
**ORIENTAL JOURNAL OF MEDICINE AND
PHARMACOLOGY**

journal homepage:

<https://www.supportscience.uz/index.php/ojmp>

**CLINICAL SYMPTOM COMPLEX IN VERTEBROGENIC LUMBOSACRAL
RADICULOPATHY*****M.B. Urinov****Researcher**Bukhara State Medical Institute**Bukhara, Uzbekistan****M.M. Usmonov****Researcher**Bukhara State Medical Institute**Bukhara, Uzbekistan*

ABOUT ARTICLE

Key words: Vertebrogenic lumbosacral radiculopathy, chronic pain, discogenic origin, neurological manifestations, medical communities.

Received: 19.09.22**Accepted:** 21.09.22**Published:** 23.09.22

Abstract: Vertebrogenic lumbosacral radiculopathy, being a global problem of modern healthcare, occupies one of the leading places among the reasons for visiting doctors of various specialties and disability of people of different age categories. According to modern scientific medical research by a number of authors, an episode of back pain, at least once in a lifetime, is noted by 100% of the able-bodied population of developed countries.

The high urgency of the problem of degenerative changes in the spine in the lumbar region is determined by neurological manifestations, changes in psychological and personal characteristics, and a decrease in the quality of life, which attracts close attention of the scientific and medical communities. In particular, it is associated with the peculiarities of the course of the disease, the high frequency of exacerbations and the occurrence in people of the most able-bodied age, unsatisfactory results of treatment and rehabilitation measures, the transformation of the pain syndrome into a chronic form and progressive disability.

According to the literature, from 60% to 80% of the population in industrialized countries experience pain of varying intensity

in the lower back against the background of dorsopathy, whose share in the formation of neurological syndromes reaches 95%, and pain, including discogenic origin, is considered the most obligate symptom. , occurring in every fifth person over 30 years of age. In the development and progression of dorsopathies, a significant role is given to the disruption of microcirculation processes, which are observed at the stage of clinically developed manifestations both locally - at the level of the affected segment, becoming one of the factors causing acute pain syndrome, and systemically - in the reflex zones and the central nervous system (CNS) , leading to the preservation, deterioration and chronicity of pain in the conditions of transformation of tissue homeostasis, sensitization and functional dissonance of the CNS structures at different levels, determining the formation of negative pain experience and negative psycho-emotional reactions. A large number of authors indicate degenerative lesions and changes in the musculoskeletal apparatus of the spinal column as the main causes of pain in dorsopathy.

ВЕРТЕБРОГЕНИК ЛУМБОСАКРАЛ РАДИКУЛОПАТИЯНИНГ КЛИНИК БЕЛГИЛАРИ

М.Б. Ўринов

Тадқиқотчи

Бухоро давлат тиббиёт институти

Бухоро, Ўзбекистон

М.М. Усмонов

Тадқиқотчи

Бухоро давлат тиббиёт институти

Бухоро, Ўзбекистон

МАҚОЛА ҲАҚИДА

Калит сўзлар: Вертеброгеник лумбосакрал радикулопатия, сурункали оғриқ. дискоген келиб чиқиши, неврологик кўринишлар, тиббий жамоалар.

Аннотация: Вертеброгеник лумбосакрал радикулопатия замонавий соғлиқни сақлашнинг глобал муаммоси бўлиб, турли ихтисосликдаги шифокорларга мурожаат қилиш ва турли ёшдаги одамларнинг ногиронлиги сабаблари орасида этакчи ўринлардан бирини эгаллайди. Бир қатор муаллифларнинг замонавий илмий тиббий тадқиқотларига кўра, ҳаётда камида бир марта бел оғриғи эпизоди ривожланган мамлакатларнинг меҳнатга лаёқатли

аҳолисининг 100 фоизи томонидан қайд этилган.

Ломбер минтақада умуртқа поғонасидаги дегенератив ўзгаришлар муаммосининг юқори долзарблиги неврологик кўринишлар, психологик ва шахсий хусусиятларнинг ўзгариши ва ҳаёт сифатининг пасайиши билан белгиланади, бу эса илмий ва тиббиёт ҳамжамиятларининг диққатини тортади. Хусусан, бу касалликнинг ўзига хос хусусиятлари, кучайишнинг юқори частотаси ва меҳнатга лаёқатли ёшдаги одамларда пайдо бўлиши, даволаш ва реабилитация тадбирларининг қониқарсиз натижалари, оғриқ синдромининг оғриқ синдромига айланиши билан боғлиқ сурункали шакл ва прогрессив ногиронлик.

Адабиётларга кўра, саноати ривожланган мамлакатларда аҳолининг 60% дан 80% гача бўлган қисми неврологик синдромларнинг шаклланишидаги улуши 95% га этадиган дорсопатия фониди белнинг пастки қисмида турли хил интенсивликдаги оғриқларни бошдан кечиради ва оғриқ, шу жумладан дискоген келиб чиқади. , энг мажбурий симптом ҳисобланади. , 30 ёшдан ошган ҳар бешинчи одамда учрайди. Дорсопатияларнинг ривожланиши ва ривожланишида микросиркуляция жараёнларининг бузилиши муҳим роль ўйнайди, улар маҳаллий даражада — таъсирланган сегмент даражасида клиник жиҳатдан ривожланган босқичда кузатилади ва ўткир оғриқ синдромини келтириб чиқарадиган омиллардан бирига айланади. , ва тизимли равишда — рефлекс зоналарда ва марказий асаб тизимида (СНС) , тўқималарнинг гомеостазини ўзгартириш, турли даражадаги СНС тузилмаларининг сезгирлиги ва функционал диссонанси шароитида оғриқнинг сақланиши, ёмонлашиши ва сурункалилигига олиб келади. салбий оғриқли тажриба ва салбий психо-эмоционал реакцияларни шакллантириш. Кўп сонли муаллифлар дорсопатиядаги оғриқнинг асосий сабаблари сифатида дегенератив лезёнлар ва ўмуртқа устуннинг мушак-скелет аппарати ўзгаришларини кўрсатади.

**КЛИНИЧЕСКИЙ СИМПТОМОКОМПЛЕКС ПРИ ВЕРТЕБРОГЕННОЙ
ПОЯСНИЧНО-КРЕСТЦОВОЙ РАДИКУЛОПАТИИ****М.Б. Уринов***Исследователь**Бухарский государственный медицинский институт**Бухара, Узбекистан***М.М. Усмонов***Исследователь**Бухарский государственный медицинский институт**Бухара, Узбекистан*

О СТАТЬЕ

Ключевые слова: Вертеброгенная пояснично-крестцовая хроническая боль. радикулопатия, Вертеброгенная пояснично-крестцовая радикулопатия, являясь глобальной проблемой современного здравоохранения, занимает одно из ведущих мест среди причин обращения к врачам различных специальностей и нетрудоспособности лиц разных возрастных категорий. Согласно современным научным медицинским исследованиям ряда авторов, эпизод боли в спине, хотя бы раз в жизни, отмечают 100% трудоспособного населения развитых стран.

Аннотация: Высокая актуальность проблемы дегенеративных изменений позвоночника в поясничном отделе определяется неврологическими проявлениями, изменениями психологических и личностных характеристик, снижением качества жизни, что привлекает пристальное внимание научного и медицинского сообществ. В том числе, оно связано с особенностями течения заболевания, высокой частотой обострений и встречаемостью у лиц наиболее трудоспособного возраста, неудовлетворительными результатами лечебно-реабилитационных мероприятий, трансформацией болевого синдрома в хроническую форму и прогрессирующей инвалидизацией.

По данным литературы от 60% до 80% населения в индустриально развитых странах испытывает болевые ощущения различной интенсивности в нижней части спины на фоне дорсопатии, чья доля в формировании неврологических синдромов достигает 95%, а боль, в том числе дискогенного происхождения,

рассматривается наиболее облигатным симптомом, встречаясь у каждого пятого человека старше 30 лет. В развитии и прогрессировании дорсопатий значительная роль отводится нарушению процессов микроциркуляции, которые наблюдаются на стадии клинически развернутых проявлений как локально – на уровне пораженного сегмента, становясь одним из факторов вызывающим острый болевой синдром, так и системно – в рефлекторных зонах и центральной нервной системе (ЦНС), ведя к сохранению, ухудшению и хронизации боли в условиях трансформации тканевого гомеостаза, сенситизации и функционального диссонанса структур ЦНС на разном уровне, определяя формирование негативного болевого опыта и отрицательных психоэмоциональных реакций. Большое количество авторов указывают дегенеративные поражения и изменения в мышечно-связочном аппарате позвоночного столба основными причинами болевого синдрома при дорсопатии.

INTRODUCTION

To identify the features of the clinical picture in vertebrogenic lumbosacral radiculopathy depending on gender.

The study included 125 patients aged 24 to 67 years (mean age 38.7 ± 9.2 years) with moderate to severe vertebrogenic lumbosacral radiculopathy (VCR), VAS scores from 5 to 9. The patients were divided into two groups. Group I consisted of men - 69 (55.2%) people, group II consisted of women - 56 (44.8%), the ratio of the number of men to the number of women was 1.2:1.0. In accordance with the diagnosis of M54.5 "Pain in the lower back" (ICD-10). Conducted study of the effectiveness of medical rehabilitation of patients with pain in the lower back according to the ICF. To objectify the severity of the pain syndrome in order to identify intergroup differences and the possibility of assessing the dynamics of the pain syndrome, a digital visual pain scale VAS was used.

The obtained results were processed as follows: calculation of the mean, standard deviation, Mann-Whitney U-test, correlation analysis. Programs used: Microsoft Office Excel, Stadia.

THE MAIN RESULTS AND FINDINGS

The location of the pain was an important diagnostic criterion for the diagnosis of M54.5 "Pain in the lower back" (ICD-10). 123 (98.4%) of the examined patients with BNS noted the

lumbosacral region as a source of pain. According to the nature of the pain, shooting (32.0%) and aching (28.8%) and constricting (24.8%) prevailed. Complaints of burning pain occurred in 38 (30.4%) of all examined patients and were localized mainly in the lumbosacral region. The data obtained indicated a significant predominance of the nociceptive mechanism of pain formation in the examined patients with LBP. Clinically, there was an increase in pain during physical exertion, walking, prolonged static postures, limitation of the volume of active movements in the lumbar spine due to pain in all patients,

The clinical symptom complex of the examined patients was represented by: pain syndrome, moderate motor disorders of the corresponding myotome, proprio reflex prolapse or decrease, sensory disorders predominantly by the type of prolapse in the corresponding dermatome, the presence of positive symptoms of tension. The most common complaint of all examined patients was pain localized in the lower back or buttock with irradiation to the lower limb, which increased with movements in the lumbar spine, static load on the spine or lower limbs.

To objectify the severity of the pain syndrome in order to identify intergroup differences and the possibility of assessing the dynamics of the pain syndrome, a digital visual pain scale VAS was used, which makes it possible to quantify the intensity of the pain syndrome. The data obtained are shown in Figure 1.

Figure 1. VAS pain scores in patients with PVCC.

** - reliability of differences between groups $p < 0.05$.*

During a clinical examination, 63 patients (50.4%) noted a limitation in the volume of active movements in the lumbar spine, 87 patients (69.6%) noted pain on palpation of the paravertebral points and spinous processes at the level of the lumbosacral spine, in 72 patients (57.6%), defense of the paravertebral muscles of the lumbar region was noted; in 35 patients (28.0%), pastosity of the lumbar region was detected, which manifests itself both in a horizontal and vertical position.

In the neurological status, 32 patients (25.6%) had sensory disorders of a non-radicular type in the lower extremities, 28 patients (22.4%) had a unilateral decrease in knee and/or Achilles reflexes, 26 patients (20.8%) on examination, symptoms of "tension" were revealed, movement disorders, trophic disorders or muscle tone of the lower extremities were not detected.

Clinically, there was an increase in pain during physical exertion, walking, prolonged static postures, limitation of the volume of active movements in the lumbar spine due to pain in 100% of the examined patients, regardless of gender, age characteristics, professional characteristics.

An important diagnostic sign indicating damage to the spinal root are sensory disorders that were localized in the area of the corresponding dermatome. The results of the study of the distribution of sensitive disorders by severity are presented in Table 1.

Analyzing the distribution of sensitive disorders in patients of group I, a significant predominance of hypesthesia (anesthesia) was noted - 40.6%, and in patients in group II in 33.9% of cases. Hyperesthesia was also quite common, and in group I - 21.7%, in group II - 19.6%. It should be noted that sensitivity disorders such as paresthesia and hyperpathy were more common in patients of group I.

Table 1.

Distribution of sensory disorders in patients with CVCC.

| Type of sensory disorders | Group I (n=69) | | Group I (n=56) | |
|---------------------------|----------------|-------|----------------|-------|
| | abs | % | abs | % |
| Anesthesia (hypesthesia) | 28 | 40,6% | 19 | 33,0% |
| hyperesthesia | 15 | 21,7% | 11 | 19,6% |
| paresthesia | 9 | 13,0% | 5 | 8,9% |
| Hyperpathy | 8 | 11,6% | 4 | 7,1% |

Damage to the motor and sensory portions L5 and S1 of the spinal roots included in the reflex arc or a combination of such damage led to a decrease or loss of the Achilles reflex. The data obtained are presented in table 2.

The distribution of reflex disorders in patients in both groups looked like dominance of hyporeflexia 52.2% and 44.6%, respectively. The absence of the Achilles reflex had significant differences in patients in groups - in group II, 16.1% of patients had this symptom, in group I - unreliably more - 17.4%. Achilles reflex disorders of the type of hyperreflexia were the same in 37.2% and 7.1% of cases - in group I and group II, respectively.

Table 2.

Variants of changes in the Achilles reflex in patients with PVCC.

| Reflex state | Group I (n=69) | | Group I (n=56) | |
|--------------|----------------|---|----------------|---|
| | abs | % | abs | % |

| | | | | |
|---------------|----|-------|----|-------|
| Areflexia | 12 | 17,4% | 9 | 16,1% |
| Hyperflexia | 36 | 52,2% | 25 | 44,6% |
| hyperreflexia | 5 | 7,2% | 4 | 7,1% |
| Norm | 16 | 25,8% | 18 | 32,1% |

In our study, it was confirmed that the most informative clinical symptom of tension is the symptom of Lasegue, which made it possible to objectify the severity of the compression lesion of the L5 and S1 roots. Data from the study of the symptom of Lasegue are presented in Figure 2.

Figure 3. Frequency of occurrence of a positive symptom of Lasegue in patients with CVD.

An analysis of the frequency of occurrence of the symptom of tension in patients of both groups showed the predominance of a positive symptom of Lasegue up to 45°. Its distribution for patients of group I was 52.2%, for patients of group II-37.5%. The frequency of occurrence of a positive symptom of Lasegue over 45° among patients of both subgroups prevailed in patients of group I (24.6% of cases).

Clinical and neurological examination diagnosed overweight in 32.0% of patients, analgic posture in 9.6%, movement restrictions in PKOP in 78.4%, paravertebral muscle tension in 72.8%, positive functional tests in 71.2% patients. Changes in reflexes in 72.8% of observations, sensitivity and muscle strength in 79.2%.

CONCLUSION

In this sample of patients with vertebrogenic lumbosacral radiculopathy, males predominated, the ratio of the number of men to the number of women was 1.2:1.0. The pain syndrome was more pronounced in males than in females - 6.4 and 5.2 points, respectively. Sensory disorders, pathology of the reflex sphere were more often detected in male patients.

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