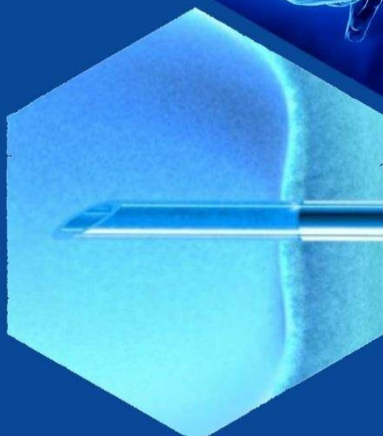
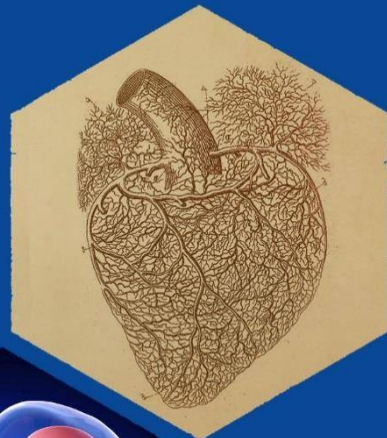


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FEATURES OF ANTHROPOMETRIC AND CLINICAL-ANAMNESTIC CHARACTERISTICS IN PATIENTS AFTER MENISCECTOMY



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Abstract. An analysis of anthropometric, clinical, anamnestic, and structural characteristics of patients after meniscectomy (n = 132) was conducted. The following factors were examined: age and gender distribution, injury mechanism, type of meniscal injury, presence of concomitant injuries, body mass index (BMI), injury duration, and side of injury. The results allowed us to identify the key patterns of meniscal injury development and factors influencing the postoperative course and choice of rehabilitation strategy.

Key words. Meniscectomy ; meniscus injuries; knee joint ; anthropometric parameters; clinical and anamnestic characteristics; postoperative period; rehabilitation; post-traumatic osteoarthritis; outcome prognosis; personalized recovery programs .

ОСОБЕННОСТИ АНТРОПОМЕТРИЧЕСКИХ И КЛИНИКО-АНАМНЕСТИЧЕСКИХ ХАРАКТЕРИСТИК У ПАЦИЕНТОВ ПОСЛЕ МЕНИСКЭКТОМИИ

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Аннотация. Проведён анализ антропометрических, клинических, анамнестических и структурных характеристик пациентов после менискэктомии ($n = 132$). Были изучены следующие факторы: возрастно-половые показатели, механизм травмы, тип повреждения мениска, наличие сопутствующих повреждений, индекс массы тела (ИМТ), давность травмы и сторона поражения. Полученные результаты позволили определить ключевые закономерности развития повреждений мениска, а также факторы, влияющие на послеоперационное течение и выбор стратегии реабилитации.

Ключевые слова: менискэктомия; повреждения мениска; коленный сустав; антропометрические параметры; клинико-анамнестические характеристики; послеоперационный период; реабилитация; посттравматический остеоартроз; прогноз исходов; персонализированные программы восстановления.

MENISKEKTOMIYADAN KEYINGI BEMORLARDA ANTROPOMETRIK VA KLINIK-ANAMNEZ KO'RSATKICHLARINING XUSUSIYATLARI

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Annotatsiya. Meniskektomiyadan keyingi bemorlarning ($n = 132$) antropometrik, klinik, anamnestik va strukturaviy xususiyatlari tahlil qilindi. Quyidagi omillar oʻrganildi: yosh va jins taqsimoti, jarohat mexanizmi, menisk shikastlanish turi, qoʻshimcha jarohatlarning mavjudligi, tana massasi indeksi (TMI), jarohatning davomiyligi va shikastlangan tomon. Olingan natijalar menisk shikastlanishining rivojlanishidagi asosiy qonuniyatlarni, shuningdek, operatsiyadan keyingi davr va reabilitatsiya strategiyasini belgilovchi omillarni aniqlashga imkon berdi.

Kalit soʻzlar: meniskektomiya; menisk shikastlanishlari; tizza boʻgʻimi; antropometrik koʻrsatkichlar; klinik-anamnestik xususiyatlar; operatsiyadan keyingi davr; reabilitatsiya; jarohatdan keyingi osteoartroz; natija prognozi; shaxsga yoʻnaltirilgan reabilitatsiya dasturlari.

Relevance. Meniscus injuries of the knee joint are a leading cause of musculoskeletal injuries, accounting, according to various authors, for 10 to 20% of all intra-articular injuries [1–3]. They are most common in young and middle-aged individuals actively engaged in physical labor or sports, due to the high level of dynamic and rotational loads on the knee joint [4].

With the increasing availability of sports and fitness programs and the growth of everyday and professional activities, there is a trend toward an increase in the incidence of meniscus injuries, including combined damage to the ligamentous apparatus and articular cartilage [5, 6]. Furthermore, age-related degenerative-dystrophic changes in the menisci, caused by decreased hydration and elasticity of cartilage tissue, also contribute to an increased risk of injury in individuals over 40 years of age [7].

Meniscectomy, despite the development of organ-preserving technologies, remains one of the most common types of surgical intervention, but it is often accompanied by changes in the biomechanics of the knee joint, a violation of the

stabilization function and an increased risk of developing post-traumatic osteoarthritis [8, 9].

In this regard, a comprehensive assessment of the anthropometric, clinical, anamnestic, and structural characteristics of patients after meniscectomy is particularly important. Analysis of these indicators allows us to identify factors influencing the course of the postoperative period, determine patterns of functional recovery, and develop personalized medical rehabilitation programs aimed at preventing complications and optimizing motor function [10, 11].

The aim of the study was to comprehensively assess the anthropometric, clinical, anamnestic, and structural characteristics of patients after meniscectomy to determine factors influencing the postoperative course and planning of rehabilitation measures.

Materials and Methods : The study included 132 patients (82 men and 50 women) aged 18 to 60 years who had undergone partial or total meniscectomy for traumatic meniscal injury of the knee joint. Inclusion criteria were: the presence of documented meniscal injury confirmed by magnetic resonance imaging (MRI) and/or arthroscopy; surgical intervention performed no later than 12 months before the examination; the absence of severe degenerative changes in articular cartilage grades III–IV according to the Outerbridge classification.

Exclusion criteria included: the presence of rheumatic and systemic connective tissue diseases, acute inflammatory processes in the joint, repeated knee surgeries, as well as severe post-traumatic deformities.

A retrospective analysis of medical documentation was performed, including information on the medical history, mechanism of injury, type of meniscus injury (medial, lateral, combined), location and nature of the tear (radial, horizontal, flap, degenerative), the presence of concomitant injuries (cruciate and collateral ligaments, articular cartilage), as well as body mass index (BMI), time of injury before surgery and the side of the lesion (right/left). Patients were divided into age subgroups: Group I - 18-29 years (n = 46); Group II - 30-44 years (n = 48); Group III - 45-60 years (n = 38).

For the analysis, anthropometric indicators (height, body weight, BMI), as well as clinical and anamnestic data characterizing the mechanism of injury (sports, domestic, professional, spontaneous), the type of injury and the course of the postoperative period were used.

Statistical data processing was performed using the SPSS Statistics 25.0 software package (IBM, USA). To assess differences between groups, Student's t-tests were used for normal distributions, and the Mann–Whitney test was used when normal distributions were not present. Categorical data were analyzed using the Pearson χ^2 test. Differences were considered statistically significant at $p < 0.05$.

Results. When analyzing the obtained data, it was established that the structure of meniscus damage has pronounced gender-age characteristics, as well as a connection with the type of physical activity and body weight level.

Table 1.

Distribution of patients by age and gender

Indicator	Category	Quantity (n)	% of total
Floor	Men	78	61.3
	Women	54	38.7
Age groups	I (18–29 years old)	48	36.4
	II (30–44 years)	45	34.1
	III (45–60 years)	39	29.5

Among the patients examined who underwent meniscectomy (Table 1), men predominated—78 (61.3%), indicating a higher incidence of meniscus injuries in males. Women constituted 38.7% of the sample.

An age analysis showed that the largest number of cases occurred in the young age group (18–29 years) – 36.4%. A gradual decrease in the proportion of patients was observed in the 30–44 and 45–60 age groups (34.1% and 29.5%, respectively).

Meniscus injuries are more common in young men who lead active lifestyles and engage in intense physical activity. This underscores the importance of developing

preventative and rehabilitation programs for athletes and the physically active population.

Table 2.

Mechanism of injury in patients after meniscectomy

Category	Quantity (n)	% of total
Sports	61	46.2
Household	37	28.0
Production	15	11.4
Road transport	9	6.8
Spontaneous (degenerative)	10	7.6

As shown in Table 2, the most common mechanism of meniscus injury was sports injuries—61 cases (46.2%), predominantly in younger men (up to 75% of all sports injuries). Domestic injuries occurred in 28% of patients, more often in women and older individuals. Industrial and road traffic injuries were relatively rare (11.4% and 6.8%, respectively), reflecting the smaller proportion of injuries related to professional activity and external mechanical influences.

The prevalence of sports-related injuries confirms the leading role of intense physical activity in the mechanism of meniscus injuries, especially in young men. In older individuals and women, everyday and degenerative injuries predominate, indicating the influence of age-related changes in connective tissue structures and a decrease in articular cartilage strength.

Table 3.

Type of meniscus injury in patients after meniscectomy

Category	Quantity (n)	% of total
Medial	79	59.8
Lateral	38	28.8
Combined	15	11.4

According to Table 3, the medial meniscus was most frequently damaged, occurring in 79 patients (59.8%). Lateral injuries accounted for 28.8%, while combined injuries accounted for 11.4%.

An analysis of the distribution revealed that medial injuries occurred regardless of gender, but their frequency increased with age. This may be related to the anatomical features of the knee joint: the reduced mobility of the medial meniscus, its more secure attachment to the capsule, and greater loads on the medial compartment of the joint.

The prevalence of medial injuries reflects the biomechanical vulnerability of the medial compartment of the knee joint, especially during rotational movements and axial loads. The increasing incidence of such injuries with age indicates the role of degenerative changes in cartilage and connective tissue in the pathogenesis of meniscus injuries.

Table 4.

Associated injuries in patients after meniscectomy

Category	Quantity (n)	% of total
Anterior cruciate ligament (ACL) rupture	24	18.2
Damage to articular cartilage	19	14.4
Capsular -ligamentous injuries	11	8.3
There are no associated injuries	78	59.1

As can be seen from Table 4, the most common concomitant injury in patients after meniscectomy was rupture of the anterior cruciate ligament (ACL) – 24 cases (18.2%), mainly in young men who had suffered sports injuries.

Articular cartilage damage was observed in 19 patients (14.4%), while capsular -ligamentous damage was observed in 8.3%. No concomitant structural abnormalities were detected in 59.1% of those examined.

With age, there was a tendency toward a decrease in the frequency of ACL ruptures and an increase in the proportion of cartilage and ligament damage, which

reflects age-related restructuring of connective tissue structures and a decrease in the elasticity of joint tissues.

Concomitant injuries, especially ACL tears, significantly complicate the postoperative period and require a comprehensive approach to rehabilitation. Given age and gender differences in the pattern of injuries, when planning rehabilitation treatment, it is advisable to use differentiated medical rehabilitation programs with an emphasis on joint stabilization and the prevention of post-traumatic osteoarthritis.

Table 5.

Anthropometric parameters and duration of injury in patients after meniscectomy

Indicator	Age group	Mean $\pm$ SD	% or characteristic
Body mass index (BMI), kg/m²	I (18–29 years old)	23.4 $\pm$ 1.2	Within normal limits
	II (30–44 years)	25.8 $\pm$ 1.9	Moderate increase
	III (45–60 years)	27.3 $\pm$ 2.1	Overweight
Time since injury before surgery, months.	I (18–29 years old)	5.9 $\pm$ 1.4	—
	II (30–44 years)	7.2 $\pm$ 1.8	—
	III (45–60 years)	9.6 $\pm$ 2.0	—
The side of defeat	Right	—	57.6%
	Left	—	42.4%

According to the data in Table 5, the average body mass index (BMI) of the examined patients was 25.6 $\pm$ 2.8 kg/m², which corresponds to the borderline value between normal and overweight. A gradual increase in BMI with age was noted: in

patients in the younger group, it remained within the normal range ($23.4 \pm 1.2 \text{ kg/m}^2$), while in older individuals it reached the level of overweight ($27.3 \pm 2.1 \text{ kg/m}^2$).

The duration of injury before surgery increased from 5.9 ± 1.4 months in young patients to 9.6 ± 2.0 months in the older group, indicating a later request for medical help and the possible formation of degenerative changes in the joint.

Damage to the right knee joint was observed more frequently (57.6%), which is probably due to the predominance of right-footed individuals and greater load on the dominant limb.

With age, patients undergoing meniscectomy tend to gain weight and experience a longer period between injury and surgery. These factors can adversely affect the postoperative course and delay the recovery of joint function. These findings highlight the need for early diagnosis and weight management as part of comprehensive rehabilitation.

Discussion. The results of the conducted analysis revealed a number of patterns reflecting the characteristics of the formation and clinical course of meniscus injuries in the knee joint. The predominance of male patients (61.3%) confirms the literature data on the higher incidence of meniscus injuries in men due to intense physical activity, participation in sports, and industrial workloads [1, 3, 7]. The highest number of injuries was recorded in the 18-29 year age group, which corresponds to the period of maximum motor activity and functional load on the knee joints.

The main mechanism of injury was sports injuries (46.2%), predominantly in young men, which is consistent with the results of other authors indicating the leading role of rotational-axial loads and abrupt changes in the direction of movement in team and contact sports [4, 8]. In older age groups, the proportion of household and degenerative injuries increased, which is associated with an age-related decrease in the strength of collagen structures and degeneration of articular cartilage [5, 9].

An analysis of the injury pattern revealed that the medial meniscus is damaged significantly more frequently (59.8%) than the lateral (28.8%) or combined (11.4%) meniscus. This is explained by the anatomical features of the medial meniscus fixation and its lower mobility, which makes it more vulnerable to torsional movements of the

femur relative to the tibia [2, 6]. The observed increase in the frequency of medial injuries with age further confirms the role of degenerative processes in the pathogenesis of injuries.

Concomitant injuries, particularly anterior cruciate ligament (ACL) ruptures (18.2%), significantly impacted the clinical presentation and postoperative recovery. The combination of meniscectomy with ACL or cartilaginous damage requires a longer rehabilitation period and increases the risk of posttraumatic osteoarthritis [10, 12].

Of particular interest is the relationship between anthropometric parameters and clinical outcomes. An increase in body mass index (BMI) with age (from 23.4 to 27.3 kg/m²) has been identified, which may contribute to increased stress on the knee joint and a higher likelihood of degenerative changes [11]. Concurrently, an increase in the duration of injury before surgery was observed in older age groups (up to 9.6 months), which is likely due to delayed presentation and delayed recovery.

Thus, the data obtained indicate that the development and progression of meniscal injuries are determined by a combination of factors, including age, gender, physical activity level, anatomical and biomechanical characteristics of the knee joint, and body weight. These results highlight the need for a personalized approach to the medical rehabilitation of patients after meniscectomy, taking into account their clinical and anamnestic profile, the nature of the injury, and associated disorders.

Conclusions : Among patients after meniscectomy, men (61.3%) predominate, being young (18–29 years old), which is associated with a high incidence of sports injuries.

The main mechanism of meniscus damage is sports and domestic injuries, with sports injuries predominating in men and domestic injuries predominating in women of older age groups.

The medial meniscus is most frequently damaged (59.8%), which is due to the anatomical and biomechanical features of its structure.

Concomitant injuries in the form of ACL rupture were detected in 18.2% of patients, mainly in younger age groups.

With increasing age, there is an increase in body mass index and the duration of the injury, which requires special consideration when planning the timing of surgical intervention and choosing rehabilitation tactics.

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ЎЗБЕК ТИББИЁТ ЖУРНАЛИ

7 ЖИЛД, 3 СОН

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