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THE ROLE OF PRETRACTION DURATION AND AGE ON THE DEVELOPMENT OF ASEPTIC NECROSIS OF THE FEMORAL HEAD DURING CONSERVATIVE TREATMENT OF CONGENITAL FEMORAL DISTRUCTION

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Relevance. The problem of treating congenital dislocation of the hip in children has always been associated with complications arising during treatment and developing after it.

Target. In this regard, the purpose of our study was to answer the question - does the duration of functional traction affect the incidence of aseptic necrosis of the femoral head and does the age at which the initial treatment of congenital dislocation of the hip affect the further prognosis of the development of the hip joint as a whole

Materials and methods. 276 patients were examined, who underwent patch traction before reduction of congenital hip dislocation. Patients were divided into age groups depending on age at the time of initiation of primary treatment with congenital dislocation of the hip. This gave us the opportunity to evaluate the effectiveness of pre-stretching. Due to the fact that more than 2/3 of our patients were detected and treated before the age of 1 year, we also had the opportunity to analyze the results of treatment in this age group.

Of the 276 selected patients, 238 were girls and 38 were boys. In 128 patients, hip dislocation was noted on the left, in 105 on the right, and in 43 patients, bilateral pathology, amounting to 319 HJs. All patients received adhesive traction in the position of flexion and abduction in the hip joint no more than 90°. The traction force varied depending on the age, size of the child and the condition of his skin, and the load in rare cases exceeded 1.5 kg (varied from 0.9 to 2 kg). The plaster bandage was removed 3 months later, after the patient was in the Vilensky splint.

Results. At the age of 3 months, primary treatment was carried out in 98 cases of congenital dislocation of the hip, in 71 cases in the period from 3 to 6 months, and in 50 congenital dislocation of the hip at the age of 6 to 12 months. Thus, 68% of patients received primary treatment before the age of 1 year.

When comparing the duration of pre-traction and the development of ANFH, regardless of age, it became apparent that an extended period of traction reduces the rate of development of ANFH. So in the age group of 0-3 months (98 TBS), if traction was used for less than 3 weeks, then the incidence of ANFH was 18% (12/66), while the use of traction for more than 3 weeks reduced this figure to 6% (2/32) . We can observe such a trend in the age group older than 1 year (100 TBS) - 47% (34/72) and 7% (2/28), respectively

In view of the presence of such results of conservative treatment, the question arises of early open reduction of the congenital dislocation of the hip in children under 2 years of age. Our study revealed markedly poor results of conservative treatment of congenital dislocation of the hip with traction in children over 1 year of age. In this position, the high incidence of ANHF in children under 3 years of age is of concern. During this period, the center of ossification is not determined radiographically, as a result of which aseptic changes are not detected in time, even in very difficult cases. Our study confirms our assumption that the cartilaginous part of the GBC is partially subject to aseptic changes.

Conclusion. The duration of pretraction in the conservative treatment of congenital dislocation of the hip is of great importance. The lowest ANFH was obtained with a traction duration of more than 3 weeks prior to closed reduction. Due to the high incidence of ANFH in children under the age of 3 months (14%), it is advisable to use other, more gentle methods of treatment and devices. Due to the high rates of ANGBK in the age groups of patients older than 1 year (47%), it is advisable to carry out patch traction for more than weeks.