CLINICAL-NEUROLOGICAL PECULIARITIES OF VERTEBROGENIC RADICULOPATHS IN THE DYNAMICS OF MICRODISCECTOMY

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Introduction. Among the lesions of the spine, one of the most common is osteochondrosis, which is a degenerative-dystrophic changes in the intervertebral disc and bone-ligamentous apparatus. Signs of spinal osteochondrosis are found in every person after 40–45 years and are considered as a natural involutionary process (Krämer J., Ludwig J., 1999). A number of authors recognize as a cause of osteochondrosis the dystrophic process of the structure of elements of the intervertebral disk and articular cartilage, leading to a decrease in their depreciation properties (Popelyansky Ya.Yu., 1992.1983; Khabirov EA, 1998; Zharkov PL, 2003) . There are many conservative methods and methods of surgical treatment. Etiotropic therapy that can stop the degeneration of spinal structures has not yet been developed, therefore, the leading role is given to methods of pathogenetic therapy. Surgical treatment methods are aimed only at eliminating a local conflict (Bersnev V.P., 2008). For degenerative spinal lesions at the lumbar level, 20–70 operations per 100,000 population are performed annually in developed countries (Abdukhakimov F.T., Kabilov K.K., 1990). In recent years, laser technology has often been used as a new method of treatment, for example, through laser laser ectomy (Barisova N.G. 2005), and highly traumatized microdiscectomy is also widely used (Zazulia Yu.A., 2001). However, under certain conditions, especially when it is necessary to apply in severe cases of spinal lesions, laminectomy is used (Sattarov AR, 2017). However, the analysis of literature data on the study of postoperative conditions gives conflicting data. Therefore, there is a need to study the dynamics of neurological symptoms during and before surgical intervention microdiscectomy.

Objective. To study the neurological manifestations of spinal osteochondrosis in dynamics with microdiscectomy followed by the study of immediate and distant results.

Materials and methods. We examined 36 patients with manifestations of spinal osteochondrosis aged 50 to 65 years (average 57.5 ± 1.7) who underwent microdiscectomy surgery. All studied patients were carefully examined according to standard neurological status. The VAS scale was used to determine the intensity of pain. All patients with microdiscectomy were divided into two groups: group 1 with lesions of the cervical spine 16 patients (44.5%) and group 2 20 patients (55.5%) with lesions of the lumbar spine.

The results of our own research. In 12 (75%) patients of the first group in the nearest intervals (up to 10 days) after the operation of microdiscectomy, the intensity of pain was observed on a scale of YOUR 3–4 points, in 4 (25%) patients 5–7 points. In the second group, in 13 (65,%) patients at short intervals after the operation, the intensity of pain was 3–4 points and in 7 (35%) patients 5–6 points. In the examined patients, in the long-term period (from 10 to 30 days), the intensity of pain on the VAS scale showed the following results: in the first group, 13 (81.25%) patients had 4–5 points, and in 3 (18.75%) patients 1 -2 points. In the second group, in 11 (55%) patients 1-3, and in 9 (45%) patients 3–5 points.

Conclusion. According to the research results, it was revealed that in both groups, the majority of patients in the short term after the operation had pain intensity after the operation remained in the middle figures, and in remote periods the pain intensity was more significantly lower. Pronounced pain syndrome after surgery microdiscectomy was not observed at all.

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