

ПРЕИМУЩЕСТВА И НЕДОСТАТКИ ИСПОЛЬЗОВАНИЯ АППАРАТОВ ВНЕШНЕЙ ФИКСАЦИИ ПРИ БОЛЕЗНИ ПЕРТЕСА У ДЕТЕЙ

© Гани У.

Научный руководитель: к.м.н. Досанова А.К.

Медицинский университет Астана. Казахстан. Нур-Султан

ADVANTAGES AND DISADVANTAGES OF USING EXTERNAL FIXATION ROD DEVICES IN PERTHES DISEASE IN CHILDREN

© Gani U.

Research supervisor PhD Dossanova A.K.

Медицинский университет Астана. Kazakhstan. Nur-Sultan

Aim. Analysis of surgical treatment of Perthes disease (PD) in children.

Methods. 5 patients were treated by a monolateral external fixation apparatus based on a metered distraction system with telescopic rods. Patients experienced painful active and passive flexibilities in hip joint, sharp pain on palpation, in the extreme positions of abduction and external rotation, a shortening of lower limb. Abduction limitation- 28 ± 20 , external rotation- 18 ± 30 , internal rotation to 220. All of them had Stage III by Catterall and B/C Stage by Herring criteria.

Results. Pain subsided on the 2-3 day. A control X-ray of the hip joint is carried out every 20 days. The first experience of using external fixation rod devices in two patients was 90 days. The structure of the femoral head has been restored. But after dismantling the device, one patient had symptoms of limited mobility in the joint as a result of the formation of contracture. Thus the distraction period was revised, and based on the control X-ray-restoration of the contour of the femoral head — was shortened. The distraction period in the next three patients was 30 days (+2days). After dismantling, mobility in the joint is completely restored. Mobility was restored within 2 months. Radiological results according to Herring criteria — group B, class II by Stulberg. The length of the limb was eliminated. There was no significant difference between the results of surgical treatment in patients with a distraction period of 90 and 30 days.

Conclusion Benefits of using external fixation rod devices for PD are a reduction in pain of 2–3 days, recovery time of the femoral head to 30 days only and early rehabilitation in the device. Disadvantages are technical errors in carrying out rods, violations of the rules for processing rod wounds at home with the risk of developing purulent-inflammatory complications, and, as a result, contractures in the joint.