Comparative Study of Intensity of Postoperational Pain Syndrome in Ii-Iii Levels of Dysplastic Coxarthrosis With Posttraumatic Coxarthrosis and Idiopathic Coxarthrosis

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Relevance of the topic: In the world, the total endoprotesis of the groin in dysplastic coxarthrosis of the II-III degree is one of the most common methods of treating patients with dysplastic coxarthrosis, which is often accompanied by many technical difficulties both at the preparatory stage before surgery and during direct surgery. Dysplastic coxarthrosis is a pathology caused by congenital developmental defects of the groin-thigh joint and the connective tissues that make up it and its underdevelopment. This disease is characterized by a constant development over time.

The location where the upper part of the thigh bone is sunken and the apparent deformation of the proximal part of the thigh bone is a process that continues with discongruence (incompatibility) of the joint and a violation of the biomechanical kharakat trajectory. Precisely the anatomical-biomechanical insufficiency of the articular surfaces mainly leads to the development of secondary arthrosis in the groin joint by people over 30 years of age.

According to a number of authors, after Total endoprotesis for dysplastic coxarthrosis, the protrusion of the endoprotesis head occurs 3 times faster than the aseptic necrosis of the thigh bone head, which leads to revision in 22.5-32 percent of cases (B.J. Boric, S. Kurtz, E. Lau, K. Ong., 2020).

Total resection of the back capsule and coagulation of the resected capsule edges of the groin-thigh joint after dislocation and osteotomy of the thigh neck allow you to achieve a 2-3 cm contraction of the thigh bone, provide a complete internal rotation, in a Free State and in the postoperative period, prevent the early outflow of the endoprotesis head, and lead to.

Thus, in the proposed method, after osteotomy of the thigh bone neck, irregularly shaped unbranched compacted tissue is visible, with the help of a coagulator-knife, the unbranched compacted tissue is cut along the resection and the Assistant turns the leg outward, the optimal rotation is achieved using the same coagulator-knife, the line of the cut tissue is burned, after the tissue, resection, the, after installing the acetabulum and thigh bone component and shortening the head of the endoprotesis, it is visually noted that the operated leg does not turn outward.

Purpose of the study In Grade II-III dysplastic coxarthrosis, it consists of studying the morphological aspects of the jaw-thigh joint and clinical optimization of the Total endoprotezing method.

In patients with dysplastic coxarthrosis of the II-III degree, at the stage of planning endoprotesis before surgery, it was determined that the parts that make up the Joint have acquired a morphological character, were taxed and should be taken into account when performing the operation;

Total resection of the back capsule and coagulation of the edges of the resected capsule of the groin joint allows you to achieve a 2-3 cm contraction of the thigh bone, after dislocation and osteotomy of the thigh neck, provides complete internal rotation, prevents premature outflow of the head of Free State and endoprotesis in the postoperative period, and increases the effectiveness of surgical treatment of dysplastic coxarthrosis;

The scientific significance of the results of the study follows from the fact that the rules, conclusions and proposals obtained have a special theoretical significance, have made a significant contribution to the

study of the typological features of the treatment of dysplastic coxarthrosis of the II-III level, which directly affects the technique of performing Total endoprotezation with the cutting and coagulation of the posterior.

The practical importance of the work is to ensure complete internal rotation of the back capsule in a Free State, allowing you to achieve complete resection of the back capsule and coagulation of the edges of the resected capsule of the groin joint, protrusion of the thigh neck and osteotomy of the thigh bone, achieving a reduction of 2-3 cm- It allowed patients with Grade III dysplastic coxarthrosis to optimize the tactical aspects of surgical treatment, with the results of treatments also preventing and reducing early endoprotesis head dislocation in the postoperative period.

n the case of elbow-to-hip dysplasia, pathomorphological changes in each XML level can develop in it from the geometrically anomalous destruction of both thigh and groin bones, the uneven and uneven friction of the hyaline mountain people between the joint. In particular, the cellless floor on the surface of the mountain disappears by friction. It is observed that on all floors of the lower tissue, the tumor process of the lower part has developed, it has trembled and thickened.

Conclusion. Since the main substance of the tuber is swollen, the fibrous structures in it begin to separate. Fibrous structures are found to be located mostly vertically, with their Tufts branching from the basal floor to the apical part of the tubule. It is determined that the swelling of the main substance of the tuber is more strongly developed in the surface corrugation, and there is little location of fibrous structures in it. In the large lens of the microscope, a study showed that from the composition of the mountain layer in the rotating recess, in this disease of dyspldasia, chondrocytes are formed from groups of different cell compositions, in some of which chondrocytes undergo vacuollization. Among chondrocyte groups, fibrous structures with chondroid matter are found to be located vertically.

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