

Description of Methods of Conservative Treatment of Osteoarthritis of the Knee Joint

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Relevance

Osteoarthritis (OA) is a chronic progressive degenerative joint disease characterized by degradation of articular cartilage, in which subchondral changes in the bone and the development of facet osteophytes are observed. These changes lead to degradation of the articular taiga and its other components (synovial fundus, bones). Radiological signs of the disease are observed in people over 65 years of age and in more than 80% of people over 75 years of age. Osteoarthritis of the knee joint is a common disease among the common diseases of degenerative-dystrophic joint diseases leading to orthopedics. Recently, there has been a tendency to increase gonarthrosis in the armpits of young animals working on leiocatlicism.

KEYWORDS: *Conservative Treatment, Description of Methods.*

A number of scientific studies are being conducted in the world to diagnose arthrosis of the knee joint, to support the treatment and prevention of complications of arthroscopic methods, the use of hyaluronic acid (HA) in arthrosis of the knee joint to restore the natural homeostasis of the affected joint, and its biochemical effects help to improve the protective, lubricating and external properties of beradi. Thus, in recent years, growth factors have been increasingly used to improve various recovery processes of damaged and damaged tissues [1.3.5.7].

Platelet-rich blood plasma (TBP) as a factor of this type of karaladi. Ma lumki, platelet alpha granules represent a number of growth factor mediators, in particular insulin-like growth factor-1, growth factor of major fibroblasts, platelet growth factor, epidermal growth factor, vascular endothelial growth factor, which plays an important role in weakening inflammatory reactions and destruction of necrotic cells. Improving modern methods of conservative treatment of knee arthrosis in patients, increasing their effectiveness and long-term results, it is considered important to conduct scientific research on such problems as the study of synovial fluid, pathological changes in the joint, pathogenetic approach to the treatment of the disease.

When patients with osteoarthritis of the knee go to the doctor, it becomes important how they come to be examined by a doctor. The tests showed that, according to the doctor's examination, n= 110 (96.4%) patients came on their own, and n=2 (1.8%) came under the supervision of relatives in a wheelchair, while n=2 (1.8%) came leaning on a scepter on their own.

To substantiate the clinical diagnosis in patients with osteoarthritis of the knee joint, the symptoms of the disease and complaints of patients play an important role. For the clinical diagnosis of patients, the following patient complaints were concentrated.

Platelet-rich plasma can prevent endotoxin induced edema through a pathway conditioned by the potential of platelet-rich blood plasma to stabilize vascular integrity and permeability. Blood plasma enriched with platelets is induced by inflammatory cytokines, reducing cell integrity disorders of cells. Indeed, the addition of blood plasma enriched with platelets leads to an improvement in angiogenesis in various models and methods of application. From this, blood derivatives such as

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blood plasma enriched with platelets can be considered as autologous competitors to the recombinant protein of the vascular endothelium growth factor, which is traditionally used to induce the formation of blood vessels in implanted bioengineering structures [8.9.10].

Results and evacuations. In addition to the direct action of platelet-enriched blood plasma and BTF on proliferation, differentiation and angiogenesis, they also indirectly affect the healing of wounds by means of chemotoxic recruiting of cells and local control of the inflammatory environment. Platelet-rich plasma and fibrin-rich plasma have many clinical applications in regenerative medicine. Numerous invitro and animal studies have reported that these products from the blood can trigger stem cell differentiation across certain cell lines. Currently, blood plasma loaded with stem cells, enriched with platelets, is involved in clinical studies. In particular, it is widely used in Traumatology and orthopedic practice. In the field of Traumatology and orthopedics, platelet-rich plasma is injected into the joint, the mechanism of its action is being studied. In this, all patients State the effectiveness of this treatment

The data of the conducted examination methods showed that most of the complaints were traditional, and there were also no complaints of patients characteristic of this disease. Of the total number of examined patients, n = 114 (100%) complained of lameness, and 112 (98.9%) complained of pain of varying degrees during movements in the knee joint. In tuberculosis, movement restriction was observed in N=102 (89.4%) cases, with N=83 (72.8%) in the medial meniscus area during palpation and N=71 (62.2%) in the lateral meniscus area when pain was detected. Other complaints were found in a much smaller percentage of cases [2.4.6].

Kosinskaya N. On the clinical course of osteoarthritis of the knee joint.S. (1961), which is classified and put into practice.

Level I - slight restriction of movements, slight, indefinite, uneven narrowing of the articular gap, slight flattening of the edges of the articular surface (initial osteophytes);

Grade II - Restriction of movements in the joint, scraping during movement, moderate amyotrophy, narrowing of the articular gap by 2-3 times compared to the norm, significant osteophytes, subchondral osteosclerosis and cystic changes in the pineal gland;

Level III - joint deformity, sharp restriction of movements, complete closure of the articular gap, deformation and compaction of the articular surfaces of the pineal glands, numerous osteophytes, intra-articular "mice", subchondral cysts.

With osteoarthritis of the knee joint (TBOA), injuries and complications that it causes, the diversity of its clinical course attracts the attention of every traumatologist and orthopedist and allows you to quickly diagnose this disease, as well as correctly and accurately select pathogenetic treatment measures. As can be seen from Table 2.3, with 114 controlled knee osteoarthritis (TBOA) lesions, 61 (53%) of affected patients have a moderately severe course of the disease, and only 39 (35%) of sick children have severe levels of the disease. The fact that the severe course of the underlying disease is caused by the slowness of the protective process of the patient's body indicates that eganli has found his proof.

Goniometric examination methods.

The available manuals for determining the range of motion in the joints of healthy people include methodological recommendations, amplitude of movement and average value.

Any measurement plane (frontal, sagittal and vertical) deviation from the anatomic state was characterized by a positive level in the range from 00 to 1800. During the examinations, the indicators were determined using transport at the time of TB full bending-writing in the supine position of patients. Measurement of the joint range of motion in the legs was carried out separately

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on the right and left legs.

The results of an objective examination of patients showed that patients with knee joint spread-bending and amplitude of movements did not differ from each other in practical terms on both knees.

Development of the clinical score scale

For a comparative diagnosis of knee joint diseases, a scale of many points has been developed, depending on the degree of damage to the knee joint and the nature of the damage.

One of the main principles of the points scale is characteristic of the correspondence of points to the severity of the pathological process. In a large degree of functional damage to the knee joint, the number of points scale increases. The maximum number of points corresponds to the complete functional incompatibility of the affected limb. Maximum-5 points are awarded, that is, it corresponds to a 100% functional deficiency. The accuracy of the scale is +1%.

One of the causes of pain in osteoarthritis is recurrent synovites, evaluated on the scale proposed by us. Patients with osteoarthritis were divided into groups depending on the nature of the origin of the tumors and the effect of conservative treatment.

Division of knee joint osteoarthritis into levels according to the Kellgren-Lawrence radiological classification

Level 0-signs of arthrosis are not visible.

Level 1-weak marginal osteophytes are detected without changing the height of the joint slit.

Level 2-significant marginal osteophytes are detected without changing the height of the joint slit.

Level 3-with a moderate decrease in the height of the joint slit, significant marginal osteophytes are detected.

Level 4-strong marginal osteophytes, subchondral osteosclerosis, a significant narrowing of the joint slit is detected.

An actual direction in the treatment of osteoarthritis of the knee joint is the use in the technique of provoking regenerative processes for their intended purpose. Currently, the only method is an injection method using an autothrombocyte mass, that is, it consists in carrying out procedures using blood received from the patient. The autothrombocyte mass is a highly active pathogen of regeneration processes due to various growth factors affecting all structural units of surrounding tissues, provoking regeneration processes in alpha-granules of platelets. A number of scientists have studied the effect of leukocyte mass, erythrocyte mass, native serum, plasma, whole blood, fibrin on the correction of closed fractures of long tubular bones.() They found that among these parameters, the leukocyte mass gives the best effect, but it is necessary to pay attention to the fact that the blood used is donated, and not the patient's personal blood, which does not exclude the possibility of infection. In the treatment of chronic nonspecific arthrosis of various localization, in the form of injections into the skin and under the skin with pain in the roots with osteochondrosis, lumbosialgia and root compression syndrome, autohemotherapy methods were used in the form of injections into the buttocks.

The fields of application in other fields of medicine were ophthalmology, allergology and immunology, gynecology, urology, otolaryngology, neurology. The method of autohemotherapy in traumatology and orthopedics has been widely used in the treatment of infectious and inflammatory processes of joints. The treatment was carried out by taking the peripheral blood of the patient and injecting it into the gluteal muscle. The positive effect of autohemotherapy on the course of the inflammatory process of infection in the musculoskeletal system is associated with a change in the tone of the parasympathetic and sympathetic-adrenal systems with the activation of immunological

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processes in the foci of infection, which leads to the elimination of inflammation and a decrease in the duration of the patient's stay. The next stage in the development of methods using this method was the use of plasma of a part of the blood free of erythrocytes and rich in platelets. The reason for the use of platelet-enriched autoplasm was the discovery that platelets contain protein factors (platelet rich plasma-factors), growth factors that enhance the regenerative process in tissues with a simple wound. The idea was the biochemical "formation" of blood flow and local damage when introducing autoplasm rich in platelets. The next stage in the development of this method was the use of plasma in this form

Over the past 10 years, the use of platelet-rich autoplasm in medicine has shown its excellent effectiveness, and this has been proven by specialists. After the introduction of plasmogel into a bone graft and resection of tumors in the musculoskeletal system, compensation for defects with a size of 5 cm or more was confirmed. In the study group of patients, the authors used autogenous bone mixed with a spiral form of autoplasm, while in the control group only autogenous bone was used. After the treatment, it was proved that when using autoplasm rich in gel-like platelets, accelerated bone healing and improvement of its structure occurred, as well as the presence of autogenic bone receptors for growth factors present in platelets.

Conclusion. The technology of gel production from platelet-enriched plasma has been recommended to a greater number of traumatologists and orthopedists (Harvest Company, USA). The gel form of platelet-rich plasma has been used by other researchers in the field of bone cavity defect. After analyzing the data, it was found that the bone formed in the pits filled with gel-like autoplasm increased well and for much shorter periods, and the epithelization of the wound was also rapid. After the replacement of the bone defect with the use of autoplasm in the form of a gel, the bone grew more than twice as compared with the control group during the observation of the patient for 2, 4, 6 months. In sinus lifting, there are works devoted to the use of autoplasm as an installation on allogeneic bone. But plasma obtained in the form of a gel, enriched with platelets, can itself exhibit fibrinogen, and it must be widely used in the field of traumatology and orthopedics.

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