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RELATIONSHIP OF PAIN SYNDROME WITH THE VOLUME OF ACTIVE AND OF PASSIVE MOVEMENTS IN OSTEOARTHRITIS OF THE HIP JOINT

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According to the World Health Organization, arthrosis is diagnosed in 4% of the world's population, 10% of them is the cause of disability. Untimely treatment of arthrosis of the hip joint in 25-30% of patients leads to persistent contractures, and in 10-12% it requires highly traumatic surgical treatment, hip arthroplasty. Early identification of factors, pathological mechanisms of development of degenerative-dystrophic changes in the joint, adequate and timely surgical restoration of disturbed relationships in the joint can significantly slow down the development of signs of arthrosis and keep the patient's quality of life at a high level longer.

The main reasons for the development of coxarthrosis of the hip joint include hereditary predisposition, trauma, inflammation of the musculoskeletal system. All this provokes the onset of degenerative-dystrophic pathology. In most cases, the destruction of hyaline cartilage is the result of the coincidence of several adverse factors: injuries, unsuccessful joint operations, high physical stress, congenital malformations, inflammatory processes and diseases, obesity, creating an increased axial load on the joint, metabolic, endocrine and hormonal disorders, insufficient blood flow in the lower extremities.

It is very important for the diagnosis of damage to the hip joint to study the gait, because a compensatory curvature of the pelvis is possible, which leads directly to its change. When the hip joint is affected, 2 types are observed: gait disorders. Antalgic gait in which the patient shortens the phase time transferring the body to the side of the affected joint in order to avoid painful contraction of the abductor muscles of the hip joint. Trendelenburg's gait indicates weakness of the abductor muscles of the hip joint, which occurs in the early stages of its defeat. During the body-swing phase on the affected side, the opposite side of the pelvis descends and the body is tilted to the unaffected side. With a bilateral lesion, a "duck" gait occurs, also called "abductor lameness". All this may be accompanied by the formation of edema in the hip joint. But if you are overweight they may go unnoticed. In a forced position when walking, cm is also observed. movement of the femoral head and the axis of movement of the leg, which leads to changes in the knee and ankle, the development of flat feet. Often, during movements, especially extensor ones, a crunch occurs in the affected joint. It is a consequence of the exposure of bone surfaces of the femoral head and acetabulum and their friction with each other. There is a sharp increase in pain. Also, to compensate for contracture, it develops lumbar lordosis. As a result of these deformations, the leg appears to be shortened.

In a patient with hip osteoarthritis, the most important early symptom that allows one to suspect the disease is pain in the groin area. Pain can also spread down the leg, radiate to the buttock, anterior or lateral surface. hips. Later, with the progression of the disease, the pain syndrome intensifies, tangible restrictions on the range of motion, mobility, and stability begin to appear. Along with soreness and limited mobility in the area of the hip joint, edema, redness, and hyperthermia of the skin often appear. Pain during execution of passive movements depends not only on the degree of joint damage and the stage of development of the disease, but also on the individual characteristics of the patient, for example, on his pain threshold.

The study concluded that early detection of arthrosis of the hip joint is one of the urgent problems of modern medicine, because as a result of late diagnosis and treatment of this pathology, serious consequences for the patient are possible, including disability and disability.