Journal of Advanced Zoology

ISSN: 0253-7214

*Volume **44** Special Issue **-02 Year 2023** Page 986:990*

DYNAMICS OF NEUROLOGICAL DISORDERS IN PATIENTS BEFORE THE REMOVAL OF HERNIATED INTERVERTEBRAL DISCS OF THE LUMBAR SPINE

Xodjiyeva Dilbar Tadjiyevna, Haydarova Dildora Kadirovna
Bozorov O'ktam Naimovich
Bukhara State Medical University, Uzbekistan

Article History

Received: 29Aug 2023

Revised: 30Sept 2023

Accepted: 08 Oct 2023

CC License

CC-BY-NC-SA 4.0

Annotation. The spine is designed for loads. It supports and stabilizes the body in a standing position, provides full freedom of movement. When lifting weights, uncomfortable body position, strong and stressful loads, he takes on the main effort. The load is especially pronounced when lifting heavy objects on outstretched arms. The strongest load and, accordingly, wear, falls precisely on the lumbar region. When age-related or pathological changes begin in the body, the tissues change their structure and can no longer perform the functions of depreciation fully. Under the influence of force, they can deform, crumble, which disrupts the functions of the spine and can disrupt the work of the entire body.

Keys word: lumbar spine, spine, diagnosis.

In this part of the study, the dynamics of neurological disorders in patients before and after the removal of herniated intervertebral discs of the lumbar spine were analyzed in depth. All patients included in the examination were separated according to age (according to the WHO classification in 2020) and gender.

General characteristics of patients included in the study.

Eat	Men (n=53)	%	Women (n=97)	%	Total (n=150)	%
18-44	13	24.5	40	41.7	53	35.3
45-59	32	60.4	49	50.5	81	54.0
60-74	8	15	8	8.3	16	10.7

1- the table shows that of patients aged 18-44, males were 13 and 24.5% of total males. Females made up 41.7% of the total female population at 40. In total there were 53 people aged 18-45 and they made up 35.3% of the patients. Males aged 45-59 accounted for 32 and 60.4% of total males, while females accounted for 49 and 50.5% of total females. A total of 81 patients aged 45-59 years and 54% of total patients were in kildi. The 60-74 year olds who received the patients studied were 8 men and 15% of the total men while, women made up 8.3% of total women in ham 8, while the total 60-74 age group made up 10.7% of total patients.

According to the data in the table, patients of middle age, that is, 45-59 years old, formed a relatively large group.

All patients were examined on the vash, Oswestry disability index and HADS scales prior to the operation.

In 150 patients, we experienced back pain on the vash scale in the pre-and post-operatic period with the meazons on the CUI: on a 10-point system when standing, standing, and whipping.

According to clinical and neurological signs, pain syndrome prevailed in all patients before treatment. Thus, in particular, 86% of patients experienced pain in the front of the thigh up to the knee, loss of sensation (paresthesia), movement disorders, loss of reflexes.

In the examination, 76% of patients had pain in the area of the four-headed muscle of the thigh, the lateral-lumbar muscle, the yakinizing muscle of the thigh. The lesions were mostly dominant on the medial surface of the number (4:1) ($p<0.05$).

The method of operations of 150 patients was performed mainly in several ways, depending on the number, location, size and degree of stenosis of the disc hernia: interlaminar discectomy, laminoectomy and transpedicular fixation, bilateral discectomy and extension of the spinal canal.

In a total of 150 patients with lumbar radiculopathy, the distribution of radicular pain is as follows

Table 2. The main clinical features of radicular pain syndrome are identified.

Main features	Number of patients
Low back pain	53
Back pain for a week	32
Leg pain for a week	15
Raise the straight leg at an angle of <60 °	26
muscle weakness	22
Loss of sensitivity in dermatome	31
Reflex disorders	27
Body mass index	26,3±2,8

Against the background of exacerbation of the disease, patients recorded severe pain (up to 7-8 points on the vash pain scale) in the lower back and affected leg, back of the thigh and lower leg. During the examination, patients complained of discomfort and heaviness in the areas where muscle hypertonicity was located. The nature of pain has been described by patients as pain, compression, twisting. Pain syndrome intensified against the background of changes in weather conditions and static-kinematic loads. After physical exertion, walking, standing, hypothermia and overload, the pain intensified. The decrease in pain was noted at rest, in the heat effect, but the complete loss of pain from these effects did not occur. An objective examination revealed high levels of muscle tone with low levels of muscle pain and mild severity of vertebral syndrome. In most patients (19 people - 65%), hyperlordosis of the lumbar spine was found. In 14 patients of the group (48%), myofibrosis and myopic foci were found in the muscles of the anterior surface of the lower leg. 20 patients of the group (68%) were found to have a blurred syndrome with localization of the calf muscles and toes. In almost all patients of the group, an average decrease in muscle strength of the dorsiflexion of the foot was found. In patients in the group, the duration of the disease was from 2 to 8 years. Exacerbation of the disease, which lasts up to 14 days, occurs 2-3 times a year and is triggered by physical exertion (75%) or hypothermia (25%). Remissions between voltages were completed, the disease had a generally regressive course.

Among a total of 150 patients, a positive result was observed in 48 (32%) patients after the surgery, as these patients had 1 disc hernia, despite conservative treatment, severe pain did not exceed 10 days and the scale of the surgery was small, performing jarrahlik in an interlaminar type.

Therefore, almost all neurological disorders in these patients were found to have recovered after 3 months of observation. But in the remaining 102 (68%) patients, due to the large number of disc hernias, the size of the scale of surgery, the size of the disc hernia greater than 10 mm, the intensity of pain intensity, neurological changes, i.e. stagnation of mild paresis, anesthesia and hypesthesia, and the size of the spinal canal stenosis, after 3 months after surgery, Ham neurological changes were maintained . Changes in the score of back pain on the vash scale before the opera and 3 months after the Opera.

In the preoperative period, we examined 150 patients on the vash scale. The pain Force was baolated from the patients being examined when they were, sitting and standing. The pain strength in patients averaged 7.8 points when moving. While standing, he averaged 6.5 points and while sitting, he averaged 7.6 points.

And 3 months after the Opera, 48 patients averaged 2.2 points on the vash scale movement, 1.9 points on average when standing and 2.1 points on average when sitting. In the remaining 102 patients, however,the indicators remained almost unchanged, that is, they received 6.4 points on the move, 6.2 points when standing and an average of 6.6 points when sitting.

In the case of sitting 3 months after a discectomy, the vash lower back pain rates averaged 2.01 for patients in the recovered group and an average of 6.4 for patients in the impaired group of neurological symptoms, if they averaged 7.3 points on the vash scale before surgery.

Pain in the back from movement according to the localization of the disc hernia before the opera and after 3 months of passing the vacuum showed different scores on the vash scale. According to this scale, Ham before surgery, Ham pain after 3 months of surgery was mainly observed in disc hernias in the L5-S1 segment (figure 3.)

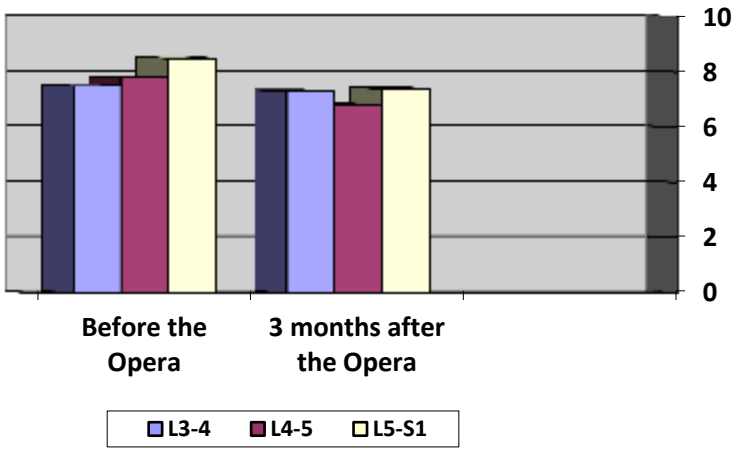
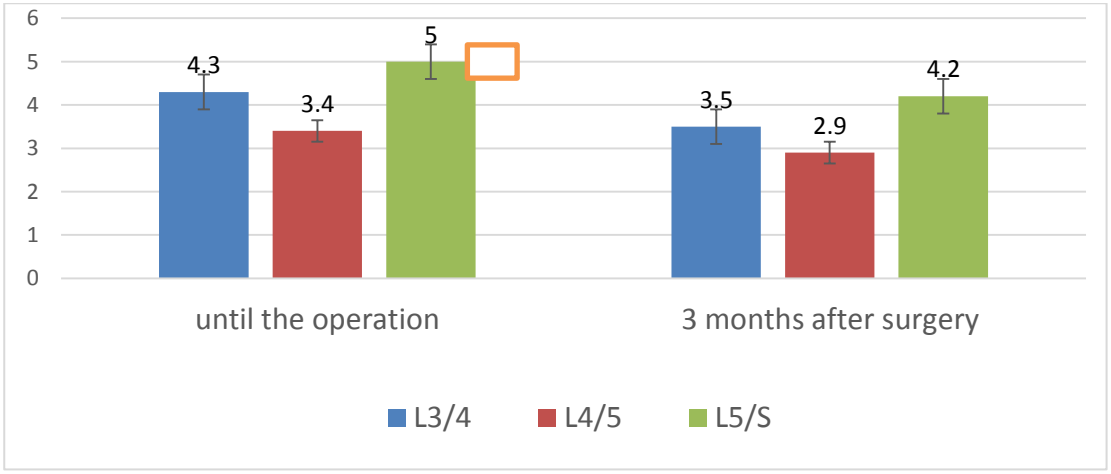


Figure 3. The dynamics of changes in the intensity of radiation in a discrete range depends on the intensity of radiation.

According to version 3.1.2, the disk on the vL5-S1 segment was loaded after the operation and received a score of 8.5 points out of 10 possible, whereas after the operation, 3 out of 10 disks scored 7.4 points out of 10 possible. In the vL4-L5 segments, the sampling intensity after surgery was 7.8 points, while after surgery it was 6.8 points.

After the operation to remove the gallbladder, the patient was diagnosed with paralysis of the lower extremities. Thus, within 3 months after the operation, L3-4 also increased to some extent (on the one hand, F = 11.87, R = 0.001, on the other: F = 6.735, R = 0.002). The dynamics of the population living in the **district is shown in Figure 4**

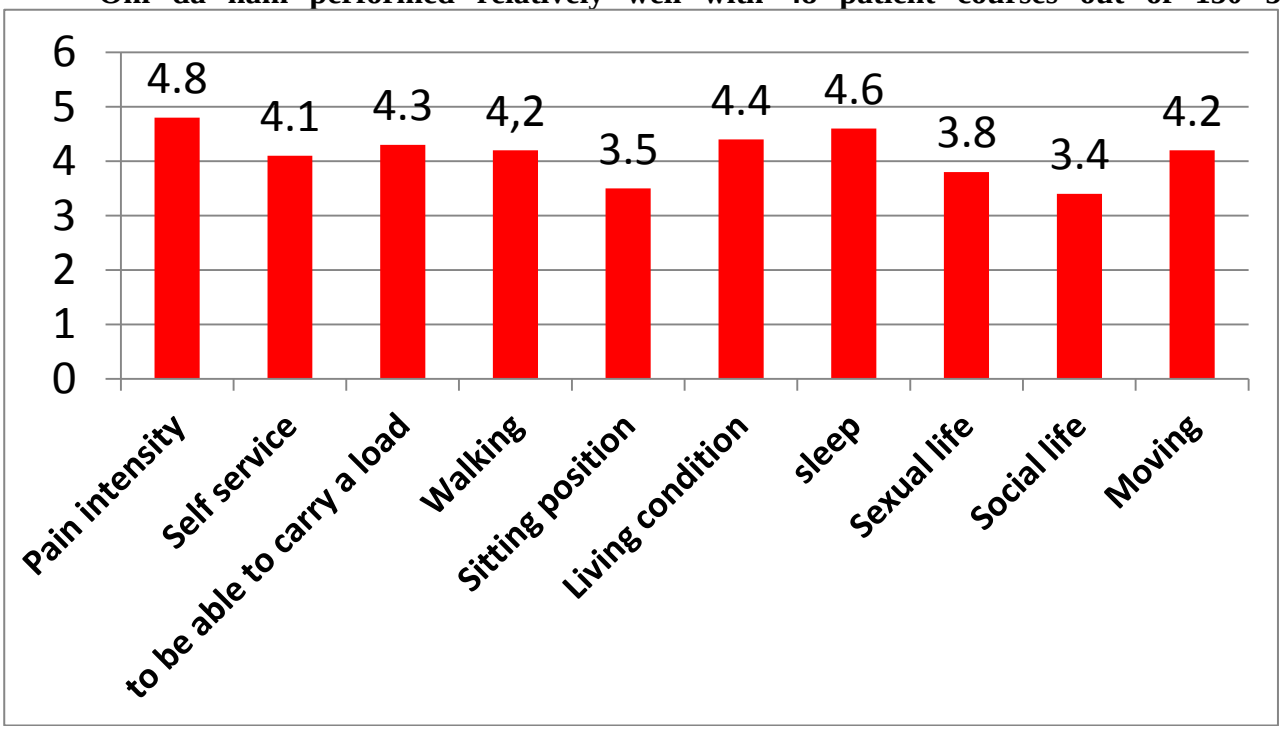


4. Dynamics of the level of pain in the back of the foot when sitting.

The dynamics of detailed indicators of back pain in vash and surgical interventions (groups) over time is shown in Figure 3.1.3. F=3.2, R=0.046), so residual back pain 3 months after surgery was also high in the double Lamin and discectomy Group (one-sided anova, F=7.519, R = 0.001). However, 1 year after the discectomy, residual back pain became almost the same for all 3 surgeries (unilateral anova, F=0.263, R=0.770).

When anicizing the Oswestry disability index (oni), we anicalized 10 Bulim-course indicators in 150 patients in the preoperative period.

Oni da ham performed relatively well with 48 patient courses out of 150 5.



References:

1. Adambaev Z. I. Neurological picture in patients with secondary spinal canal stenosis of the cervical spine: abstracts of the conference "Actual problems of neurology", attended on the 90th anniversary of academician N. M. Majidov. – Tashkent, 2018. - No. 4. – pp. 91-92.

2. Azizov Sh. Sh. Features of the course of herniated intervertebral discs of the lumbosacral region: collection of materials of the XVIII All-Russian Scientific and Practical conference "Polenov readings" (St. Petersburg, April 15-17, 2019) / Sh. Sh. Azizov, A. Sh. Shodiev, M. A. Aliyev. // Russian Neurosurgical Journal named after Professor A. L. Polenov. - 2019. - Volume X, Special issue. - P. 116.

3. Akramov V. R. Improving the diagnosis and treatment of hernias of the lumbar spine / V. R. Akramov, Zh. S. Gafarov // Novyday in medicine. – Bukhara, 2020. - No. 1. – pp. 129-131.

4. Asilova S. U. Degenerative-dystrophic changes of the lumbosacral spine / S. U. Asilova // Medical Journal of Uzbekistan. – Tashkent, 2018. - No. 1. – pp. 60-65.

5. Atypical clinical manifestations of herniated intervertebral discs of the lumbar spine: a collection of materials of the XVIII All-Russian Scientific and Practical conference "Polenov readings" (St. Petersburg, April 15-17, 2019) / B. M. Isakov et al. // Russian Neurosurgical Journal. professor A. L. Polenov. – Moscow, 2019. - Volume X, Special issue - p. 237.

6. Babazhanova, U. T. Combined treatment of lumbar spine hernia: Abstracts of the International Conference "Modern problems of neurology" (Tashkent, December 4-5, 2020) / U. T. Babazhanova, B. Anortoev // Nevrologiya. – Tashkent, 2020. - No. 4. - pp. 143-144.

7. Bozorov U. N. Treatment of disc herniation at the lumbosacral level in the preoperative and postoperative period / U. N. Bozorov D. K. Khaidarova // Journal of Neurology and Neurogurgical research. – Tashkent, 2021. – Volume 2, No. 2. – pp. 56-58.

8. Byvaltsev V. A. Influence of tropism of arch-process joints on the formation of herniated intervertebral discs of the lumbosacral spine / V. A. Byvaltsev // Spine surgery. – Novosibirsk, 2018. –Volume 15, No. 1. – pp. 49-54.

9. Byvaltsev V. A. Possibilities of diffusion-weighted MRI in assessing the degree of degeneration of the adjacent intervertebral disc: rigid lumbosacral stabilization and total arthroplasty of intervertebral discs / V. A. Byvaltsev // Bulletin of Traumatology and Orthopedics named after N.N. Priorov. – Moscow, 2017. - No. 4. – pp. 18-24.