

## RESULTS OF TREATMENT OF POST-STRACHITIC VARUS DEFORMITIES OF THE LOWER LIMB IN YOUNG CHILDREN

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<https://doi.org/10.5281/zenodo.10897968>

**Abstract.** *The results of treatment of post-strachitic Varus deformities of the lower limb in young children . Varus deformities have large levers for correcting the deformity, and with valgus deformities, one of the curvature levers is short, the load during redressing falls on the capsule-ligamentous apparatus of the knee joint, in particular on its lateral portion, thereby, under a plaster cast, correction of the limb axis occurs due to stretching of the capsule -ligamentous apparatus, which must be taken into account when conducting physiotherapy after removing the plaster.*

**Keywords:** *children, post-strachitic curvature of the bones of the lower limb, treatment methods.*

**Relevance:** Rickets is a disease of the whole body associated with a metabolic disorder, manifested by a number of signs from the nervous system, skeleton and other body systems; the content of phosphorus and calcium in the blood and tissues decreases, which are extremely necessary for the proper development of a growing organism, especially its nervous system. system and bones. A child with rickets has weakness of muscles and ligaments. He later begins to sit, stand, and walk. Rachitic children often develop curvatures of the spine and legs, and often develop deformities of the pelvis and chest.

But in terms of the frequency of occurrence of lower limb deformities, it ranks first among post-strachitic skeletal deformities. P.S. Jalilov , O.A. Usmonkhonov , Buriev M.N. (2001) recommend both conservative and surgical treatment methods for the treatment of rachitic deformities . At the same time, all deformations of the lower extremities characteristic of rickets are described. The authors provide detailed clinical symptoms and treatment methods depending on the age of the patients . B.M. Mirazimov (1976) and others indicate that under the restorative treatment of rachitic deformities it is necessary to remember: medication, physiotherapeutic, orthopedic and surgical treatment methods.

**Goal:** To improve diagnostic methods and evaluate the results of treatment of patients with rachitic deformities of the lower extremities.

**Materials and methods :** This work is based on a study of the results of treatment of patients with rachitic deformities of the lower extremities, treated in the clinic of the Tashkent Pediatric Medical Institute from 2019 to 2023. We observed 65 children with rachitic deformities of the lower extremities aged 1.5-3 years . Of these, 20 children were treated using the traditional method and served as a control group. The main group consisted of 4-5 patients with this pathology, treated according to the method proposed by us. We divided all 65 children and the control group with deformities of the lower extremities depending on the axial curvatures into 3 main groups: varus and valgus deformities of the bones of the lower leg and knee joint, as well as their combination.

The study was carried out with a general examination of patients , anthropometry and study of gait features. First of all, in the presence of deformities of the lower extremities, rachitic manifestations or its residual signs were identified for differentiation from other diseases. In addition to traditional X-ray examination, echo-osteometry and electromyography were also performed .

**Results and discussion:** We analyzed children with rachitic deformities treated with the traditional method. Age ranged from 1.5 to 3 years . First of all, when examining this group of patients, special attention is paid to the clinic; the clinical picture of these children, depending on age and severity, differs sharply from each other. Rachitic deformities of the lower extremities are a common disease among children, requiring, first of all, differentiation from other rickets-like and systemic diseases. This group consisted of 68 patients aged from 1.5 to 5 years.

***Distribution of patients by age and depending on deformation***

	Nosology	1.5-2 years	2-3 years	result
1	Genu varum	eleven	27	38 (58.4)
3	Genu valgum	4	eleven	15(27.6)
5	Genu valgum + Cruro varum	4	8	12 (18.4)
Total :		19 (29.2)	46 (70.7)	65

From this table it can be seen that children from 1.5 to 2 years of age amounted to 19 (29.2%) patients. This contingent had various deformations. All these children were referred after examination by pediatricians for treatment to an orthopedist. A detailed examination of the patients showed that the deformations were of a different nature. Many of these deformities were identified in children 3-4 months after the start of walking. In our opinion, this is due to the axial load on the lower limbs. The table also shows that varus deformity (58.4%) occurs more often than other types of post-strachic deformities of the lower limb.

All these patients were given the following therapeutic measures: massage, exercise therapy, paraffin baths, electrophoresis, calcium supplements, D vitamins, salt and pine baths. Treatment is carried out in 2-3 stages, depending on tolerability by sick children. The use of regressive plaster casts is not advisable during the period 1.5.- 2 years, because During this period of life, the bones are relatively soft, so correction of the axis, although successful, may subsequently become deformed again due to loads. Therefore, in this period of life, the following measures were used for correction, which are aimed at correcting the limb:

- retraining exercise therapy daily;
- bandaging ela with tic bandages daily.

In children of the second group aged 2-3 years, regressive plaster casts were used in stages for treatment after massage.

***Results of conservative treatment of rachitic deformities in young children***

Deformation	n	Fine	Satisfactorily	unsatisfactory
Genu varum	38	36	2	-
Genu valgum	15	12	3	-
Genuvalgum + Cruro varum	12	8	4	-
Total	65	56 (86%)	9 (13.8%)	

As can be seen from this table, young children with post-strachitic varus deformity with conservative treatment of deformities using a redressing staged plaster cast gives better results than other types of deformities.

## **CONCLUSION**

Thus, analyzing this age group, we can draw the following conclusion: varus deformities have large levers for correcting the deformity, and with valgus deformities, one of the curvature levers is short, the load during redressing falls on the capsulo -ligamentous apparatus of the knee joint, in particular on its lateral portion, thus Even under the plaster cast, the correction of the limb axis occurs due to stretching of the capsulo -ligamentous apparatus, which must be taken into account when conducting physical therapy after removing the plaster.

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