AJPMHS GLOBAL RESEARCH NETWORK

AMERICAN Journal of Pediatric Medicine and Health Sciences
Volume 3, Issue 3, 2025 ISSN (E): 2993-2149

Clinical-Immunological Characteristics of Assessing the Effectiveness of Treatment of Proximal Timber Fractures

Chinmirzaeva Sadokat Rahmonkulovna

Abstract: Proximal tibia fractures are complex orthopedic problems that require a comprehensive approach for effective treatment. Such injuries often high energetic traumas , for example , traffic accidents and sports injuries as a result to the surface will come In this process immune of the system condition and to become inflamed answer of the fracture to finish and to the rehabilitation process impact to do possible That's it. for , is a large number bone proximal part fractures treatment efficiency clinical and in assessment immunological indicators to study important importance profession will.

Keywords: tibia, proximal fractures, osteosynthesis, immunological parameters, inflammation, rehabilitation.

Introduction.

Intraarticular fractures - tissues damage delivery , knee stability impact does .

Extra-articular fractures - knee to the joint impact does not , but stability violation possible .

Bulk and please fractures - end process farther continue will do .

Treatment methods

1. Conservative treatment

Gypsum and orthopedic bandages is used .

Immobilization (6-12 weeks).

Pain leaver and to become inflamed against drugs is used .

The hospital first Physiotherapy is recommended from days will be allowed .

Disadvantages :

Long long-term rehabilitation.

Deformation and wrong graduation danger high .

2. Surgery treatment

Internal metalloconstructive osteosynthesis (IMO) - plate, screws or strengthening with intramedullary stergen .

External fixation (Ilizarov apparatus) is complex fractures for .

Advantages :

Tomorrow movement opportunity .

Fracture graduation process accelerates .

Risk of deformation decreases .

Disadvantages :

Surgery complications (infection, bone of the end slowing down).

Immunological of indicators importance

Materials.

From breaking then inflammation of the body the answer gives , this in progress following immunological indicators plays an important role :

C-reactive protein (CRP) and interleukin-6 (IL-6) – inflammation level shows .

Leukocytes quantity – infection and inflammation level assessment for .

CD4/CD8 T- lymphocytes balance - to the recovery process impact does .

Research to the results according to :

From surgery then CRP and IL-6 levels faster decreased .

Conservative in treatment inflammation duration farther passed .

Conclusion and recommendations

It's big . bone proximal part in fractures surgery treatment faster to recover take comes .

Through immunological monitoring graduation the process assessment possible .

End of immunomodulatory therapy (antioxidants , vitamins) . the process acceleration possible .

These data are in clinical practice treatment strategy in determining important to the point owner

Purpose :

It's big . bone proximal part fractures treatment efficiency clinical and in assessment immunological of indicators the importance to determine .

Duties :

It's big . bone proximal part fractures types and them treatment methods to study .

Various treatment tactics efficiency to determine .

Immune system indicators change evaluation

Fracture graduation to the process impact doer immunological mechanisms analysis to do

Research and methods.

Be big on research. bone proximal part fractures diagnosis placed 1 50 people sick participation did They are divided into 2 groups separated :

Conservative treatment received patients (plaster and orthopedic bandages)

Surgery treatment passed patients (IMO, plate and screws via osteosynthesis)

Research during following from methods used :

Clinical assessment (pain , swelling, movement limitation)

Radiological examination (x-ray and CT)

Immunological analyzes (leukocytes , C-reactive protein , interleukins , CD4/CD8 count)

Results and discussion.

Clinical results

Surgery treated with in patients pain syndrome faster decreased and movement activity was quickly restored . Conservative treatment passed in patients and graduation process farther continue did and bone graduation in the process some difficulties observed .

Immunological results

Surgery from treatment later leukocytes level short fixed-term raised observed , then and normal to the situation returned .

C-reactive protein (CRP) and interleukin-6 (IL-6) levels from a broken bone next first in days high to the extent it happened , but surgery passed in patients this indicators faster normal to the situation came .

CD4/CD8 immunocell balance from surgery later faster restored , this and better immune the answer means .

Conclusion.

It's big . bone proximal part in fractures surgery treatment tactics more efficient they are pain syndrome reduce , finish the process acceleration and immune in the system changes to normalization help gives .

Recommendations :

It's big . bone their fractures clinical and in treatment immunological indicators control to do necessary .

Fracture graduation the process acceleration for inflammation decremental from immunomodulators use to the goal suitable .

In the process of rehabilitation immune of the system the situation control make the recovery process optimization possible .

Literatures:

1. Kompleksnaya otsenka eksultati khirurgicheskogo lecheniya vnutrisustavnyx perelomov neck femur / E.Sh. Lomtatidze, D.V. Volchenko, S.V. Potseluyko , V.E. Lomtatidze, N.I. Kim, Yu.V. Troshev, M.I. Kruglov, D.P. Popov // Journal of Traumatology and Orthopedics. N.N. Priorova. 2005. No. 3. S. 11-15.
2. Neverov V.A., Klimov A.V., Dultsev I.A. Perelomy sheyki bedra kak problem osteoporosis // III Russian symposium on osteoporosis. St. Petersburg, 2000. P. 141.
3. Malo-invasive surgical prevention of fractures of the neck of the femur in the patient's age / A.L. Matveev, B.Sh. Minosov, T.B. Minasov, A.V. Nekhojin //Actual issues of traumatology and orthopedics: material VIII meeting of traumatologists-orthopedics in Uzbekistan. Tashkent , 2012. S. 161-163.
4. Blunt multiple trauma: Comprehensive pathophysiology and care / Ed. by JR Border, M. Allgöwer , ST Hanson, TP Ruedi. New York: Marcel Dekker , 1990.
5. Allakhverdiev A.S., Soldatov Yu. P. Comparative analysis of the results of the treatment of patients with fractures of the femoral neck with the use of a monolateral needle-rod device of its own construction and a transverse fixation needle // Saratovsky scientific and medical journal. 2014. T. 10, No. 4. S. 627-635.
6. Closed compression osteosynthesis with perelomax neck femur method by the author / N.V. Belinov , N.I. Bogomolov, V.S. Ermakov, E.V. Namokonov // Journal of Traumatology and Orthopedics. N.N. Priorova. 2005. No. 1. S. 16-18.
7. Operative treatment of femoral neck fractures with the use of dynamic derotational osteosynthesis / V.E. Dubrov, A.V. Yudin, I.M. shcherbakov, A.O. Ragozin, A.L. Matveev,

D.A. Zyuzin, K.A. Saprykina // Journal of Traumatology and Orthopedics. N.N. Priorova. 2016. No. 4. S. 5-11.

8. Schenkelhalsbruch . Osteosynthesis order which one Endoprosthesis want indiziert ? / G. Möllenhoff , M. Walz, B. Clasbrummel , G. Muhr // Orthopade . 2000. Vol . 29, No. 4. P. 288-293. DOI: 10.1007/s001320050449
9. Salokhiddinov F.B., Karimov M.Yu., Tolochko K.P. Otsenka results of lecheniya poverjdeniy kostey nizhnix konechnostey sterjnevym apparatom pri mnojestvennyx i sochetannyx traumax // Geniy ortopedii. 2018. T. 24, No. 1. S. 13-17. DOI: 10.18019/1028-4427-2018-24-1- 13-17
10. Fracture and dislocation classification compendium / EG Meinberg, J. Agel, CS Roberts, MD Karam, JF Kellam // J. Orthop . Trauma . 2018. Vol . 32, No. Suppl . 1. P. S1-S170. DOI: 10.1097/BOT.0000000000001063
11. Otsenka iskhodov perelomov kostey oporno-dvigatelnogo apparata i ix posledstviy: instruction. Utv. Center. internal traumatology I ortopedii im. N.N. Priorova 15.11.83. M. : TsITO, 1983. 11 p.
12. Allakhverdiev A.S., Soldatov Yu.P.. Problemy treatment of postradavshix with pereloma of the neck of the femur (literature review) // Orthopedic genius. 2016. No. 1. S. 90-95.
13. Markov A.A., Kuznetsov I.V., Sergeev K.S. Chirurgicheskoe lechenie perelomov sheyki bedra // Meditsinskaya nauka i obrazovanie Urala. 2007. No. 6. P. 28-30.
14. Talyshinsky R.R., Gadzhiev Sh.Sh. Osteosynthesis of transversal and subvertal fractures of the femoral bone narujnoy fixatsii and litz pozhilogo vozrasta // Novosti khirurgii. 2011. T. 19, No. 3. S. 82-85.
15. Shagdurin V.A., Krasnoyarov G.A., Dorjiev Ch.S. Lechenie perelomov sheki bedrennoy kosti apparatom naruzhnoy fiksatsii // Vestnik Buryat State University. 2012. No. 12. S. 72-74.
16. Sirodzhov K.Kh. Preimushchestva sterzhnevogo osteosinteza u bolnyx s sochetannymi i mnojestvennymi perelomami oporno-dvigatelnogo apparata // Nauchno-prakticheskiy zurnal TIPPMK. 2014. No. 3. S. 38-43.