



TREATMENT TACTICS FOR PATIENTS WITH DISTAL HUMERUS FRACTURE

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Article history:	Abstract:
Received: February 10 th 2022 Accepted: March 11 th 2022 Published: April 30 th 2022	Fractures of the distal humerus are relatively rare injuries in adults with an incidence of 5.7 per 100,000 adults per year. However, transjoint humeral fractures sometimes occur secondary to low-energy trauma (e.g., falls) in elderly patients with osteoporosis of the bone. Transjoint fractures of the humerus have a small contact area with the fracture surface and are prone to rotation of the distal bone fragment, thus surgical intervention is indicated in most cases to provide early postoperative mobilization and restoration of pain-free and satisfactory function of the elbow joint. Although various surgical procedures have been proposed, biomechanical studies show that two plate osteosynthesis or single plate osteosynthesis complements the medial screw to provide adequate fracture stabilization.

Keywords: Distal Humerus Fractures, Early Postoperative Mobilization

INTRODUCTION. Open anatomical dislocation reduction with plate osteosynthesis has been proposed as a standard treatment for transcondylar fractures of the humerus. However, a significant number of intraoperative and postoperative complications associated with plate osteosynthesis have also been reported. On the other hand, several studies have shown that conservative treatment can be an alternative to transcondylar fractures of the humerus with displacement caused by low-energy trauma. In this study, we present the radiologic and clinical results of non-surgical treatment of transcondylar humerus fractures and discuss which cases can be preserved and cured.

MATERIAL AND METHODS OF EXAMINATION: 120 patients underwent radiological and computerized examination from January 2017 to November 2021 in Samarkand regional hospital of traumatology and orthopedics, admission department and adult acute trauma department. 70 applicants were men (58.5%) and 50 were women (41.5%), the bulk of whom were middle-aged and elderly. The cause of this is non-compliance with technical safety during construction, auto accidents, development of post-menopausal osteoporosis in women. The indications for surgical treatment of patients are bone spring silos. Preparation for surgery begins when

patients are admitted to the hospital. This is done within 5 days from the beginning of surgery to temporarily immobilize the broken hair in the knot, examination of the patient, preparation of the skin layer in the surgical suture (daytime skin xar toilet), profiling complications of infection, broad spectrum antibiotics with parenteral administration way to the patient (cefalosparin II-III generation). All patients were operated on from the first day to 30 days. The distal part of the humerus should have conditions for impaired vision of the elbow joint in cr with the operation of osteotomy for intraosseous fractures, manipulation and retention of blood vessels, nerve vessels. Such surgery is performed with an osteotomy and ulnar nerve mobilization, such as for ulnar flexion tumor, where the ulnar flexor is inserted posteriorly -in the middle. During the operation, the internal pare is revisited and small bone fragments are removed. Antiseptic drainage is used for up to 24-28 hours in order to evacuate the hematoma. Krishna kegays, 3.5 mm in diameter, reconstructive plates and compression distal distal fractures were used for fixation of the distal humerus.

RESULTS: Treatment of transcondylar fractures. Repositioning of this type of fracture by closed method was performed in patients with severe rabies pathology. This method of repositioning was based on the use of EOP (electro optical confinement). In some

cases, broken dunes were secured using kegays. The kegays are left on the carpet, which is removed from the skin. After surgery, the bent orthopedic ligament of the elbow joint is steamed into the bent body at 900 degrees. The surgery is performed to begin oscillatory movements of 2 weeks to 100 degrees on hot steam.

Three weeks of spun kegay are taken from the jar, and functionality continues for 6 weeks. As a clinical example: patient F., 48 years old, transcondylar fracture of the left humerus (Fig. 1). With the closed method, the osteosynthesis procedure was immobilized with a posterior plaster joint. (Figure-2)



Fig.1. Patient F., 48 years old, transcondylar fracture of the left humerus

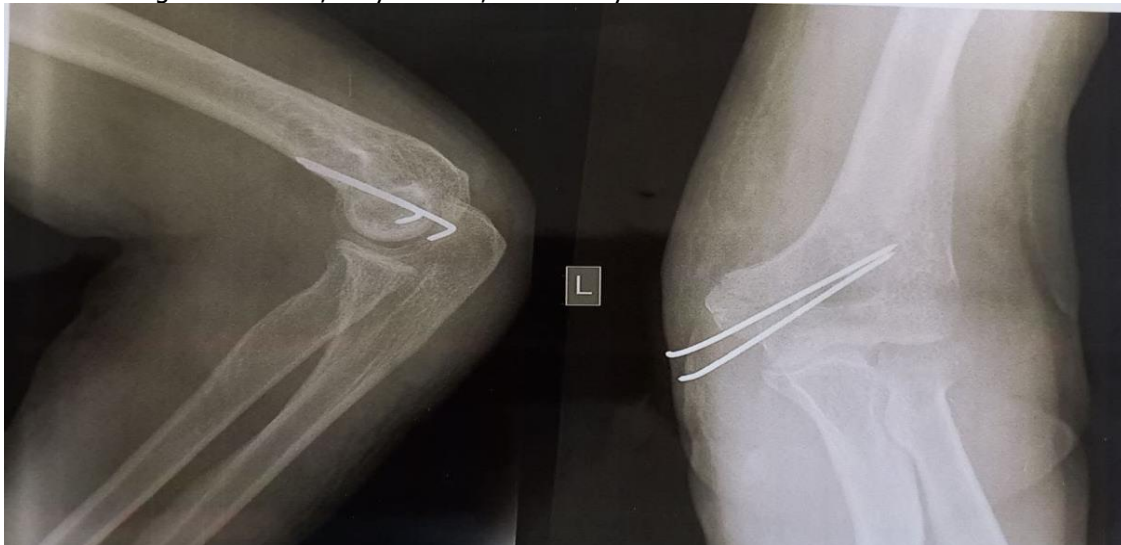


Fig. 2. the closed method osteosynthesis procedure was immobilized with a posterior plaster joint

Treatment of a single fracture of the distal humerus surfaces are fixed with bone clips by fracture repositioning. The case considered in the second step is maximized with an interscrew fixation In the third step, a piece of bone is maximally pulled through the plate. As a clinical example, patient O., 45 years old,

closed fracture of the external tuberosity of the humerus (Figure 3).When the patient arrives, the spine is maximally fixed with a plaster cast, and then the patient receives the result 1 year after surgery, in which the distal humerus is osteosynthesized with plaster (Figure-4).

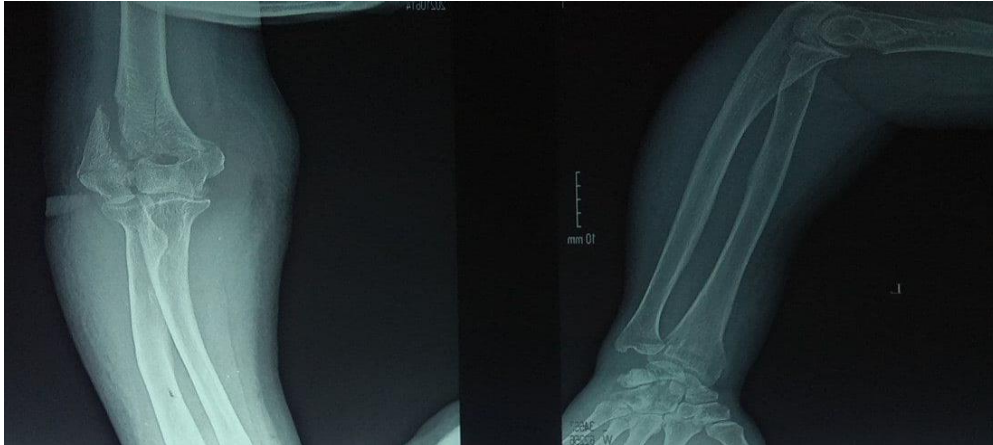


Fig.3 Closed fracture of outer tubercle of humerus



Fig. 4. maximum fixed plaster cast, the result 1 year after surgery, in which the distal part of the humerus is osteosynthesized with plasty.

At the first stage of fracture treatment, the distal part of the humerus was crushed at the intercostal and intercostal joints, we tried to restore the articular surfaces, and the bone fragments were fixed with bone clips, and the proximal part of the humerus in the intercostals at the second stage fragments were fixed with a screw, the broken dunes in the distal part were maximally brought to the proximal part with clips. In the third stage, the broken bones are fixed

with a plate; external immobilization in the postoperative period was not required, since the repositioning and stable fixation were well performed.

As a clinical example: Patient A., 56 years old, transcendent fracture of the distal part of the right humerus (Fig. 5.) The patient underwent osteosynthesis surgery with reconstructive plastics and syrups in one stage and immobilized the posterior plaster joint case after surgery (Fig. 6)



Fig.5 Transcendental fracture of the distal part of the right humerus



Figure 6. One-stage osteosynthesis surgery with reconstructive plasty and syrups and immobilized posterior plaster joint case after surgery

In our experience, osteosynthesis with the Ilizarov apparatus was practiced for hump and hump fracture. Surgical treatment of Illizarov fracture in crushed intervertebral fractures of the ulnar nasion proved to be much better. Below is the surgical technique for crushed fractures of the distal humerus, under general anesthesia the bone fragments are repositioned in a closed manner, passing 30 degrees in the frontal plane on the inner side of the elbow tumor in case of external rotation, parallel to the medial tip below the

shoulder passes from the distal opening of the shoulder groin through the base area in the sagittal plane, which is as close to the gills as possible. With tweezers, the muster can remove any flaking. As an example, we can cite patient N., 24 years old. shrinkage of bone fragments in crumbs decomposed from the distal part of the right humerus (Fig. 7). The patient underwent closed Ilizarov apparatus osteosynthesis surgery. (Figure-8)



Fig.7. Shrinkage of bone fragments in crumbs decomposed from the distal part of the right humerus

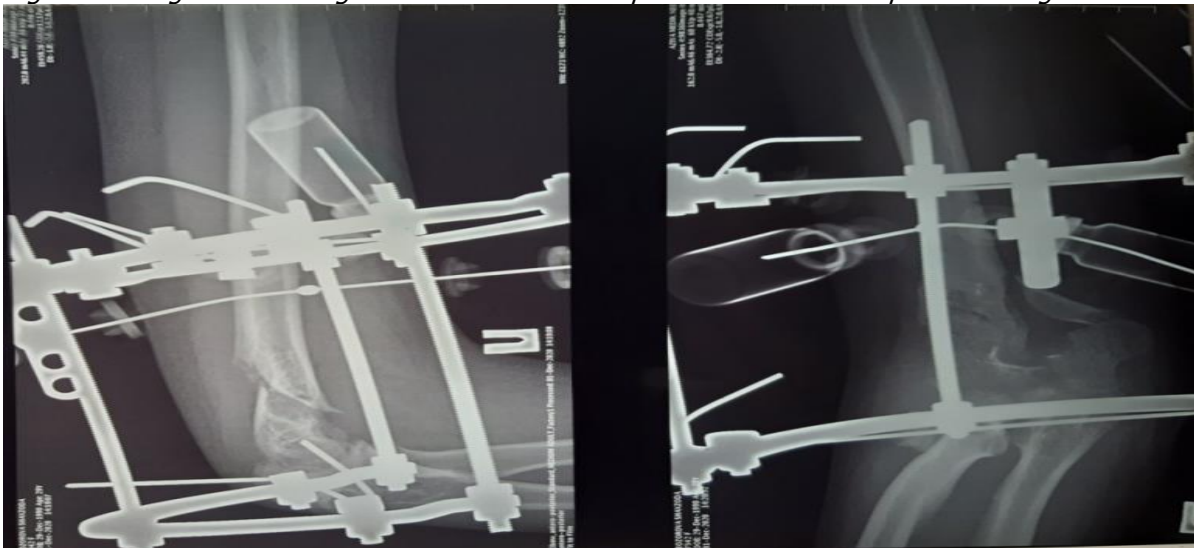


Fig. 8. Ilizarov apparatus osteosynthesis operation by closed method.

CONCLUSIONS:

Thus, in conclusion, we divided the analysis of the results of all operated patients into three groups. Good results - motion in the elbow joint above 100 degrees, absence of pain and neurological complications, return of the patient to the previous activities of the cockle, complete self-management. Satisfactory results - volume of joint amplitude is up to 70-99 degrees, pain with severe exertion, absence of neurological symptoms, restoration of previous performance, ability to fully self-manage. Unsatisfactory - amplitude less than 70 degrees, pain in the elbow joint, presence of neurological symptoms, disability, inability to fully control the hand itself. When we saw an analysis of the results after 1 year of surgery, 72.5% of our patients had better results, while negative results were found in 17.5% of our

patients, and 10% of our patients had unsatisfactory results.

We found cases of elbow joint contracture and ankylosis after surgery or surgical treatment not suitable for restoration of joint function in cases of elbow joint mobilization, endoprosthesis, and use of the Volkov-Oganesian device.

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