ЧАҚАЛОҚЛАРДА ВА ЁШ БОЛАЛАРДА ТУҒМА МАЙМОҚЛИКНИ КОНСЕРВАТИВ ДАВОЛАШ НАТИЖАЛАРИ

Тешаев Темур Нематович - ассистент
Самарқанд давлат тиббиёт университети (Самарқанд, Ўзбекистон)

Аннотация. *Туғма маймоқликни бола мустақил тура олиши учун тўлиқ тузатиш керак. Мақолада туғма нуқсонлари бўлган 59 нафар беморда турли хил даволаш усуллари қўлланилган ва 3,5 йиллик кузатувдан сўнг натижалар таҳлил қилинган. Понсети усули нисбатан самарали бўлиб, кучли деформациянинг барча элементларини тўлиқ йўқотиш имконини беради. Туғма маймоқ оёқни даволашнинг энг эрта самарали усулларини қўллаш даволаш натижаларини яхшилаш имконини беради (91%).*

Таянч иборалар: *болалар, туғма маймоқлик, консерватив даволаш.*

РЕЗУЛЬТАТЫ КОНСЕРВАТИВНОГО ЛЕЧЕНИЯ ВРОЖДЕННОЙ КОСОЛАПОСТИ У МЛАДЕНЦЕВ И ДЕТЕЙ МЛАДШЕГО ВОЗРАСТА

Тешаев Темур Нематович - ассистент
Самаркандский государственный медицинский университет (Самарканд, Узбекистан)

Аннотация. *Врождённую косолапость необходимо полностью исправить, чтобы ребёнок мог стоять самостоятельно. В статье проанализированы результаты у 59 пациентов с врожденными пороками развития, которым применялись различные методы лечения, после 3,5 лет наблюдения. Метод Понсети относительно эффективен и позволяет полностью устранить все элементы сильной деформации. Применение наиболее ранних эффективных методов лечения врожденной косолапости позволяет улучшить результаты лечения (91%).*

Ключевые слова: *дети, врожденная косолапость, консервативное лечение.*

RESULTS OF CONSERVATIVE TREATMENT OF CONGENITAL CLUBFOOT IN INFANTS AND NURTURAL CHILDREN

Teshayev Temur Nematovich - assistant
Samarkand state medical University (Samamrkand, Uzbekistan)

Abstract. *Congenital clubfoot must be fully corrected before the child can stand independently. In the article, various treatment methods were used in 59 patients with congenital malformations, and the results were analyzed after 3.5 years of observation. The Ponseti method is relatively effective and allows for the complete elimination of all elements of severe deformation. The use of the earliest effective methods for treating congenital clubfoot allows for an improvement in treatment outcomes (91%).*

Key words: *children, congenital clubfoot, conservative treatment.*

Congenital clubfoot is one of the most common deformities of the foot. In classical congenital clubfoot, the heel bone is in an equine position, and the middle and front part of the hand are in an adducted and outwardly rotated position. The disease can occur in 1-2% of every thousand newborns. Boys are twice as likely to get sick as girls, and 30-33% of cases are bilateral. Factors contributing to the development of the disease have not been identified. However, it can be acknowledged that it is observed in combination with other diseases of the musculoskeletal system. In particular, considering that it is accompanied by disorders of the process of embryogenesis, neurological diseases, spinal cord disorders, neurological diseases, and defective diseases of the spinal cord (myelomeningocele, dysraphia), the disease can be approached as a neuromuscular disease. In some cases, severe forms of the disease can be accompanied by arthroglyposis and malformations of the tibia. Many authors associate deformation of the foot with dysfunction of the nervous system. Neurological disorders can be observed in 38% of moderate and 52% of severe forms of strabismus. In the conservative treatment of congenital malformations, it is the accepted standard in young children and can be used in newborns from the first days. Today, there are many conservative correction methods for strabismus, all of which are based on the principle of applying a staged plaster cast gradually in parallel with all components of the deformity (equinus, cavus, varus, supination, adduction of the hand).

Materials and methods: 59 patients with congenital clubfoot aged from one week to 10 months were treated conservatively and orthopedic observations were carried out at the polyclinic of the Samarkand branch of the Republican Specialized Scientific and Practical Medical Center of Traumatology and Orthopedics.

After treatment, patients were observed dynamically from one and a half to three and a half

years (on average 2.5 years). In the treatment of congenital malformations, the Zatsepin and Ponseti methods were used.

31 (52.6%) patients were treated using the Zatsepin method and 28 (47.4%) - using the Ponsetti method. Depending on the severity of the disease, it was divided into three groups according to a four-stage indicator. The degree of curvature of the disease was distributed according to the correction revealed during the first examination. In mild (first) degrees of the disease, when the foot is straightened in a moderate physiological state during the first examination, all elements of the clubfoot are easily corrected. With a moderate (second) degree of tortuosity, when the foot was initially straightened to a medium physiological position, the equinus, varus, and the position of the foot are brought closer, and the non-straightening state (average indicator of tortuosity) is maintained up to 150-200. In the severe (third) degree of the disease, after adjusting all the components of strabismus to a moderate physiological state, the residual curvature indicator remained at 250-350. The extremely severe (fourth) stage of the disease was not observed.

The Zatsepin method mainly treated 13 patients with first-degree clubfoot without the possibility of using achillotomy, 11 patients with second-degree clubfoot, and 7 patients with severe degree clubfoot. 16 patients with moderate severity and 12 patients with severe severity were treated using the Ponseti method. In 26 patients with congenital clubfoot, treated according to the Zatsepin method, the plaster cast was applied in a position of bending 1500 at the knee joint, bringing the foot closer, varus and equinus position were gradually corrected, and the following stages of plaster cast were applied: In the 1st stage, the front part of the foot is moved away and simultaneously the navicular bone is extended towards the head of the talus.

In the second stage, the ankle bone, rotated outward, is turned inward from the side of the foot, the sole, and aligned with the supporting axis of the foot. In stage III, the knee joint is brought to a medium physiological position relative to the axis of the lower leg, the foot is bent towards the palm and aligned with the anatomical location of the talus. The ankles are aligned parallel to the same axis as the femoral tubercles, eliminating pathological torsion of the lower leg. A plaster cast was applied to the upper part of the thigh in the knee joint at a bend of 1500 with a gradual correction of the abduction of the foot, varus, and equinus. With each subsequent application of a plaster cast, the pathological elements are corrected as much as possible to 80-100, and a plaster cast is applied. In children under 4 months of age, the plaster cast was changed for 7-8 days, and at 5-6 months - for 10-12 days. After the foot is fully straightened, special orthopedic shoes are recommended for 6 to 12 months. The duration of treatment with a plaster cast using the Zatsepin method was 90 days and 162 (on average 126) days.

Currently, the Ponseti method of treatment is relatively widespread and has been used in 26 patients. Treatment consists of applying a plaster cast with gradual correction. First, the hollow component is straightened. The front part of the hand is turned outward, the first metacarpal bone is straightened (Figure 1), and a plaster cast is applied for a week. After straightening the hollow component, pressure is applied from the outside to the inside of the acetabulum head to move the anterior and middle parts of the hand away.

During the process of replacing the plaster cast, the displacement of the front part of the paw outward is increased each time. As a result, heel eversion and varus are also corrected. After straightening the front and middle parts of the hand, the calcaneocuboid joint is straightened, and the ankle angle is restored. Complete extension is ensured in the plantar-minor and popliteal joints.

In the next stage, to eliminate the preserved equinus, under local anesthesia, the Achilles tendon is incised, the equinus, varus, and adductor are fully straightened, and depending on the child's age, a plaster cast is applied for 3-4 weeks, the knee joint is flexed by 1500 times, the calf is twisted inward by 300 times, and the plaster cast is applied to the middle of the thigh. After removing the plaster cast, special orthopedic footwear with a splint is recommended for 3 months. After 3 years of age, the tire is recommended only during nighttime sleep. Children who have started walking independently are recommended antiviral prophylactic footwear. If complete correction is not achieved by nine to twelve months, surgical treatment is recommended.

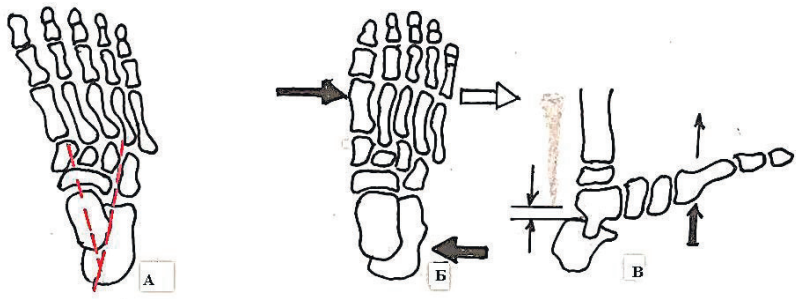


Image 1. **Congenital clubfoot: A. Warus of the front part of the foot and the posterior part of the foot; B. Straightening of the front part of the hand; V. Straightened and extended foot position after achillotomy.**

Treatment outcomes. Of the 31 patients treated with the Zatsepin method, in all 12 (20.3%) patients with a mild degree of the disease, all elements of the curvature were corrected, and the balance of the foot was fully restored. Good results were observed in 16 (27.1%) of the 19 patients with moderate and severe degrees of the disease, and the proportionality of the foot was restored.

In three (5.1%) patients, the abduction and supination of the anterior part of the foot remained uncorrected in the range of 15-200 and surgical treatment was recommended. Thus, when treating congenital clubfoot using the Zatsepin method, the effectiveness of treatment depended on the degree of primary deviation of the foot, and the effectiveness indicator was 89%. In 28 of our observed patients, moderate and severe congenital malformations were observed, and excellent and good results were observed in 27 (91%) patients. Only one (3.4%) patient developed a complication (equinus) after two years. The development of complications was caused by the use of treatment in the late stages, as well as the incomplete use of orthopedic shoes and tires in the post-treatment period.

Therefore, the popularization of minimally invasive methods of functional treatment of congenital malformations and the reduction of the duration of treatment with a plaster cast is one of the urgent problems of pediatric orthopedics today. Despite the fact that today the most effective methods are used in the treatment of congenital malformations, further improvement of the technical capabilities of treatment remains the main topic of scientific research. Early treatment of congenital malformations in young children by highly effective methods, the widespread use of the Ponsetti method in clinical practice, which is currently considered the most effective method, will allow improving treatment outcomes.

Conclusions.

1. Transforming early treatment of congenital malformations in the first week of the newborn period into a widespread standard is the main source of increasing the effectiveness of treatment.

2. When choosing treatment methods, the widespread use of functionally effective Ponseti methods based on the biomechanics of the foot makes it possible to reduce the duration of the patient's stay in a plaster cast and improve treatment outcomes.

3. In the process of treatment, explaining to parents the nature of the disease, the need for rational use of orthopedic tires and shoes, contributes to a reduction in the proportion of complications and disability.

REFERENCES

1. Axtamov A., Axtamov A.A., Teshayev T.N. Konservativnoye lecheniye vrojdennoy kosolaposti u detey grudnogo vozrasta // Proceedings of the 8th International Scientific and Practical Conference. 2021. №4. Str. 502-505.

2. Axtamov A., Axtamov A.A., Teshayev T.N. Konservativnoye lecheniye vrojdennoy kosolaposti u detey grudnogo vozrasta // Travmatologiya, ortopediya va reabilitatsiya jurnali, 2021 №4 (maxsus son). 159-161 s.

3. Akhtamov A., Akhtamov A.A., Shamsiev Zh.Z., Zakharov A.S., Mukhsinov K.M., Yusupov H.K. Functional methods of restorative treatment of patients with posttraumatic contractures of the elbow joint // Philosophical Readings XIII.4 (2022), pp. 848-851.

4. Klichkova I.Yu., Lapkin Yu.A., Konyuxov M.P., Stepanova Yu.A., Kenis V.M. Sovremennie predstavleniya o metodax konservativnogo lecheniya kosolaposti // Ortopediya, travmatologiya i vosstanovitelnaya xirurgiya detskogo vozrasta. Tom II, Vipusk 4, 2014, Str. 21-31.

5. Revkovich A.S., Rijikov D.B., Semenov A.A., Gubina Ye.V. Lecheniye kosolaposti u detey (obzor literaturi) // Geniy ortopedii, №4, 2014. Str. 93-97.

6. Klichkova I.Yu., Kenis V.M., Stepanova Yu.A. Konservativnoye lecheniye vrojdennoy kosolaposti: Analiz rezultatov i prespekti // Travmatologiya i ortopediya Rossii, 2011. №3(61). Str. 45-49.