

DYNAMICS OF DEPRESSIVE DISORDERS AFTER COMPLEX NEUROLOGICAL TREATMENT IN PATIENTS WITH LUMBOSACRAL INTERVERTEBRAL DISC HERNIATION

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Abstract. Intervertebral disc herniation is the most common and most severe manifestation of spinal osteochondrosis. It develops a radicular pain syndrome, which may be accompanied by paresis or paralysis of the muscles of the lower extremities, sensory disturbances, and impaired pelvic organ function. 19% of patients with herniated discs require surgical treatment. Dystrophic changes in the lumbosacral spine are most pronounced at the age of 20 to 50 years and are one of the most frequent causes of temporary disability and often the disability of the patient. Up to 50% of all surgical interventions in neurosurgical hospitals are performed for disc pathology at the lumbosacral level.

Keywords: herniated intervertebral discs, lumbosacral region, dystrophic changes

Objective: To study the dynamics of depressive disorders after complex neurological treatment in patients with lumbosacral intervertebral disc herniations

Materials and Methods: The study involved 55 patients with motor weakness caused by lumbar disc herniation between 2019 and 2022. All intervertebral disc herniations resulted in patient symptoms using magnetic resonance imaging (MRI) imaging studies.

RESULTS: We studied patients who had undergone surgical or conservative treatment for motor deficits resulting from lumbar spinal hernia. However, patients with the following history were excluded: previous lumbar spine surgery, cauda equina syndrome, developmental spinal deformities, vertebral fractures, spinal infection or tumour, inflammatory spondylopathy, pregnancy or severe comorbidities. In addition, patients who were treated with both surgical and conservative treatment and disappeared were excluded. 46 patients were included definitively and divided into two groups. One group included 26 patients who underwent surgical treatment and the other group included 20 patients who did not receive surgical treatment but only conservative treatment. The mean age of all participants was 48.6 years and the male to female ratio was 2.83: 1 (male: 34, female: 12). The most common levels of disc herniation, type

of herniation and disc localisation were L4-5, transligamentous type and subarticular zone.

Conclusions: The human body has a powerful ability to heal itself, which also applies to damage to the intervertebral discs. The disease usually heals in 2-3 months with bed rest and rest - the best prerequisites for a quick recovery without complications. As with other diseases of the lumbar spine, it is advisable to lie on the back with the legs raised or placed on a pillow, changing the body position and looking for a comfortable pain-free posture. Sometimes there is decreased sensation and weakness in some parts of the leg even after the pain has subsided. This is because the injured nerve root has not yet regained its function. The motor ability of the leg, however, remains normal. The risk of severe consequences is low, provided that bed rest is strictly observed from the beginning of the disease.

Literature:

1. Khodjieva D. T., Khaydarova D. K., Khaydarov N. K. Complex evaluation of clinical and instrumental data for justification of optive treatment activites in patients with resistant forms of epilepsy. American Journal of Research. USA. № 11-12, 2018. C.186-193.
2. Khodjieva D. T., Khaydarova D. K. Clinical and neuroph clinical and neurophysiological ch ogical characteristics of teristics of post-insular cognitive disorders and issues of therapy optimization. Central Asian Journal of Pediatrics. Dec.2019. P 82-86
3. Sadriddin Sayfullaevich Pulatov. (2022). Efficacy of ipidacrine in the recovery period of ischaemic stroke. World Bulletin of Public Health, 7, 28-32.