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USE OF ARTHROSCOPY IN THE EARLY TREATMENT OF LARGE TIBIAL LUMPS

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Abstract. The purpose of the research work is to apply the modern method of treatment of fractures of large tibial bones and to demonstrate the reduction of complications after treatment. S right in years The frequency of articular fractures of proximal metaepiphysis of the tibia is constantly increasing, these fractures account for 10% of articular fractures in the locomotor system, 2% to 5% of total fractures, and 30% of leg injuries, which means that this problem is extremely urgent. This method was used in 37 patients, in all of whom positive and satisfactory results were obtained. The proposed method is highly effective and can be widely used in medicine.

Keywords: big is a child bone, arthroscopy, surgical treatment.

In injuries of the bones forming the knee joint, these fractures account for 29.4%, fractures of the femoral condyle 5.2%, and fractures of the kneecap 65.4%. At the same time, it should be mentioned that the fracture of the outer tubercle of the tibia can occur in 55-70% of cases, and the fracture of both tubercles can occur in 10-30% of cases. The peculiarity of these fractures is that the fracture surfaces are located inside the joint, and in many cases, the joining of soft tissue elements of the joint is considered. Violation of the integrity of the surface of the knee joint causes the severity of the injury and the long duration of the recovery process. Fractures of the knee joint are often observed to overgrow the regenerated tissue, which in turn leads to a violation of the integrity of the joint surface and a change in the shape of the joint, due to which it often leads to limitation of movement in the joint and deforming arthrosis. Accumulation of blood in the joint causes scarring and adhesions, and may even cause permanent contractures in the joint. The complexity of knee joint snips is related to the difficulty of repositioning bone fragments and stable fixation of bone fragments. Failure to make a complete diagnosis in these fractures leads to the wrong choice of treatment tactics, and as a result, unsatisfactory results are observed in 6-39%, and cases of disability are observed in 6-15%.

Diagnosing fractures of the greater tibial tuberosity is quite complicated and often goes undiagnosed. Initially, the patient's knee joint is radiographed in standard projections. MSCT and MRI examinations clearly show the direction and displacements of intra-articular fractures of the knee joint, as well as the degree of injury to soft tissues (menisci, iliac ligaments).

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Today, the treatment of large shin bone tumors requires the use of high-tech, minimally invasive methods. But wide arthrotomy is still used in many places, in such procedures, the compression of the soft tissues of the joint increases, which in turn causes an increase in purulent complications, contractures, prolongation of the rehabilitation period, and increasing inability to work and disability. Arthroscopic treatment of these fractures is still not widely practiced.

Our goal is to improve the results and effectiveness of surgical treatment for patients with this type of injury, restore the integrity and shape of the knee joint surface, prevent post-operative scars, prevent joint contractures and arthrosis, shorten the rehabilitation period, and ensure that patients can walk without pain. return to cocktail activity.

Material and methods

There are 37 patients who were treated with the diagnosis of fractures of the tibia during the years 2019-2023 in the Department of Traumatology, Orthopedics and Neurosurgery of the Specialized Traumatology and Orthopedics Scientific and Applied Medicine Center of the Republic of Uzbekistan and the Navoi Region Multidisciplinary Medical Center, including:

Body injury		Male	Women
Road transport incident	15	9	6
Sports injuries	9	6	3
Falling from a height	13	9	4

All patients underwent X-ray, MSCT and MRI examinations and were treated by arthroscopy. All patients complained of knee swelling, pain, deformation, limitation of movement, and difficulty in walking within 20 days after the injury . In 17 patients, meniscal injuries were detected between the bone fragments, in 2 cases, lateral meniscus anterior horn tears were detected and P-shaped sutures were placed. In the remaining cases, a partial meniscectomy was performed. All cases were repositioned and osteosynthesized with cancellous screws under arthroscopic control. Patients were placed in a plaster cast with a tutor for 14 days, after which patients began to perform knee flexion and typing exercises.

8 days before the arrival of patient S, he received an injury to his left leg as a result of a fall from a height, he applied to the polyclinic at his place of residence, according to the X-ray results, he was diagnosed with a "satisfactory fracture of the left big tibia" and was put in a plaster cast. When he went to the clinic because of the pain, he underwent CT scan and MRI. According to the examination results, a diagnosis was made of "fracture of the outer round of the left tibia and partial tearing of the anterior

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horn of the lateral meniscus." The patient underwent arthroscopy and partial meniscectomy of the anterior horn of the lateral meniscus and reposition of the external tuberosity under arthroscopic control and osteosynthesis with cancellous screws. The patient was put in a plaster cast with a tutor on his left leg for 14 days. On the 14th day, the patient started knee joint exercises after removing the wound sutures and a plaster cast.

Patient A injured his left knee due to a fall from a height 10 days ago and referred to the outpatient clinic of his place of residence. After the x-ray image, a diagnosis of "fracture of the outer round of the left tibia" was made, and outpatient treatment in a plaster cast was recommended. The patient referred to the clinic due to pain and swelling in the knee joint, and after the patient underwent MSCT and MRI examination of the left knee joint, the diagnosis was made that "the outer tubercle of the left tibia has sunk into the joint surface." Under the control of the arthroscope, the joint surface of the left tibia was repositioned and osteosynthesis was performed with cancellous screws and a plaster bandage was applied for 14 days. On the 14th day, the patients were started to bend the knee joint in a condition where the injured leg was not loaded and the wound sutures and plaster bandage were removed. All patients were allowed weight-bearing exercise after 8 weeks and full ambulation on the injured leg after 12 weeks.

Treatment results

Treated patients	High score	Good result	Satisfactory result
37 in total	27 people	8 people	2 people

Patients were evaluated by the criteria of bending the knee joint, writing, stability on the frontal plane, painlessness when walking.

Conclusion : in the treatment of fractures of the large tibial bone, performing an operation under the control of an arthroscope allows you to fully see the bone fragments and changes in soft tissues and the internal state of the joint, and the accuracy of the repositioning is maximally controlled, it is performed in a minimally invasive way, there are no scars on the skin after the operation, purulent after the operation the risk of complications is reduced, patients do not walk in a plaster cast for a long time, there are no contractures of movement limitation in the knee joint, patients stay in the hospital are reduced and rehabilitation is done earlier, and patients return to work in a short time.

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