



DIAGNOSIS AND TREATMENT OF OSSIFICATION OF THE POSTERIOR LONGITUDINAL LINATION OF THE SPINE.

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Article history:	Abstract:
Received: January 11 th 2022 Accepted: February 11 th 2022 Published: March 30 th 2022	The vast majority of vertebrogenic diseases of the nervous system are associated with dystrophic lesions of the spine. Traditionally, all various dystrophic processes are denoted by the term "osteochondrosis" (in the English literature - "spondylosis"). This approach has developed historically and is associated with a large experience gained as a result of the surgical treatment of herniated discs of the spine. Currently, the clinic of discogenic radicular syndromes is well known, they study biochemical disorders in the discs in the process of their dystrophy and the resulting immunological changes.

Keywords: osteochondrosis, ossifying ligamentosis, identify specific clinical radiological syndromes.

INTRODUCTION

The presence of osteochondrosis, including complicated by a disc herniation, which is currently easy to prove using CT, MRI of the spine, does not always correlate with the clinical picture of the disease (even large protrusions and hernias can be asymptomatic). Radiologists, neuropathologists, orthopedists, paying attention to the obvious signs of osteochondrosis, often lose sight of the hidden pathology in neighboring segments of the spine. Spondylarthrosis, primary deforming osteoarthritis, ossifying ligamentosis have their own pathogenetic, morphological and clinical features, which allows us to identify specific clinical and radiological syndromes, the knowledge of which expands our understanding of vertebrogenic neurological manifestations and makes it possible to correctly address the issues of differentiated therapy, prognosis, and examination of disability in this pathology .

MAIN PART

Ossifying ligamentosis of the spine (fixing ligamentosis, Forestier's disease) is a variant of diffuse idiopathic skeletal hyperostosis with predominant or selective calcification and hypertrophy of the posterior longitudinal ligament.

The aim of our study was to study the blades and methods for diagnosing ossification of the posterior longitudinal ligament (POLL) of the lumbar localization in patients with degenerative diseases of the spine.

Our experience in the treatment of ossification of the posterior longitudinal ligament of the lumbar spine is based on the observations of 36 patients treated at

the bases of the department in the Andijan Branch of the Republican Scientific Center for Emergency Medical Aid (AFRSC EMC), clinics of the Andijan State Medical Institute (ASMI). Of which 19 men and 17 women, whose age ranged from 31 to 57 years.

Based on our material, the diagnosis of OZPS of the lumbar spine was previously established in 8 patients on the basis of survey spondylography, in the remaining observations (28) OZPS was detected during an MRI study of patients with lumbar osteochondrosis. In all 36 cases, the spinal canal was narrowed by more than 1/3 compared to neighboring areas.

Degenerative-dystrophic changes in the intervertebral discs, detected by CT scan, are often accompanied by epidural fibrosis. This is a soft tissue component (25-60 units of N) in the epidural space, formed as a result of an aseptic reaction to a degenerative process (epiduritis, damage to the posterior longitudinal ligament) or a resected part of the hernial protrusion impregnated with vessels, possibly with calcium elements. Epidural fibrosis with deterioration from 4 to 30 mm in patients with degenerative-dystrophic lesions of the spine in the examined group of patients occurred in almost a third of the examined (31%). On average, the length of the OZPS was 10.6 ± 0.4 mm. In patients with one or another large proliferating disc, the "mass effect" is determined in 71% of cases and was present more often than when no disc herniation was detected.

The presence of epidural fibrosis in patients with herniated discs is directly related to the size of their prolapse and the great reserve space of the spinal canal. Therefore, the response of epidural tissue to the part of



the prolapsed nucleus pulposus is well seen in the lower parts of the spinal canal, where the diameter of the dural sac decreases and the amount of epidural tissue increases. So, at the level of L2-L3 and L3-L4 discs, fibrosis was observed in 16%, L4-L5 - in 32.6%, and at the level of the intervertebral disc L5-S1 already in 47.5% of the examined.

MRI allows you to visualize not only minimal changes in bone tissue, but also reveals initial changes in intervertebral discs, paravertebral tissues, differentiates the structures of the spinal canal, the amount of disc prolapse, its sequestration, reveals the features of the blood supply to the cauda equina roots and the causes of vascular compression. During the preoperative MRI examination of patients with radiculomyeloischemic syndromes, attention should be paid to the paravertebral region in the "exit zone" of the nerve root in order to study the cause of possible compression of the radiculomedullary arteries.

Surgical treatment was performed in all patients (36-100%). In all operations, extended arcotomy was used with the removal of the OZPS, disc herniation and yellow ligament with extended foraminotomy.

Thus, it can be pointed out that the surgical treatment of OZPS using new diagnostic methods makes it possible to obtain a positive result in patients with relatively short-term spinal cord compression.

LITERATURE

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