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БИОМЕДИЦИНА ВА АМАЛИЁТ ЖУРНАЛИ
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ABSTRACT

Our work is devoted to assessing the long-term results of treating patients after meniscus suturing in combination with arthroscopic surgery of the anterior cruciate ligament with the use of a popliteal flexor tendon graft. In our study, between 2024 and 2025, 93 patients underwent surgery to restore damaged menisci. Treatment results were analyzed by dividing into 2 groups depending on the treatment method. The main study group included 46 patients (27 women and 19 men), who underwent 51 meniscus restoration surgeries (27 medial and 24 lateral). Both menisci were restored in 5 patients. The control group included 47 patients (27 women and 20 men) who underwent anterior cruciate ligament plasty combined with meniscus resection (36 medial and 16 lateral). Patients in this group correspond to the main group in terms of gender, age, and time after surgery. When comparing the long-term treatment outcomes of two groups of patients with stitched and resected menisci during arthroscopic plasty of the anterior cruciate ligament, the long-term treatment outcomes in the group with stitched menisci were better than in the group with resected menisci.

Keywords: meniscus, cruciate ligament, osteoarthritis, wound, resection, meniscus sutures.

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**ИЗУЧЕНИЕ РЕЗУЛЬТАТОВ РЕКОНСТРУКТИВНОГО ХИРУРГИЧЕСКОГО
ЛЕЧЕНИЯ КОМБИНИРОВАННЫХ РАНЕНИЙ МЕНИСКОВ****АННОТАЦИЯ**

Наша работа посвящена оценке отдаленных результатов лечения больных после ушивания менисков в сочетании с артроскопической пластикой передней крестообразной связки с применением трансплантата их подколенного сгибательного сухожилия. В нашем исследовании в период с 2024 по 2025 год операции по восстановлению поврежденных

менисков были проведены у 93 пациентов. Результаты лечения были проанализированы путем разделения на 2 группы в зависимости от метода лечения. В основную группу исследования вошли 46 больных (27 женщин и 19 мужчин), которым выполнены 51 операции по восстановлению менисков (27 медиальных и 24 латеральных). 5 больным произведено восстановление обоих менисков. В контрольную группу вошли 47 больных (27 женщин и 20 мужчин), которым выполнена пластика передней крестообразной связки в сочетании с резекцией мениска (36 медиальных и 16 латеральных). Пациенты этой группы соответствуют основной группе по полу, возрасту и времени после операции. При сравнении отдаленных результатов лечения двух групп больных с ушитыми и резецированными менисками при артроскопической пластике передней крестообразной связки отдаленные результаты лечения в группе с ушитыми менисками были лучше, чем в группе с резецированными менисками.

Ключевые слова: мениск, крестообразная связка, остеоартроз, рана, резекция, швы мениска.

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MENISKLARNING KOMBINATSIYALASHGAN JAROXATLARIDA QO'LLANILADIGAN REKONSTRUKTIV XIRURGIK DAVOLASH NATIJALARINI O'RGANISH

ANNOTATSIYA

Bizning ishimiz menisklarni tikishdan keyin bemorlarni davolashning uzoq muddatli natijalarini ularning tizza osti bukuvchi paylari transplantatini qo'llagan holda oldingi xojsimon boylam artroskopik plastikasi bilan birgalikda baholashga bag'ishlangan. Tadqiqotimizni 2024-2025 yillar orasida jaroxatlangan menisklarni tiklash amaliyoti 93 bemorga o'tkazildi. Davolash usuliga kura 2 guruhga bo'lib davolash natijalari tahlil qilindi. Tadqiqotni asosiy guruhiga 46 bemor (27 ayol va 19 erkak) kiritildi, ularga 51 menisk tiklash amaliyoti (27 medial va 24 lateral menisk) bajarildi. 5 bemorga ikkala meniskni tiklash amalga oshirildi. Nazorat guruhiga 47 bemor (27 ayol va 20 erkak) kiritildi, ularga menisk rezeksiyasi (36 medial va 16 lateral menisk) bilan birga oldingi xojsimon boylam plastika qilish amalga oshirildi. Ushbu guruh bemorlari jins, yosh va operatsiyadan keyingi vaqt bo'yicha asosiy guruhga mos keladi. Old xojsimon boylam artroskopik plastikasida menisklar tikilgan va rezeksiya qilingan bemorlarning ikki guruhini davolashning uzoq muddatli natijalarini taqqoslaganda, menisklar tikilgan guruhda davolashning uzoq muddatli natijalari menisklar rezeksiya qilingan guruhga qaraganda yaxshiroq bo'ldi.

Kalit so'zlar: menisk, xojsimon boylam, osteoartroz, jaroxat, rezeksiya, menisk choklari.

Dolzarbli. Tizza bo'g'imi odamning tayanch-harakatlanish apparatining eng ko'p shikastlanadigan bo'g'imi bo'lib, barcha bo'g'imlar shikastlanishining 50% gacha va butun oyoq bilan bog'liq shikastlanishlarning 24% ni tashkil etadi [8]. Tizza bo'g'imi jarohatlariga faol hayot kechiradigan va sport bilan shug'ullanadigan odamlar moyil bo'ladi [2,7,8]. Menisklarning shikastlanishi tizza bo'g'imi sohasidagi og'riqning eng keng tarqalgan sababi bo'lib, yildan-yilga bunday shikastlanishlar soni ortib bormoqda.

Menisklarning shikastlanishi ko'pincha oldingi xojsimon boylam shikastlanishi bilan birga keladi (65% gacha) [1]. Ushbu shikastlanishlar ko'pincha faol hayot tarzini olib boradigan mehnatga layoqatli yoshdagi odamlarda uchraydi. Menisklar va oldingi xojsimon boylamning shikastlanishi jarohatdan keyingi uzoq muddatli davrda osteoartroz rivojlanish xavfini oshiradi, ularning qo'shma shikastlanishida esa xavf yanada yuqori bo'ladi [4,5]. Menisklardagi rekonstruktiv operatsiyalar meniskni saqlab qolish imkonini beradi, bu osteoartroz rivojlanishini sekinlashtirishga yordam beradi, menisk transplantatsiyasi va tizza bo'g'imini endoprotezlashni kechiktirishga imkon beradi.

Jarrohlarning shikastlangan menisklarni davolash bo'yicha qarashlarini o'rganib chiqib, shuni ta'kidlash kerakki, XX-asrning o'rtalariga qadar ochiq meniskektomiya ko'pincha amalga oshirilgan, ya'ni meniskning ko'pini yoki barchasini olib tashlashgan. Ba'zi mualliflar menisklarni keraksiz deb olib tashlash mumkin bo'lgan rudement to'qima sifatida qarashgan [6].

Meniskni tiklash birinchi marta Annandale T. tomonidan ilmiy manbalarga keltirilgan (16-rasm) 1885 yilda, lekin o'sha paytda bu amaliyot keng tarqalmagan va keyingi 50 yil ichida yanada rivojlangan.

Yarim asr o'tgach, 1936 yilda King D. itlar ustida tadqiqot o'tkazdi va meniskni olib tashlaganidan keyin degenerativ o'zgarishlar paydo bo'lishini isbotladi. Shuningdek, u meniskning parakapsular zonasidagi yirtilishlar davolanish imkoniyatiga ega ekanligini ko'rsatdi [9].

Maqsad: Menisklar va old xojsimon boylamning birgalikdagi jaroxatlanishlarida davolash natijalarini yaxshilash va gonoartrozni profilaktikasidir.

Material va usullar. Respublika travmatologiya va ortopediya ilmiy amaliy tibbiyot markazining Samarqand filiali Yirik bo'g'imlar ortopediyasi bo'limida 2024-2025 yillar orasida jaroxatlangan menisklarni tiklash amaliyoti 93 bemorga o'tkazildi. 88 bemorda meniskni tikish oldingi xochsimon boylamni (m. Semitendinosus va m. Gracilis paylaridan) plastik jarrohlik bilan birgalikda amalga oshirildi, qolgan 5 bemorga meniskni o'zini tikish o'tkazildi. Davolash natijalari 2 guruhga bulib urganilgan asosiy va nazorat guruhlarida.

Shu tarzda, asosiy guruhga 46 bemor (27 ayol va 19 erkak) kiritildi, ularga 51 menisk tiklash amaliyoti (27 medial va 24 lateral menisk) bajarildi. 5 bemorga ikkala meniskni tiklash amalga oshirildi.

Nazorat guruhiga 47 bemor (27 ayol va 20 erkak) kiritildi, ularga 2024-2025 yillar orasida menisk rezeksiyasi (36 medial va 11 lateral menisk) bilan birga oldingi xojsimon boylam plastika qilish amalga oshirildi. Ushbu guruh bemorlari jins, yosh va operatsiyadan keyingi vaqt bo'yicha asosiy guruhga mos keladi.

Davolash va natijalar. Bizning tadqiqotimiz menisklardagi rekonstruktiv operatsiyalarning uzoq muddatli natijalarini tizza osti bukuvchi mushaklari paylaridan autotransplantat yordamida OXB plastikasi bilan birgalikda kompleks tahlil qilishga qaratilgan.

Tadqiqotning asosini 2024-2025-yillarda RITOIATMSF klinikasi negizida OXB plastikasi bilan birgalikda menisklarni tikish amaliyoti bajarilgan 46 nafar (27 nafar ayol va 19 nafar erkak) bemorni jarrohlik davolashning uzoq muddatli natijalarini tahlil qilindi.

Nazorat guruhi sifatida 47 nafar (27 nafar ayol va 20 nafar erkak) bemor tanlab olindi, ularga menisklar rezeksiyasi xuddi shu vaqt oralig'ida OXB plastikasi bilan birgalikda amalga oshirildi.

Barcha bemorlar operatsiyadan oldingi bosqichda, operatsiyadan keyingi erta davrda, shuningdek, keyingi nazorat tekshiruvlarida sinchkovlik bilan tekshirildi. Tizza bo'g'imining standart tekshiruv o'tkazildi, shu jumladan ko'rik, palpatsiya, harakatlar hajmini aniqlash va boylamlar va menisklarning shikastlanishiga xos testlar o'tkazildi. Operatsiyadan keyingi davrda operatsiyadan keyingi chandiqlar, ularning rangi, shakli, shuningdek, harakatchanligiga e'tibor qaratildi.

Meniskning bitishini baholash uchun biz Henning S.E. va hammualliflar tomonidan taklif etilgan tasnifdan foydalandik. Operatsiyadan oldin va keyin bajarilgan tizza bo'g'imining MRTsi asosida meniskning bitish darajasi taqqoslandi.

Henning S.E. va hammualliflar tomonidan taklif etilgan tasnif bo'yicha operatsiyadan oldingi va keyingi MRTni baholashda bemorlarning 84% (21) da to'liq sog'ayish, 12% (3) da qisman, 4% (1) da to'liq bo'lmagan sog'ayish aniqlandi. Menisklar to'liq va qisman bitmagan bemorlarda oxirgi nazorat ko'rigi paytida operatsiya qilingan tizza bo'g'imi sohasida hech qanday klinik alomatlar, shuningdek, og'riq va noqulaylik hissi aniqlanmadi.

So'nggi nazorat ko'rigida nazorat guruhidagi barcha bemorlarga savollar berildi, ularning javoblari bajarilgan operatsiyadan qoniqishini baholash uchun ishlatildi. Bundan tashqari, ulardan, agar operatsiyaning natijasini oldindan bilganingizda, ushbu operatsiyaga rozi bo'larmidingiz, deb so'rashgan. 100% (46) holatda bemorlar u yoki bu darajada operatsiya natijasidan qoniqish hosil qilishgan. "Yo'q" degan javob bo'lmadi. 96% (44) bemorlar, agar uning natijasini oldindan bilganlarida, ushbu operatsiyaga rozi bo'lishardi.

Nazorat guruhidagi bemorlarning uzoq muddatli natijalar tahlil qilinganda, mediana Cincinnati shkalasi bo'yicha 93 ballni tashkil etdi. A'lo natijalar 93% (42) bemorlarda, qoniqarli natijalar 7% (3) bemorlarda olindi. Yaxshi va qoniqarsiz natijalar bo'lmadi.

Mediana Lysholm shkalasi bo'yicha uzoq muddatli natijalar tahlil qilinganda 90 ballni tashkil etdi. Bemorlarning 69% (31) da a'lo natijalar, 22% (10) da yaxshi, 9% (4) da qoniqarli natijalar olindi. Qoniqarsiz natijalar bo'lmadi.

Bemorlarning asosiy guruhi jaroxatlarning asosiy qismi meniskning orqa qismlarida, ya'ni meniskning orqa shoxi sohasida joylashgan. Barcha jaroxatlar bo'ylama parakapsulyar yoki bo'ylama xarakterga ega bo'lgan.

Uzoq muddatli natijalar tahlil qilinganda, mediana Cincinnati shkalasi bo'yicha 97 ballni tashkil etdi (kvartillararo diapazon 90 dan 100 ballgacha). A'lo natijalar 93% (42) bemorlarda, qoniqarli natijalar 7% (3) bemorlarda olindi. Yaxshi va qoniqarsiz natijalar bo'lmadi.

Mediana Lysholm shkalasi bo'yicha uzoq muddatli natijalar tahlil qilinganda 95 ballni tashkil etdi. Bemorlarning 69% (31) da a'lo natijalar, 22% (10) da yaxshi, 9% (4) da qoniqarli natijalar olindi. Qoniqarsiz natijalar bo'lmadi.

Bemorlarning 93% (43) odatiy jismoniy faollikka qaytdi. So'nggi tekshiruv paytida uchta bemorda operatsiya qilingan tizza bo'g'imida 20⁰ bukilish cheklanishi saqlanib qoldi, ammo bu cheklanish ularga kundalik hayotda va sport bilan shug'ullanishda hech qanday xalaqit bermadi.

Barcha mavjud ma'lumotlarni tahlil qilganda, oldingi xochsimon bog'lamning artroskopik plastikasida menisklarni tizza osti bukuvchi mushaklari paylaridan tayyorlangan autotransplantat bilan tikish jarrohlik amaliyotidan keyingi uzoq davrda samarali jarrohlik aralashuvi bo'lib, menisklar rezeksiyasini bajarishga nisbatan yaxshiroq natijalarni ko'rsatadi degan xulosaga kelish mumkin.

Meniskda rekonstruktiv operatsiyalardan so'ng operatsiyadan oldingi va keyingi MRT oldingi xojsimon boylam plastikasi bilan birgalikda har doim ham klinik ko'rinish bilan bog'liq emas. MRT ma'lumotlariga ko'ra meniskning qisman va to'liq bitmasligi (Henning mezoni bo'yicha) saqlanib qolayotgan uzilishning ishonchli belgisi hisoblanmaydi va klinik ko'rinishlarga ega bo'lmasligi mumkin.

Xulosa.

1. Oldingi xochsimon bog'lamning artroskopik plastikasida menisklarni tizza osti bukuvchi mushaklari paylaridan olingan autotransplantat bilan tikish o'rtacha 6±1,8-yil (1-yildan 8-yilgacha) kuzatuv davrida samarali jarrohlik aralashuvi hisoblanadi.

2. Old xochsimon boylam artroskopik plastikasida menisklar tikilgan va rezeksiya qilingan bemorlarning ikki guruhini davolashning uzoq muddatli natijalarini taqqoslaganda, menisklar tikilgan guruhda ortopedik shkalalar (Cincinnati, Lysholm) bo'yicha baholashda davolashning uzoq muddatli natijalari menisklar rezeksiya qilingan guruhga qaraganda yaxshiroq bo'ldi.

3. Menisklardagi rekonstruktiv operatsiyalardan keyingi magnit-rezonans tomografiya ma'lumotlari har doim ham klinik ko'rinish bilan bog'liq emas. MRT ma'lumotlariga ko'ra meniskning qisman va to'liq bitmasligi (Henning mezoni bo'yicha) saqlanib qolayotgan uzilishning ishonchli belgisi hisoblanmaydi va klinik ko'rinishlarga ega bo'lmasligi mumkin.

4. "Hammasi ichida" texnikasi bo'yicha menisklarni tikish uchun ko'rsatmalar bo'lib, qon bilan ta'minlangan sohada jaroxat lokalizatsiyasida menisklarning orqa shoxi va tanasi sohasidagi bo'ylama, parakapsulyar, pastki va yuqori to'liq bo'lmagan beqaror jaroxatlar hisoblanadi.

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