages of aseptic necrosis of the femoral head, reduces the number of unsatisfactory results. It improves the quality of life of patients (use of public transport, ability to care for themselves, women to carry and give birth to a child);

reduces the need for surgical treatment, reduces the level of disability

1. Studying MRI and bone resorption markers is a valuable diagnostic method to detect early stages of aseptic necrosis of the femoral head.

2. Combined drug therapy with ibandronic acid is an effective treatment in the early stages of ANFH.

We compared the data from the main etiological groups to determine the characteristics of the disease depending on the risk factors. Males were significantly higher in almost all groups except the post-chemotherapy group and the glucocorticoid group (no significant differences), in which females predominated. Bilateral joint damage was significantly less than the mean observed in hip injuries (26. %) and significantly more after chemotherapy (87%), alcohol abuse (71%) ($p < 0.001$). With the development of the disease against the background of taking glucocorticoids, as well as idiopathic forms, the frequency of bilateral lesions did not differ significantly - 52% and 57%, respectively. Patients with ANFH after chemotherapy were significantly younger than other groups, and after hip injury and with idiopathic ANFH they were significantly greater. According to the nature of the injury before ANFH, the most frequent fractures are the proximal end of the femur (neck - 12 cases, neck and intertrochanteric fractures - 5 cases), traumatic dislocations in 2 cases, unspecified joint damage with X-ray changes, but with possible damage to the joint capsule - 17 cases. In addition to trauma, alcohol abuse is also present in 5 cases. Significant differences in the height of patients were found only for alcohol abusers, whose average height was higher ($p < 0.01$), which is more likely due to the predominance of men in this group. The same applies to the significantly lower weight in the chemotherapy group, where through and intertrochanteric fractures in 5 cases), traumatic dislocations in 2 cases, joint injuries with undetected X-ray changes, but possible joint capsule with damage to lgan - 17 cases. In addition to trauma, alcohol abuse is also present in 5 cases. Significant differences in the height of patients were found only for alcohol abusers, whose average height was higher ($p < 0.01$), which is more likely due to the predominance of men in this group. The same applies to the significantly lower weight in the chemotherapy group, where through and intertrochanteric fractures (5 cases), 2 traumatic dislocations, joint damage with undetected X-ray changes, but the joint possible damage to the capsule - 17. In addition to

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Urinary Ca excretion was significantly higher in patients after chemotherapy ($p < 0.01$, Dunn's test) and significantly higher in patients receiving hormone therapy ($p = 0.06$). tendency to significant differences ($p = 0.069$) in patients with hormone therapy and after hip joint injury. The highest proportion of cases with advanced forms of the disease (stages V-V1) was found in the group of patients receiving hormonal drugs. The most previous X-ray stages were recorded in the group with traumatic ANFH - 19%;

Thus, the high efficiency of the investigated method was observed only in the early stages of ANFH. At later stages, the number of satisfactory functional results was small, and radiographically non-existent. Thus, in 100% of patients, the initial collapse of the head was determined by MRI and radiography. Despite the treatment, all developed secondary coxarthrosis, but clinically the patients noticed improvement.

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