

THE OPTIMAL TREATMENT OF DEFORMING OSTEOARTHRITIS OF THE KNEE JOINT OF THE PATIENTS

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One of the most common types of diseases of the musculoskeletal system is deforming osteoarthritis of the knee joints, which leads to long-term disability. Deforming knee injury are the second most cases after hip arthrosis. Deforming arthrosis of the knee joints suffer more than 15 % of people. The number of cases increases with age.

Cause of the disease is an imbalance between the anabolic and catabolic processes in the knee joint. Deforming osteoarthritis may appear due to various factors, such as biomechanical (trauma, high intensity load, dysplasia, static skeletal deformities, obesity etc.), inflammatory (acute and chronic arthritis), metabolic (gout, hemochromatosis, chondrocalcinosis, etc.); endocrine (diabetes, acromegaly, hypo- and hyperparathyroidism), ischemic (varicose veins, arteriosclerosis, etc.).

Deforming osteoarthritis knee joints is almost incurable disease. At present its urgent need for selecting the optimal method of treatment. Conservative methods do not provide positive outcomes, namely recourse morphological changes in the joint, which is the criterion for complete curing. Unfortunately, even at an early stage in the conservative treatment is rarely possible to stop the development of this type of pathology. Therefore, most patients with knee joint pathology require various types of surgery (arthroscopy, osteotomy, arthroplasty).

The choice of treatment depends on the stage of the disease. It is believed that in the early stages I and II of the pathological process topical treatment is arthroscopic diagnostics, osteotomy, and for stages III and IV shown arthroplasty.

From 1998 to 2013. orthopedic clinic in 1 Municipal Clinical Hospital Sumy 203 patients were operated. From Age – 42 to 76 years. Among them were 198 women and 15 Men .

In 5 women surgery were performed on both limbs (corrective osteotomy).

Surgical intervention with medialization of the tibial tuberosity – 27 patients, from them – 19 women, 8 – men.

With arthrotomy and heylektomy, Through microfracturing of condylar femur was performed in 12 patients, from them – 9 women. All patients had used the method of fixing the L-shaped metal plate with additional fixing circular plaster bandage up to 5 weeks.

Non fusion Osteotomy was not observed. Flaccid fusion were observed in 5 women and 1 man. Long-term results were studied in 153 patients. Of these, 73 % – good results, 15 % – satisfactory, 2 % – unsatisfactory. For the reference period in all patients treated at the difficult and unsatisfactory results was conducted knee arthroplasty.

Conclusions. When GONARTHROSIS with impaired limb axis II–III degree. showing corrective osteotomy, which according to our results give 95 % positive results. Best results in violation of the axis to 12–13 ° for replacement with intact axis are the most optimal conditions.

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