



POLYSEGMENTAL INTERVERTEBRAL DISC HERNIATIONS OF THE LUMBAR SPINE AND THEIR SURGICAL TREATMENT

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Article history:	Abstract:
Received: February 4 th 2022 Accepted: March 4 th 2022 Published: April 19 th 2022	Osteochondrosis of the spine is a disease recognized by the majority as the main cause of vertebrogenic neurological complications, polysegmental hernias in particular. According to numerous authors, the pathogenesis of the observed orthopedic and neurological complications is based on the direct and indirect mechanism of the impact of the degenerative-dystrophic process. As a radical method of treatment, medicine offers surgery. At the same time, multilevel discogenic lesions of the lumbar spine at three or more levels account for 7.03% of the total number of operated disc herniations
Keywords: Polysegmental disc herniation, pain, MRI, disability, arcotomy, discectomy	

Polysegmental disc herniations cause both direct costs for the provision of inpatient care and subsequent rehabilitation of patients, as well as very significant costs for the adaptation of patients with polysegmental disc herniations. Economic losses due to temporary and permanent disability should also be taken into account. As a radical method of treatment, medicine offers surgery. Spine surgery is a rather risky event, for the successful outcome of which no surgeon can vouch for. A particularly high risk is surgery to remove a herniated disc. This is due to the fact that modern surgery cannot offer another way to restore a person's ability to work, except for the removal of the affected disc.

According to statistics, which is extremely disappointing, 60% of those who underwent surgery to remove a herniated disc, within a year and a half after the operation, earn one or several herniated discs at once. And this is not the most terrible consequence of such an operation. Quite often, a complication of surgical treatment of intervertebral hernia is traumatic separation of the vertebrae. Over time, he forgets about the presence of contraindications to heavy physical exertion, sudden movements. Meanwhile, their spinal column after the operation is no longer able to provide the necessary level of depreciation properties. There is a fracture of the spine. This threatens with complete or partial paralysis, depending on in which part of the spine the intervertebral disc was removed.

It should also be taken into account that the population of the Republic of Uzbekistan lives in rural areas (70%) and is mainly engaged in physical labor, and there can be no talk of any rehabilitation of patients.

Considering the frequency of occurrence, the consequences of the disease and economic costs, and

taking into account the problems in the treatment of pathology, despite the fact that many problems of the surgical elimination of polysegmental hernias have not yet been resolved, we can safely declare the severity and relevance of this problem.

Purpose of the study.

Identification of the cardinal symptoms of the clinical picture of polysegmental intervertebral hernias, assessment of the functional state of the spinal segment based on the results of the examination, the development of relative indications and contraindications for surgical interventions, to determine the optimal options for surgical treatment.

Research objectives:

1. Identification of cardinal symptoms in patients with polysegmental intervertebral disc herniation.
2. Determination of the optimal algorithm for the diagnosis of polysegmental intervertebral disc herniation.
3. Determination of indications and contraindications for surgical treatment, taking into account the orthopedic aspects of polysegmental intervertebral hernias.
4. Evaluation of the effectiveness of the proposed surgical methods.

Material and research methods.

This study was performed on the basis of the neurosurgical departments of the clinic of the ASMI and AF of the RRCEMMP. During the study, 74 patients were examined. Diagnosis was based on data from clinical studies, computed tomography, magnetic resonance imaging and myelography.

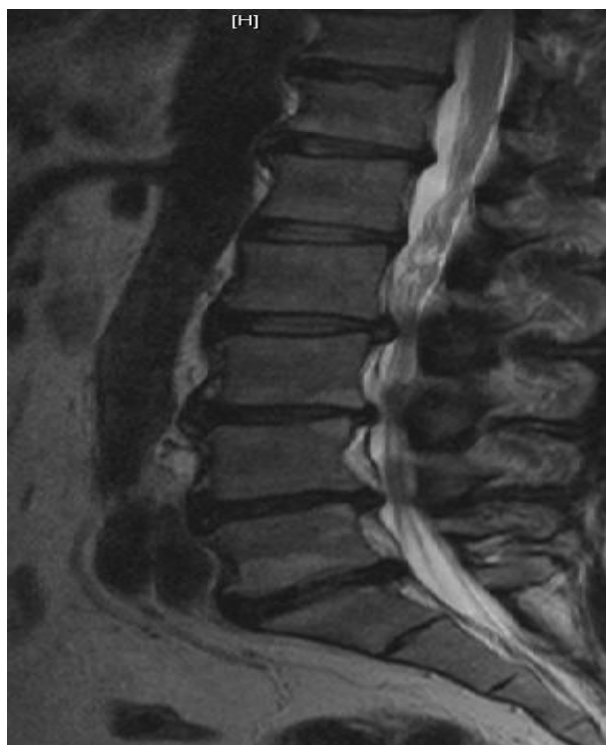
The range of instrumental examinations carried out.

KT	KT +MГ	KT+MPT	KT+MPT + MГ	MPT	MPT + MГ	Total
4,7%	10,8%	9,5%	7,4%	42,6%	25%	100%

RESULTS AND ITS DISCUSSION.

The main complaints of patients.

Moderately severe pain	82,4%
Irradiation of pain in one leg	83,8%
Moderate tension symptoms	57,5%
Sensitivity disorders	77,7%
Weakness in the feet	74,4%
Pelvic Disorders	11,4%



Patient R., born in 1980

The ratio of patients by the volume of access elements.

Interlaminar discectomy	2.7% (2 people)
Arcotomy	32.4% (24 people)
Arcotomy + flavotomy	29.8% (22 people)
Hemilaminectomy +arcotomy	6.1% (5 people)
Hemilaminectomy at 2 levels	29.0% (21 people)
Total	100.0% (74 people)



CONCLUSIONS.

1. For patients with multilevel discogenic lesions of the lumbar spine at three or more levels, a combination of the following criteria is typical in the clinical picture: biradicular or polyradicular symptoms; a discrepancy between the complaints made about weakness in the legs and a decrease in pain sensitivity and those found during the examination in reality: motor loss, impaired pain sensitivity.

2. All patients with a combination of the above criteria need to perform neuroimaging methods: high-resolution MRI of the lumbar spine (using the myelographic mode), in some cases with additional positive myelography.

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