

COMPLICATIONS AFTER HIP SURGERY

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Introduction. According to various authors, the incidence of purulent-necrotic complications after hip surgery ranges from 10 to 24%. At the same time, a significant percentage of unsatisfactory outcomes is associated with underestimation, primarily of the presence of dystrophic changes in the femoral head, the metabolic background on which the complication developed, the nature of microbial intervention in the period preceding the manifestation of the disease, as well as late diagnosis and inadequate treatment of complications. In addition, the frequency of purulent complications in traumatology and orthopaedic patients is associated with a high polyresistance of microorganisms that generate purulent processes to antibacterial drugs, an increased number of severe closed and open injuries of the proximal femur, as well as an increase in the range and significant change in the nature of surgical interventions (the introduction into surgical practice of more complex and lengthy operations using massive implants), expanding the age limits of the operated patients. All this increases the potential for the development of a purulent inflammatory process and the severity of the consequences of an already developed inflammation. The frequency of purulent-necrotic process was noted in 24% of cases with planned surgical interventions, while mortality among these patients reached 29%. The main causative agents were gram-negative anaerobes, which cause septic shock, which is the main cause of death. Analyzing the disappointing results of surgical treatment in 47 patients with diseases and injuries of the hip joint, it is noted that 19 patients had deep suppuration, 20 had osteomyelitis of the proximal femur, and 8 had osteomyelitis of the ilium. At the same time, generalization of infection was noted in 29.1% of cases.

Many authors believe that infection of the hip joint and the development of purulent-necrotic complications most often occur with intraarticular damage to this area. In this case, the mechanism of injury, the nature and degree of damage to the bone, soft tissue and vascular elements of the joint play a significant role, which further significantly affects the nature of the primary surgical intervention. The most severe fractures and dislocation fractures in the hip joint are observed in accidents, as well as in falls from a height, i.e. when a significant traumatic force is applied to the joint area. Injuries sustained under these circumstances have the largest number of complications, and purulent-necrotic processes that occur after an accident and catatrauma are characterized by a prolonged chronic course. Among the factors influencing the development of infection, intra-articular hematoma is in the foreground. Therefore, suppuration develops initially in the hematoma or devitalized tissues surrounding and composing the joint, and only then spreads to the bone-cartilaginous structures, since bone tissue is relatively resistant to infection. Who performed surgical interventions on various large joints, found that in most cases hematoma infection occurred in the early postoperative period. Purulent complications after surgical interventions for injuries (more often closed) of the proximal femur occupy a special position, because here complications related to the age characteristics of the macroorganism come first.

The so-called pathogenic microflora belonging to various families of microorganisms is becoming increasingly important in the etiopathogenesis of purulent-necrotic complications. Basically, it is a natural contingent of microorganisms of the mucous membranes, intestines, and skin, which, when protective barriers are broken through and homeostasis is disrupted, can cause a pathological process. Thus, 78.5% of patients had staphylococcal infection on the mucous membranes of the upper respiratory tract. Along with obligate aerobic microorganisms and facultative anaerobes, according to recent literature, obligate anaerobic microorganisms (peptococci, peptostreptococci, fusobacteria, etc.) can play the role of pathogens of infectious complications in the tissues of the musculoskeletal system. With the introduction of a number of new technologies into the work of microbiological laboratories,

the isolation and cultivation of obligate anaerobes, and the study of their sensitivity to antibiotics, new opportunities and broader prospects have appeared¹³ for the diagnosis, prevention, and rational treatment of complications caused by these microorganisms.

Conclusion. The identity of staphylococcal phagotypes seeded from purulent discharge of wounds and mucous membranes of the upper respiratory tract, and the similarity of antibioticograms suggest the possibility of an autogenic route of wound infection. In addition, one cannot disagree with the opinion of the same authors that the focus of dormant infection may be in the surrounding tissues of the operated joint.

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