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TILYAKOV Aziz Burievich

Candidate of Sciences, docent

TILYAKOV Xasan Azizovich

PhD

AYOZBOEV Zuhridin Alimqul o'g'li

resident of the department


NABIYEV Muhammadi Abdunaim o'g'li

resident of the department

Tashkent Pediatrics Institute of Medicine

### CRITERIA FOR THE CHOICE OF TREATMENT AND DIAGNOSIS OF COMBINED CHEST INJURIES IN PEDIATRIC PRACTICE

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#### ABSTRACT

63 children with chest injuries of varying severity and localization were admitted to the Center for Pediatric Surgery of SamMU for the period 1996-2022. There were 39 children with combined chest injury. Thoracotomy was performed on 8 children, 22 underwent video thoracoscopic surgical interventions. The age ranged from 3 to 15 years. A retrospective analysis of the treatment of 39 children with combined injuries was carried out. The patients were divided into 4 groups according to the severity of shock according to the Algover classification. As a result of a retrospective analysis of the use of various surgical approaches, the severity of the existing injuries and the possibility of their elimination, it was shown that the Algover shock index allows fairly objectively predicting the possibility of performing therapeutic VTS in children with combined chest injury and is directly correlated with the probability of BBTRISS survival, which correlate with the degree of shock and existing injuries in the patient.

**Keywords:** videothoracoscopy, combined chest injury, shock index, pediatric surgery, children.

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ТИЛЯКОВ Азиз Буриевич

К.м.н. доцент

ТИЛЯКОВ Хасан Азизович

PhD

Аязбаев Зухриддин Аликул ўгли

Резинт ординатуры

Набиев Мухаммади Абдунаим ўгли

Резинт ординатуры

## КРИТЕРИИ ВЫБОРА ЛЕЧЕНИЯ И ДИАГНОСТИКИ СОЧЕТАННЫХ ТРАВМ ГРУДНОЙ КЛЕТКИ В ПЕДИАТРИЧЕСКОЙ ПРАКТИКЕ

### АННОТАЦИЯ

В центр детской хирургии СамМУ за период 1996-2022 гг. с травмами грудной клетки различной тяжести и локализации поступило 63 ребенка. С сочетанной травмой грудной клетки были 39 детей. Торакотомия выполнена 8 детям, 22 выполнены видеоторакоскопические оперативные вмешательства. Возраст составил от 3 до 15 лет. Проведен ретроспективный анализ лечения 39 детей с сочетанными травмами. Пациенты были разделены на 4 группы соответственно тяжести шока по классификации Альговера. В результате ретроспективного анализа применения различных хирургических доступов, тяжести имеющихся повреждений и возможности их устранения показано, что шоковый индекса Альговера позволяет достаточно объективно прогнозировать возможность выполнения лечебной ВТС у детей с сочетанной травмой грудной клетки и напрямую взаимосвязан с вероятностью выживаемости BBTRISS, которые коррелируют со степенью шока и имеющимися травмами у пациента.

**Ключевые слова:** видеоторакоскопия, сочетанная травма грудной клетки, шоковый индекс, детская хирургия, дети.

**TILYAKOV Aziz Burievich**

t.f.n. dotsent

**TILYAKOV Xasan Azizovich**

PhD

**AYOZBOEV Zuhridin Alimqul o'g'li**

Klinik ordinator

**NABIYEV Muhammadi Abdunaim o'g'li**

Klinik ordinator

Toshkent pediatriya tibbiyot instituti

## ПЕДИАТРИК АМАЛИЙОТДА КО'КРАК QAFASI QO'SHMA JAROHLARINI DAVOLASH VA TASHXISLASHNI TANLASH MEZONLARI

### ANNOTATSIYA

Samarqand Davlat tibbiyot universiteti qoshidagi bolalar xirurgiya markazini 1996-2022 yillarda 63 ta bolalarda ko'krak qafasini xar xil og'irlikdagi jarohatlari va lokalizatsiyasi taxlili o'tqazildi. Ko'krak qafasining aralash jarohatlari bilan 39 ta bemor. 8 ta bemorga torakotomiya, 22 ta bemorga videotorokoskopik operativ aralashur o'tqazilgan. Bemorlarning yoshi 3 – 15 ni tashkil qildi. 39 ta ko'krak qafasini aralash jarohatlari bilan davolangan bemorlarini retrospektiv taxlili o'tqazildi. Bemorlar shok xolatining Algovver klassifikatsiyasi bo'yicha 4 ta guruxga bo'lindi. Xirurgik kirish bemorning og'irlik darajasi va Algovver shok indeksi taxlili asosida amalga oshirildi, va uni VTS yo'li bilan davolash ob'ektiv bashoratlandi. Bollarda ko'krak qafasi jarohatlaridan keyingi yashab ketishi Vvtriss shkalasi shok darajasini va bemordagi jarohatlarni korrelyatsiyasi bilan amalga oshirilgan.

**Kalit so'zlar:** ko'krak qafasi aralash japroxlari, torakotomiya, shok indeksi, bolar xirurgiyasi.

### Kirish.

Bugungi kunda bolalarda ko'krak qafasining aralash jarohatlarini davolash va tashxislash shoshilinch pediatriya xirurgiyasida dolzarb muamolardan bo'lib kelmoqda (Davlyatov S.B. va hammualliflar 2008,). Shunda ko'pkina xollarda ko'krak qafasi organlarini og'irlik darajasini adekvat baxolash murakkabdir. Qon yo'qotganlik xajmi, jarohat lokalizatsiyasi bevosida davolash taktikasi va tibbiy yordam ko'rsatish ketma-ketligini tanlashda qiyinchiliklarga duch kelinadi.

Vidieotorokoskopiyaning to'plangan tajribalariga qaramasdan, ko'krak qafasining jarohatlarida, jarroh oldida bemorning holati VTS amaliyotini o'tkazishga imkon beradimi yoki yo'qmi, asosiy VTS amalga oshirishda asosiy sharoit bu bemorning gemodinamik xolatidir (Isakov Yu. F., Beyker S. P., Boyd C. R.).

**Tekshirishlar maqsadi.** Ko'krak qafasi jarohatida Allover shok indeksini qo'llagan xolda VTS qo'llash imkoniyatini bashoratlash.

**Tadqiqot maqsadi.** Gemodinamik ko'rsatgichlarni retrospektiv va SIA indeksini baholagan holda ko'krak qafasi jarohati og'ir darajali shok holatlarida VTS ni qo'llash.

**Material va usullar:** Samarqand bolalar xirurgiya ilmiy markazida 63 ta bemor bolalar 1996-2022 yillarda yakkalangan va qo'shma ko'krak qafasi jarohati bilan taxlil qilingan. Plevra bo'shlig'i diagnostik punktsiyasi, VTS, torokokomiya 16 yoshgacha bo'lgan bolarda amalga oshirilgan.

Jarohat turlari bo'yicha; 29 bemor (46%) yo'l-transport travmasi bilan, 21 bemor (33,3%) balandlikdan yiqilish, ko'krak qafasini chanchilgan - kesilgan jarohati bilan -13 (20,7%) va 39 (61,9) ta bemor aralash jarohatlar bilan xarakterlanadi. (1-jadval).

**Bemorlarni aralash jarohat turi orqali bo'linishi**

Aralash jarohat turi	Soni
Ko'krak qafasi+ BMJ	12(30,8%)
Ko'krak qafasi+qo'l, oyoq jarohatlari	14(35,9%)
Ko'krak qafasi+BMJ+ qul-oyoq jarohati+umurtqa pog'onasi jarohati	6(15,4%)
Ko'krak qafasi+BMJ+ qul-oyoq jarohati+umurtqa pog'onasi jarohati+qorin bo'shlig'i jarohati	3(7,7%)
Ko'krak qafasi+oyok-qo'l jarohati+umurtqa pog'onasi jarohati	1 (2,5%)
Ko'krak qafasi+ qorin bo'shlig'i jarohati+ oyoq –qo'l jarohati	3 (7,7%)
Jami	39 (100%)

Aralash jarohatlar bilan 39 ta bemordan bosh miya jarohati 21 (43%) bemorda kuzatilgan. 24 ta bemorda esa qo'shma jarohatlar oyoq –qo'l jarohatlari qorin bo'shlig'i jarohatlari bilan kuzatilgan. 33 (952,4%) bemorda davolash - diagnostik muolaja punktsiya plevra bo'shlig'ini punktsiyasi bilan chegaralangan, qolgan 47,6% bemorlarda interplevral davomiy qon ketish kuzatilgan va 8 ta bemorga torakotomiya, 22 ta bemorga esa VTS amaliyoti o'tqazilgan (2-jadval).

**Torakotomiya da aniqlangan ko'krak ichi jarohatlari**

Ko'krak ichi jarohatlari	N=8
O'pka jarohati (sanchilgan –kesilgan jarohat)	2
Qovurg'alar aro arteriya jarohati	2
Suyak bo'laklari bilan o'pkani jarohati	1
O'pka paski qismini jarohati	1
O'pka parinxemasini yiritilishi	2

Jadval 3

**Diagnostik vidieotorokoskopiya da aniqlangan ko'krak ichi jarohatlari**

Ko'krak ichi jarohatlari	N=22
O'pka jarohati (sanchilgan –kesilgan jarohat)	4
Pnevmtoroks (visseral plevrani yirtilishi o'pka parinxema butinligi saqlangan)	6
Plevra bo'shlig'ida va o'pka parinxemasida yot jism	1

Qovurg'alar aro arteriya jarohati	2
O'pka venasini jarohati	1
O'pka tubini yorilishi	1
O'pkaning lat eyishi intraparenximatoz qon quyilish	2
O'pka parinxemasining yirtilishi	3

Ko'krak qafasini qo'shma jarohatlarida VTS amaliyotini bajarish ko'krak qafasi bilan jarohatlangan bemorlarni gemodinamik ko'rsatgichlarini retrospektiv taxlili asosida 39 (61%) bemorda amalga oshirildi.

Bemorlarning ahvolini baxolashda bizlar ISS anatomik kriteriyasidan, RTS fiziologik kriteriyasidan [8], TRISS fiziologik ko'rsatkichidan [9], BBTRISS yashab qolish imkoniyatini bashoratlash koefitsentidan foydalangan holda VTS ga potentsial moyillik borligi aniqlandi. SIA – Allovera shok indeksi - koefitsienti, yurak qisqarish chastotasini sistolik bosimga bo'lish orqali aniqlandi.

**Natijalar taxlili.** SIA indeksini inobatga olgan holda araplash jarohat olgan bemorlar shokning og'irligi bo'yicha bo'lindi (4-jadval).

O'rta kursatgich sia bemorlar soni ABS.,(%)

ISS

RTS V ko'krak bo'shlig'ida qon maqjudligi, ml t jarohat olishgacha bo'lgan mutdat,s.

Jadval 4

**SIA indeksi bo'yicha ko'krak qafasini aralash jarohatining bo'linishi**

SIA	O'rta ko'rsatgich sia	Bemorlar soni ABS.,(%)	ISS	RTS	V ko'krak bo'shlig'ida qon maqjudligi / ml	t jarohat olishgacha bo'lgan mutdat,s.	BBTRISS
< 1,0	0,74±0,06	22 (73,5)	8,77±1,85	7,834±0,02	255±185	2,35±1,35	0,961±0,018
1,0-1,5	1,08±0,06	4 (13,3)	11,71±2,23	7,787±0,14	387±186	1,45±1,25	0,921±0,019
1,5-2,0	1,67±0,06	2 (6,6)	14,81±3,05	6,757±0,42	586±258	1,35±0,45	0,746±0,013
>2,0	3,12±11,2	2 (6,6)	25,9±5,11	5,975±0,48	1078±325	1,38±0,55	0,452±0,012

Jadvaldan ko'rinib turibdiki 4 indens SIA< 1,0 (shokning engil darajasi) aralash jarohatlar bilan 22 bemorda (73,5%) kuzatilgan. SIA ko'rsatgichlarining keyinchalik o'sib borishi ISS indeksini o'sib borishi va RTS indeksini kamayib borishi bilan bog'liqligi, bemorlarning anatomik jarohatlarini og'irligi fiziologik buzilishlar bilan kuchaya boradi.

Plevral bo'shliqdagi qonning o'rta xajmdan proporsional ravishda o'sib borishi jarohatning og'irlanishini ko'rsatadi. Aralash jarohatlarda og'irlik daraja va jarohatlar soni (ISS, RTS) SIA indeksi va BBTRISS tirik qolish imkoniyati Informatik ko'inishga egadir. Agarda shok indeksi SIA< 1,0 BBTRISS= 0,961±0,018, unda tirik qoldish imkoniyati 96,1±1,8% ga teng bo'ladi, SIA>2,0 BBTRISS= 0,452±0,012 esa tirik qolish imkoniyati keskin kamayadi va 45,2±1,2% teng bo'lib qoladi. Bu ushbu toifadagi bemorlarda letal xolat yuqori darajada ekanligidan dalolat beradiki.

SIA ko'rsatgichini solishtirish maqsadida jarohatni og'irligi, organ va lokalizasiyaga bog'liqligi quyidagi jadvalda berilgan (5-jadval).

Jadval 5

**Ko'krak qafasi aralash jarohati strukturasi SIA indeksi ko'rsatgichinig o'zgarishi**

SIA	Bemorlar soni ABS., (%)	Jaroxalangan organ va soxa						
		O'pka parinxemasi	Magistral qon tomirlar	Qovurg'alararo qon tomirlar	Tayanch harakat tizimi	Qorin bo'shlig'i	Bosh miya	Va boshqa jarohatlar

< 1,0	22 (73,5)	11	-	2	9	1	8	4
1,0-1,5	4 (13,3)	9	-	3	10	3	9	3
1,5-2.0	2 (6,6)	-	2	-	1	1	1	-
>2.0	2 (6,6)	-	1	-	1	1	1	-

Jadvaldan ko'rinib turibdiki SIA < 1,0 ko'pincha o'pka parenxima jarohatida -11 ta xolat, 2 qovurg'alar aro tomirlar jarohati kuzatilgan, 9-ta xolatda esa tayanch –xarakat tizimi jarohatlari va 8-ta xolat bom miya jarohati bilan. Ya'ni keskin intensiv qon ketish xaraktenga ega bo'lgan jarohat yo'q. Intensiv qon yo'qotiyatgan bemorlar shoshilinch ravishda davolash muassasalariga zudlig bilan etqazilib va ularda og'ir gemmoragik shok xolatlari kuzatilmagan.

SIA = 1,0-1,5 jarohat xarakteri quyidagi klinik ko'rinishga ega. 9 – ta bemorda o'rta darajadagi shok xolati qovurg'alararo arteriya jarohatida kuzatilgan. sootvetstvenno. Bunday kategoriyadagi bemorlarda uch marotiba ko'proq qorin bo'shlig'i, bish miya, Tayans-xarakat tizimi jarohatlarida 9-10 ta xolat kuzatildi.

SIA = 1,5-2,0 bemorlarda og'ir shok xolati katta qon tomirlarni jarohati, massiv qon yo'qotish og'ir bosh miya jarohatida kuzatildi.

SIA > 2.0 (o'ta og'ir shok xolati) og'ir bosh miya jarohati, o'pka tubidagi magistral tomirlar jarohati, qorin bo'shliq organlarinig jarohati, bunday aralash jarohatlar bilan bemorlar to'liq letal xolat bilan kechadi. Davolash maqsadida VTS ni qo'llash mumkinligini bashoratlash uchun retrospektiv xirurgik kirishni ko'krak qafasini aralash jarohatlari bilan bolarda SIA indeksiga bog'liqligini ko'rib chiqdik (6-jadval).

Жадвал 5

**SIA indeksiga tayangan xolda jarroxlik yondashuvini retrospektiv baxolash.**

SIA indeksi	Bemorlar soni ABS.,(%)	Operativ usullar			
		Davolash BTC		Torakotomiya	
		a	б	a	б
< 1,0	22 (73,5)	16	1	3	2
1,0-1,5	4 (13,3)	2	1	1	-
1,5-2.0	2 (6,6)	-	1*	1	-
>2.0	2 (6,6)	-	1*	1	-

a-oqlangan, б-oqlanmagan, \*- (konversiya)

Jadvaldan ko'rinib turibdiki SIA indeksiga tayangan xolda xirurgik yondashuvlar quyidagicha.

SIA < 1,0 bemorlarda retrospektiv taxlil 16 - ta xolatda VTS ko'rsatma bo'lib operatsiya endoxirurgik yo'l bilan yakunlandi. Bita xolatda VTS sanasion xarakterga ega bo'lib boshqa muoloja bajarilmadi, bu xolatga ko'rsatma bo'lib pleva bo'shliqdagi qon drenaj trubka orqali chiqdi, yangi qon ketish manbai kuzatilmadi, bundan tashqari plevral yiringli infeksiya xolati kuzatilmadi.

5 bemordan 2 ta xolatda giperdiagnostika ustunlik qilib torakotomiya qilingan, vaxolanki ularga endoxirurgik davolash usulini o'tqazish mumkin bo'lgan. Jarohat og'ir xarakterga ega bo'lmagan.

Bemorlar uchun SIA= 1.0-1.5 bilan indeksi tekshiruv davomida VTS o'g'irlanishining 2-holatini retrospektiv tahlil qilish. 1-gemorroyni olib tashlash operatsiyasi, gemorroyni olib tashlash operatsiyasi, gemorroyni olib tashlash operatsiyasi, bundai gemorroyni olib tashlash operatsiyasi, belgilangan torakotomiya.

SIA=1,5-2,0 bitt kasallanish indeksi diagnostik HTS quyoshi bilan plevra bo'shlig'i kengayadi va natijada arteriyalar har kvadrat dyuym uchun qiziydi. Gemorroiy, gematomalar va arteriyalarning osteoxondrozini olib tashlash bo'yicha operatsiya natijasida asoratlar aniqlangan bo'lishi mumkin.

SIA > 2.0 bu shuni anglatadiki, zarba paytida bemorga VTS tashxisi qo'yiladi va Konventsiya yordamida ingl. Bunday VTS bosimi ostida savodsiz va torakotomiya vaqti cheklangan.

**Xulosa.**



Bolalarda ko'krak qafasini aralash jarohatlarida SIA shok indeksini qo'llash VTS amaliyotini o'tqazishda uni aniq bashoratlaydi va BB<sub>TRISS</sub> tirik qolish imkoniyatini shok darajalari bemordagi jarohatlarni korrelyasiyalaydi.

Davolash VTS amaliyotini SIA<1,0 bilan bemorlarga o'tqazish maqsadga muvofiq. Retrospektiv taxlilda bu guruhda konversii bo'lmadi.

SIA=1,0-1,5 25% xolatda davolash VTS asosiz va katta xavf endoxirurgik amaliyot natijasiz yoki bemor xayotiga zarar etqazadi Shuning uchun bunday bemorlarda VTS ga qiyinchilik bo'lsa konversiya o'tqazish zarur.

VTS ga SIA>1,5 qarshi ko'rsatma bo'ladi ko'krak qafasini keng va og'ir jarohatlari endoxirurgik operatsiyalar natija bermaydi va bunday bemorlarga aktiv xirurgik yo'l bilan yondashish kerak.

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### *Информация об авторах:*

Тияков Азиз Буриевич - к.м.н., профессор, ректор. Ташкентский педиатрический медицинский институт, Ташкент, Узбекистан. E-mail: tiliakov@bk.ru, <https://orcid.org/0000-0002-9743-0482>

Тияков Хасан Азизович- PhD, заведующий кафедры ФПДО травматологии-ортопедии, нефрохирургии и офтальмологии. Самаркандский государственный медицинский университет,



Самарканд, Узбекистан. E-mail: shaxxas.tilyakov@gmail.com, <https://orcid.org/0000-0001-557-7302>

Аёзбоев Зухриддин - резидент ординатуры кафедры ФПДО травматологии-ортопедии, нефрохирургии и офтальмологии. Самаркандский государственный медицинский университет, Самарканд, Узбекистан. E-mail: zuhriddin09a@gmail.com

Набиев Мухаммади - резидент ординатуры кафедры ФПДО травматологии-ортопедии, нефрохирургии и офтальмологии. Самаркандский государственный медицинский университет, Самарканд, Узбекистан. E-mail: nabiyevmuhammadi41@gmail.com

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*Information about the authors:*

Aziz B. Tilyakov - PhD, Professor, Rector. Tashkent Pediatric Medical Institute, Tashkent, Uzbekistan. E-mail: tiliakov@bk.ru, <https://orcid.org/0000-0002-9743-0482>

Xasan A. Tilyakov - PhD, Head of the Department of Traumatology-Orthopedics, Nephrosurgery and Ophthalmology. Samarkand State Medical University, Samarkand, Uzbekistan. E-mail: shaxxas.tilyakov@gmail.com, <https://orcid.org/0000-0001-557-7302>

Zukhriddin Ayozbekov - is a resident of the Department of Traumatology-Orthopedics, Nephrosurgery and Ophthalmology. Samarkand State Medical University, Samarkand, Uzbekistan. E-mail: zuhriddin09a@gmail.com

Mukhammadi Nabiyev - is a resident of the Department of Traumatology-Orthopedics, Nephrosurgery and Ophthalmology. Samarkand State Medical University, Samarkand, Uzbekistan. E-mail: nabiyevmuhammadi41@gmail.com

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