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Hip Joint Surgery is Firmly Established in Orthopedic Practice

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Introduction. According to the frequency of positive results of crops on microflora from various tissues, the following sequence was revealed: skin (2%), subcutaneous fat (3%), fascia (4%), muscles (1%), bone (5%), cartilage (6%). Thus, both endogenous and exogenous infection routes cannot be excluded. Analyzing his observations, he reports cases of anaerobic microflora in the development of complications after injuries and orthopedic diseases, examined 164 patients with postoperative purulent-necrotic complications, reports the detection of anaerobic microflora in 36% of cases and gram-negative flora in 56.3% of cases. The place occupied by staphylococci in the structure of purulent-inflammatory processes is marked by an increase in complications caused by enterobacteria, non-fermenting gram-negative rods and non-clostridial microorganisms. Recently, interest in obligate anaerobes has increased markedly, which is explained by the high seeding rate (from 50 to 100%) of these microorganisms from postoperative purulent wounds. In addition, many authors have described cases of purulent arthritis caused by other microorganisms (salmonella, nesseria, E. coli). The immunological status could have contributed to the occurrence of salmonella in such an unusual place. Therefore, the authors point out that close cooperation between clinical surgeons and microbiologists is important in assessing any purulent process. The use of steroid medications is also of great importance in the occurrence of complications. He provides observations of 28 patients with purulent arthritis of large joints that developed after intraarticular injection of hydrocortisone. Along with exogenous infection of the joint with intra-articular administration of steroid drugs, there is a possibility of endogenous infection, since corticosteroids have the ability to fix microorganisms in the joint in the presence of an extraarticular infection site in the body. Hip joint surgery is firmly established in orthopedic practice. Reconstructive repair operations, endoprosthetics, and osteosynthesis of the proximal femur are most often performed. However, the increase in the number of these interventions is accompanied by a significant number of errors and complications that lead to the development of postoperative purulent-necrotic complications. According to the literature, these complications account for up to 20%. To obtain a positive outcome of the operation, the stability of fixation of fragments of the proximal femur is important.

One should agree with the opinion that after reconstructive and reconstructive operations, especially those performed on dystrophically affected bone tissues, passive movements in the hip joint should not be performed in the immediate postoperative period due to the possibility of loosening metal structures in the spongy substance, since instability of the fixators is often the cause of the development of inflammatory processes. In addition, in the etiopathogenesis of purulent-necrotic complications, the presence of risk factors is of no small importance: hereditary predisposition; obesity; old age; severe untreated concomitant diseases of the heart, lungs, and blood vessels; diabetes mellitus; gi-15 hypertension; trophic disorders of the lower extremities; chronic diseases of the reticuloendothelial system (chronic tonsillitis, liver, spleen, cholecystopancreatitis); chronic dental diseases (caries). This group of patients needs special attention when diagnosing and taking an individual approach to treatment, especially for diabetes mellitus. The development of a purulent process in the hip joint is caused by both a primary endogenous infection and an infection that penetrates the joint area with open wounds and after surgical interventions. Many authors believe that the main etiopathogenetic factors of the occurrence of purulent arthritis of the hip joint are: late diagnosis, errors in surgical tactics, irrational choice of surgical aid, as well as the lack of an integrated approach to the treatment of patients. Based on the research data of many scientists dealing with the problem of purulent infection in surgery and traumatology, as well as experience in the

treatment of patients with purulent-necrotic complications after injuries and reconstructive surgery on the musculoskeletal system, there are the following risk factors for the development of purulent-necrotic complications: Preoperative period: - dystrophic changes in the joint exposed to surgical intervention (especially when receiving laboratory data on the presence of an inflammatory reaction in the bone and cartilage tissue); − the presence of foci of chronic infection in the body; − the presence of bacterial sensitization along with hyperimmune and tissue−specific changes; − age; − concomitant diseases (endocrine, vascular pathology, liver disease, etc.). With traumatic joint injuries: 16 - significant damage to bone and cartilage tissue and soft tissue formations; − pronounced contamination of the wound at the time of injuries caused by open wounds. During surgery: − traumatic nature of the operation; − duration of surgery; − insufficient hemostasis; − inconsistency of the selected metal fixators and the condition of the bone tissue (osteoporosis, the presence of cysts, etc.); − violation of the conditions of the surgical technique; − inadequate drainage; − defective PHO in open injuries.

After surgery: − blood loss and untimely recovery; − inadequate drainage; − insufficient drug correction of existing metabolic disorders; − with the threat of inflammatory processes in the area of surgery — inadequate sanitation. Thus, the analysis of the literature has shown that purulent necrotic complications in the hip joint are a fairly common and serious complication of injuries to the proximal femur and occur with a frequency of 10 to 24%. This requires surgeons to pay more attention to this problem. The presence of a number of etiopathogenetic factors and causes predisposing to the occurrence of an inflammatory process in the joint necessitates their systematization and distribution into separate groups in order to further develop measures for the diagnosis, treatment and prevention of these complications.

USED LITERATURE

1. Abdulkhabirov M.A., Popov V.V., Dedov S.Y. Congenital hip dislocation. Textbook., Moscow, 2002, 46 p.
2. Gankin A.V., Alborov O.I., Chochiev G.M. Reconstruction of the supraacetabular region using bone-periosteal-muscular plastic surgery in the treatment of hip joint pathology. Relevant.issues of childhood injuries and orthopedics. Collection of abstracts, Moscow, 2001, pp.60-62.
3. Gafarov H.Z. Treatment of children and adolescents with orthopedic diseases of the lower extremities. Kazan, Tatar Book Publishing House, 1995. 383 p.
4. Krasnov A.I. Diagnosis and tactics of surgical treatment of deformities of the proximal femur after ischemic head necrosis in the conservative treatment of congenital hip dislocation in children. Relevant.issues of childhood injuries and orthopedics. Collection of theses., Moscow, 2001, pp.91-92.
5. Litenetskaya O.Y. Early diagnosis and treatment of congenital dislocation of the femur in children of the first 6 months of life. — Dissertation for the degree of Candidate of Medical Sciences, Moscow. 2005, 112 p.
6. Musikhina I.V., Bogosian A.B., Tenilin N.A. Supraventricular osteotomy as a treatment method for dysplastic coxarthrosis in adolescents. Relevant.issues of childhood injuries and orthopedics. Collection of abstracts., Moscow, 2001, pp.112-113.
7. Fishchenko P.Ya., Trofimova Yu.A., Bosykh V.G. The effect of conservative treatment on the course of hip dysplasia. Current issues of pediatric traumatology and orthopedics. Proceedings of the scientific and practical conference, Voronezh, September 2004, pp.294-295.
8. Gill TJ, Sledge JB, Muller ME: Total hip arthroplasty with use of an acetabular reinforcement ring in patiens who have congenital dysplasia of the hip. J Bone Joint Surg 80A:969-973, 1998.
9. Wagner H: Experiences With Spherical Acetabular Osteotomy for the Correction of the Dysplastic Acetabulum. In Weil UH (ed). Acetabular Dysplasia. Skeletal Dysplasias in

Vol. 3 No. 12 (2025)
ISSN: 2995-5483

Childhood. Vol. 2. Berlin, Springer-Verlag 131-145, 1985.

10. Wedge JH, Wasylenco MJ: The natural history of congenital disease of the hip. J Bone Joint Surg 61B:334-338,1979.
11. Weinstein SL: Natural history of congenital hip dislocation (CDH) and hip dysplasia.Clin.Orthop 225:62-76, 1987.