

IMPROVEMENT OF TREATMENT METHODS FOR CALF-ASIJK JOINT INJURIES

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Abstract : The proposed methodology allows you to reduce the time of examination, hospital stay, temporary disability periods, as well as improve the results of treatment by optimizing treatment and diagnostic measures.

Keywords: injury, calf, joint, treatment, traumatological, fixation, osteosynthesis.

INTRODUCTION

Ankle joint injuries are among the most common injuries of the musculoskeletal system and account for 12-24% of all bone injuries, and reach 40-60% in the structure of leg fractures (Behery O.A., 2021). The number of injuries in this area is growing and occurs in 60-70% of people of working age. Despite: improving the methods of conservative and surgical treatment of these injuries, the number of unsatisfactory results ranges from 5 to 30%, disability reaches 28% (Delahunt E, 2019).

The vascular system of the injured limb quickly responds to tissue damage, post-traumatic arteriospasm is replaced by reactive hyperemia, while the severity and duration of the first phase of the vascular reaction to injury are proportional to the severity of bone and soft tissue damage. Long-term: arterial ischemia of the injured limb has a negative impact on the reparation processes and is one of the reasons for poor treatment results. From the literature it can be seen that the elimination of the pathogenic role of the vascular factor reduces the risk of development and the number of complications, reduces the duration of treatment and improves functional results. Existing methods of surgical treatment of fractures by internal or external fixation of bone fragments allow them to be held until consolidation. At the same time, internal osteosynthesis is a traumatic intervention and its use negatively affects regional blood flow in the injured limb. The use of external fixation devices is accompanied by less surgical trauma, allows you to most fully implement the principles of treatment of intra-articular fractures, thereby having a positive effect on the regression of circulatory disorders and the restoration of the function (Rydberg E.M., 2022).



Injuries to the calf-calf joint are among the most common injuries of the musculoskeletal system and account for 12-24% of all bone injuries, and as part of a fracture of the bones of the foot, they reach 40-60%. Despite the improvement of conservative and surgical treatments for these injuries, the number of unsatisfactory results reaches from 5 to 30%, disability reaches 28%.

In the daily practice of a traumatologist, boldir-the main diagnostic method for lesions of the Acorn joint is clinical and Radiological. The accumulated experience has shown that damage to the calf-hip joint is accompanied by more than 50% of bone fractures that make up the jaw protrusion and dislocation of the heel bone, which indicates the involvement of the capsular-ligament apparatus (KBA) in the pathological process. the examination is sufficient to assess the severity of bone damage, but special difficulties arise in the diagnosis of isolated lesions of the joint soft tissues and the capsule-ligamentous apparatus, the frequency of which reaches 10-12%, and in some sports-50%. Inadequate assessment and adequate treatment of the severity of these injuries often leads to chronic abnormality of the calf-Acorn joint. In such conditions, uneven load on the joint surfaces leads to premature wear of the joint cartilage and becomes one of the causes of osteoarthritis in 9-25%, and disability reaches 30%. According to the literature, when diagnosing soft tissue damage, the sensitivity of radiography barely reaches 22-50%. In this area, the possibilities of other radiation methods in the diagnosis of soft tissue damage have not been sufficiently studied.

The vascular system of the injured limbs responds very quickly to tissue damage, and the post-traumatic arteriospasm alternates with reactive hyperemia, the severity and duration of the first stage of the vascular reaction to the injury depends on the severity of bone and soft tissue damage. Arterial ischemia of a long-term injured member negatively affects recovery processes and is one of the causes of poor treatment results.

As can be seen from the literature, the elimination of the pathogenic role of the vascular factor reduces the number of complications, reduces the duration of treatment and improves functional results. Modern methods for assessing macro and microcirculation including radionuclide angiography, ultrasound, and electromagnetic floumetry are invasive and semi-invasive. Methods of ultrasound vascular diagnostics using the Doppler effect require expensive equipment and are not currently used in everyday traumatological practice. At the same time, the use of non-invasive methods to study regional hemodynamics allows an overall assessment of circulatory disorders and the metabolism of tissues in the damaged limb segment. In addition, the use of these methods in the treatment process makes it possible to assess the effectiveness of therapeutic measures, timely identify developing complications, individually determine the timing of the completion of tissue repair, reduce the treatment time and improve functional results.

Experience shows that conservative treatment of bone fractures that form the calf-Acorn joint is justified without replacing the lumps. In the treatment of injuries of the joint that are accompanied by chapping, dislocations and fractures, a closed reposition with the displacement of the lumps prevails and there is only a risk that it will be accompanied by failure or secondary displacement, chapping or recurrence of the dislocation. The negative impact of such tactics on regional blood flow and treatment results has not been sufficiently studied. In the literature, we did not find a single point of view on the timing and indications of surgical treatment, and the effect of such tactical decisions on the state of blood circulation of damaged limbs was not studied. Existing methods of surgical treatment of fractures by internal or external fixation of bone fragments allow them to be held until consolidation. However, internal osteosynthesis is a traumatic intervention, the use of which negatively affects regional blood circulation in the injured member. The use of external fixation devices is accompanied by less surgical trauma, which allows you to fully



implement the principles of treating cracks in the joint, thereby positively affecting the regression of circulatory disorders and the restoration of the function of damage to the blood vessels and the calf-Acorn joint.

At the suggestion of ethylaetgan, the methodology and diagnostics require optimal measures to improve staff turnover, carpeting, timely, timely and timely training, shuningdeck, as a result of which an icebreaker is possible.

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