

IMMEDIATE RESULTS OF SURGICAL TREATMENT IN PATIENTS AFTER HIGH AMPUTATION OF THE LOWER LIMB WITH DIABETIC FOOT SYNDROME

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The relevance of research. Patients with gangrene of the lower limb on the background of diabetic foot syndrome (DFS) represent a heavy contingent and in most cases, despite adequate treatment, leads to loss of the lower limb and thereby reduces the quality of life of patients.

The aim of the study is to improve the quality of life of patients with diabetic gangrene of the lower extremities by selecting optimal methods for high and low amputations.

Materials and methods of research. The results of surgical treatment of 232 patients who were hospitalized in the period 2017-2022 were analyzed. Depending on the surgical approach, the patients were divided into 2 groups. The first group (comparison) included 109 patients (47%), these patients received inpatient treatment in 2017-2019. The second group (main) included 123 (53%) patients who received inpatient treatment and underwent amputations in 2020-2022. Each anatomical zone (shin and thigh) was divided into 3 levels (lower, middle and upper third) according to the level of bone truncation. In contrast to the comparison group, we performed Gritti-Schymanowski amputation in 14 (8,4%) patients in the main group, which also had its advantages over other types of amputation at the hip level.

When studying the immediate results (3 months) of surgical treatment, we divided the patients according to the level of amputation. The criteria for evaluating the results were trophic ulcers in the stump area, repeated operations in the stump area, and the use of prosthetics or orthopedic shoes by patients.

When analyzing the data of the first group (n=109), the appearance of trophic ulcers in the near future was observed in 13 (11,92%) patients. Repeated operations were performed in 7 (6,42%) patients in the near future. Of all the patients, 15 (13,76%) wore prosthetics in the early postoperative period.

When studying the data of the main group (n=123), the appearance of trophic ulcers in the near future was observed in 15 (12,19%) patients. Repeated operations were performed in 6 (4,87%) patients in the near future. 37 (30,1%) patients wore prosthetics in the early postoperative period.

Of all the patients in the main group who wore prosthetics in the early postoperative period, 86,5% had lower leg amputations.

When using a prosthesis, the patient's stump is subjected to intense physical exertion in combination with the microclimate of the receiving sleeve, which was previously unusual for the stump tissues. The combination of these factors in some cases contributes to the formation of various pathological processes in the cult.

Conclusions. Thus, using an improved algorithm of surgical treatment for hip amputation, patients in the main group used prosthetics in 4,06% of cases, while in the long-term in the comparison group this indicator was equal to 0. Early prosthetics of patients (within 50-60 days) with amputation of the lower leg improves physical condition by 9,5%. In amputations above the knee joint, the preservation of the patella by the Gritti-Schymanowski method leads to an improvement in all quality of life parameters.