



MODERN PRINCIPLES AND APPROACHES FOR TREATMENT OF GONARTHROSIS

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Annotation.

Osteoarthritis is a common disease and accounts for 10% of the population worldwide. According to various authors, the frequency of this pathology ranges from 30 to 55% among all orthopedic diseases for which patients go to the doctor. Along with this, it is known that the defeat of the knee joints occurs most often (10%) in the population over 55 years old, in 1/4 of which severe disability is observed.

Key words

Gonarthrosis, orthopedic diseases, glucocorticosteroids, corrective osteotomy

Abstract.

Gonarthrosis is quite common in young, able-bodied people, including those involved in sports, active work. According to our data, 58% of patients with gonarthrosis who underwent endoprosthetics, were under 60 years old. Thus, the problem of effective treatment of gonarthrosis acquires not only medical and social, but also economic significance. In practice, a patient with gonarthrosis is offered a standard treatment regimen, which includes non-steroidal anti-inflammatory drugs, advice to lose weight if overweight, and long-term use of so-called symptom-modifying drugs - chondroprotectors. In some cases, the doctor takes into account the patient's concomitant diseases and prescribes selective inhibitors of cyclooxygenase (COX) -2, and in case of persistent pain in the knee joint, intra-articular glucocorticosteroids (GCS) are administered. Unfortunately, most cases of gonarthrosis are not complete without surgical treatment. Most often, three main methods of surgical intervention are used to treat gonarthrosis. These are arthroscopy, corrective osteotomy and endoprosthetics.

Today, arthroscopic operations for gonarthrosis are used quite often and include a number of techniques - from revision and rehabilitation of the joint to the use of a laser, plasma ablation, and chondroplasty. According to the literature, the efficiency of arthroscopy during elementary lavage and hybridment procedures is 74%. Corrective osteotomy is most effective and is indicated at the initial stage of violation of the axial parameters of the limb. In advanced cases, taking into account the entire a complex of medical and social factors, in addition to endoprosthetics, sometimes arthrodesis, an operation of despair, can be recommended. Currently, both total and unicompartmental knee replacement is used quite successfully in the treatment of gonarathrosis. Dennis M.G. et al. (2003) believes that tibial osteotomy is a highly effective treatment for moderate arthrosis of the knee joint. He notes its effectiveness up to 15 years after surgery. Strict selection criteria for this surgery can maximize treatment success. The authors consider unicompartmental prosthetics a highly

controversial procedure that needs further study. Despite this, after this operation, good and excellent results should be expected in 80-90% of cases within 10 years. According to the authors, single-condom prosthetics does not compete with tibial osteotomy and total prosthetics, but occupies its own niche and has certain indications. Knee replacement is indicated for patients with radiological signs of gonarthrosis with refractory pain syndrome and functional insufficiency of the knee joint. The effectiveness of total knee arthroplasty has been convincingly proven in disabled patients with severe gonarthrosis of the knee joints

Good or excellent results in terms of reducing the severity of pain and improving functional mobility within 5 years after surgery are observed in almost 90% of patients.

Conclusions:

Treatment of patients with gonarthrosis should depend on the stage diseases and be based not only on objective research methods, but above all on the subjective feelings of patients; conservative methods of treatment (NSAIDs, chondroprotectors, hyaluronans) are most effective in the initial (I-II) stages of gonarthrosis; arthroscopy of the knee joint can achieve a significant effect if it is applied sufficiently early (stages II-III); Knee arthroplasty is the gold standard for treatment of patients with stages III-IV gonarthrosis.

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