



SURGICAL TREATMENT DEGENERATIVE LUMBAR SPINAL STENOSIS

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The aim of study was to examine prognostically important clinical, radiological and MRI signs degenerative stenosis lumbar department spine, justification to the use of ventral access and the development of a new method of surgical treatments at reconstruction vertebral segments and selection of algorithms for optimal surgical interventions.

Research work was carried out in the following areas:

Decompression and stabilization operations on the lumbar spine from the anterior approach.

- anterior decompression of the dural sac, combined corporodesis with autogenous bone from the iliac crest.

Decompression and stabilization operations on the lumbar spine from the posterior approach.

- posterior decompression of the dural sac, fusion with autologous bone from the iliac crest and stabilization with transpedicular fixation (TPF).

- posterior decompression of the dural sac with dynamic fixation lumbar department spine with DIAM instruments.

Reoperations for failed back surgery syndrome (FBSS).

presented work we summarized and systematized the experience of surgical treatment of degenerative stenosis of the lumbar spine in 251 patients, including 57 patients who were re-operated on for “failed back surgery syndrome” in the period 2022-2025.

Methods of examination of patients with degenerative stenosis vertebral channel lumbar departments of the spine combine a detailed analysis of the characteristic clinical picture and modern methods receipt images bone and soft tissue structures, allowing define, character, the degree and localization of the pathological process.

Results treatments were researched at two groups. In first group the sick entered operated anterior method using a titanium cage in 92 (36.7%) patients and combined corrodosis with autograft bone from the iliac wing in 57 (22.7%) patients. The second group included patients who underwent surgery from the posterior approach: 17 (6.7%) patients underwent posterior decompression of the dural sac, fusion with autograft bone from the iliac crest and stabilization with transpedicular fixation and 28 (11.2%), posterior decompression of the dural sac with dynamic fixation of the lumbar department





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spine tools DIAM. Additional we highlighted group, operated with "syndrome unsuccessfully operated spine", which accounted for 57 (22.7%) patients.

In 91 cases (36.3%), the pathomorphological substrate of the developed clinical symptoms was degenerative stenosis of the spinal canal, in 67 (26.7%) - combination degenerative stenosis With hernia or protrusion of the intervertebral disc, in 36 cases (14.3%) the cause of pain and neurological syndromes was unstable degenerative spondylolisthesis and 57 cases (22.7%) during repeated operations with "successfully operated spine syndrome". It is no coincidence that this group is highlighted in a separate line, since it is represented by a wide range of pathomorphological substrate. Operations are predominantly were completed on level L4-L5 vertebrae in 138 (54.9%) patients and at the level of L5-S1 vertebrae in 71 (28.2%) patients, on the lumbar spine, mainly in its lower sections, which corresponds to the pathogenesis and course of this disease . In some cases, at degenerative lumbar spinal stenosis was treated with multi-level surgeries using anterior and posterior approaches to the lumbar spine, at 22 (8.8%) patients, what corresponds to the polysegmental course of the disease.

We divided the clinical manifestations in our patients based on the severity of the pathomorphological substrate. Thus, in degenerative stenosis of the spinal canal, in most cases, neurological symptoms of compression of the spinal roots were noted; in 50 cases (54.9), radicular intermittent lameness, To which we can also add group degenerative stenosis With with reading hernias or protrusion MPD. Where was 25 cases (37.3%) With this neurological symptoms that was confirmed from anamnesis And clinically. In degenerative lumbar spondylolisthesis spine compression-radicular syndrome was observed much less frequently, but lumbalgic and lumbosciatic syndromes caused by segmental instability predominated. Thus, persistent neurological deficit was revealed in 179 patients (71.3%). In 170 cases (67.7%) it was represented by disturbances of sensitivity of the radicular type and (or) paresis of the flexors or extensors of the foot, in two cases (2.2%) - caudo-medullary syndrome. Based on the obtained as a result of clinical trials data can be stated, What pathognomonic symptoms or syndromes that clearly determine the diagnosis of spinal stenosis channel lumbar department There is no spine. Therefore, the clinical diagnosis of stenosis should be based on a combination of symptoms, syndromes and pathological substrate most often encountered in stenosis.

Complex grade functional treatment results carried out with taking into account indicators the nature and severity of neurological disorders, and data from radiological diagnostic methods.

When summing up the early and late results, the results obtained after using a cylindrical titanium cage from the ventral approach indicate the advantage of this method when choosing surgical treatment for degenerative stenosis of the lumbar spine, but it should not be forgotten that each method has its own strict indications, non-compliance with which leads to a deterioration in statistical indicators.





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Based on from the above, received the results of using access for decompressive procedures and interbody with a cylindrical implant required us to justifications use this methods, for which we turned to specialist engineers for mathematical modeling of its application taking into account the changing balance of the spine. And with the help of use formulas final The results showed that this device, with its characteristics, provides adequate full-fledged decompression, does not conflict with the above and below PDS, creates favorable conditions for functional activities spine, Not disrupting the established structure of the sagittal balance, which can change with age due to a person's lifestyle and the natural aging process. Like this in this way, presented V work complex of operational methods provided opportunity differentiated approach to surgical treatment of degenerative stenosis of the lumbar spine, and the results of the study made it possible to determine the indications for the optimal method of surgical intervention depending on the specific pathomorphological situation. The obtained immediate and remote treatment results allow us to recommend developed methods and implants for widespread clinical use.

