



Wrist Bones Distal From the End their Fractures from the Medicine Next to the Surface Coming Complications and Unsatisfactory Results Analysis

Teshaev Azamat Azamovich
Bukhara State Medical Institute

Relevance of the study. Almost all the practices studied have shown that treatment usually involves a combination of methods or a series of methods that alternate with each other, with one of them taking the lead in the treatment. Thus, for many years, the researcher Barton has emphasized the advantage of open reduction and internal fixation of fractures of the distal end of the carpal bones. However, a number of traumatologists recommend treatment with external fixation devices of various designs for Smith or Colles fractures. However, there is no complete consensus on this issue, and a clear algorithm for treating such patients has not yet been established. The authors Semenkin O.M. and Izmalkov S.N. note that intra-articular fractures, excessive curvature of the articular surface of the carpal bone, its thickening, and bending of the hand towards the forearm undoubtedly have a negative effect on the outcome of treatment. Modern medical research is developing in accordance with minimally invasive surgical practices, and thus, in the literature, reports on the use of arthroscopy for the treatment of fractures of the ulnar nerve have been reported in several publications, but we know that this treatment method mainly applies to type A fractures. As for type B fractures, in which the bones of the forearm are broken at the distal end, there are still only a few practical studies describing the tactics of using this method, and some publications have left information. Today, the most popular and widespread method of fixation of fractures of the tibial plateau, both in Russia and abroad, is open reduction and supraosseous osteosynthesis, which is performed using bone-bearing metal plates (implants) with angular stability. According to most researchers, in most cases, even in type C fractures, osteosynthesis with plates provides stability of the fracture fragments. It has been reported in the literature that bone-bearing angle-stabilized plates can provide stability of the fracture fragments even in cases of osteoporosis of the bones, and according to the authors, this type of procedure allows for early rehabilitation of movements in the joint where the surgical procedure was performed without the use of additional external immobilization [1.3.5.7.8].

However, some studies have reported that the size of the contact area between the plate and the bone depends on the ratio of the radius of the bone circumference to the surface area of the plate. As a result of osteosynthesis, the entire surface of the bone is in contact with the smooth surface of the bone plates, the blood supply to the bone fragments is significantly reduced. As a result, the integrity of the blood vessels in the bone fragments is disrupted, which causes necrotic changes in the bone and soft tissues, bone necrosis occurs at the site of contact of the bone with the implant, which can become one of the main causes of slow fracture healing and re-fractures even after removal of the metal structure. The analysis of the literature revealed that the main causes of unsatisfactory treatment results of BSD fractures, such as secondary displacement of fracture fragments, post-traumatic (post-immobilization) contracture of the wrist-hand joint, migration or fracture of metal fixators, are 7% to 16%, and their tendency to decrease significantly has not yet been observed. At the same time, the main requirements for fixation implants are to maintain strong fixation of the fracture fragments in place until the regeneration is complete, while maintaining the possibility of early functional loading of the damaged segment until the healing process is complete. Some scientists, having extensively analyzed their observations and the data of the reviewed literature, have recorded data on the direct correlation between the biomechanics of movements in the wrist-hand



joint and the type of osteosynthesis in patients undergoing any surgical procedure, both in the short-term and long-term follow-up period [2.4.6.8].

For the analysis of the results of treatment of ulnar nerve fractures, there are generally accepted criteria for assessing the long-term results of treatment, which are assessed based on clinical signs such as the disappearance of pain, increased range of motion, restoration of fist strength, lateral stability. Orthopedic examination methods - range of motion in the joint, radiography, dynamometry indicators - are the main criteria for objective assessment of long-term and short-term treatment results, which are used to assess the percentage of the palmar grip strength of the hand relative to the opposite side, the graphic function of the hand, etc. The analysis of subjective symptoms (pain, instability, etc.) is often carried out using the questionnaire method using the Disabilities of arm shoulders and hand (DASH) questionnaire developed by scientists from the University of Michigan (USA).

Studies have shown that patients treated surgically are four times more likely to have no degeneration than those treated conservatively. A general surgical incision can lead to excessive disruption of the local blood supply due to the separation of the periosteum in the fracture area, which is a negative factor for fracture healing. Based on the data of the above studies, the social and economic consequences of hip fractures are significant for both patients and society as a whole, and the problems of their treatment are constantly attracting attention. Therefore, the development of new modern, minimally invasive, and minimally complicated methods of their treatment remains one of the current urgent problems. In order to overcome these problems, one of the important issues is the study of the body's system affecting osteoreparation.

Conclusion. According to the scientific work of some scientists, X-ray signs of the reparative process are not always a reliable tool for early diagnosis and prognosis of the reparative process. Another diagnostic method - immunogram-based prediction of the unfavorable course of the reparative process - allows changing treatment tactics and using additional surgical and immunological methods of influencing the reparative process. From the literature reviewed, it is known that X-ray signs of the reparative process are not always a reliable tool for obtaining early diagnostic and prognostic data for the osteoreparative process. However, based on immunological analyses, knowing the prognosis of the negative course of the bone healing process, it is possible to change the treatment tactics, use additional surgical and immunological methods to influence the reparative process. Individual mathematical modeling of the linear discriminant function, taking into account clinical and immunological indicators, allows us to predict the development of complications such as impaired reparative regeneration of the bone and surrounding soft tissues, pathological fractures, traumatic fractures, and the formation of pseudoarthrosis on a computational basis.

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