

FEATURES OF THE STRUCTURE OF THE ANTERIOR SUPPORT COLUMN OF THE THORACIC SPINE IN WOMEN OF THE SECOND PERIOD OF ADULTHOOD

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Changes in the lifestyle of a modern person with a decrease in the share of physical labor, a decrease in the physical activity of residents of cities and large settlements, the same type of posture during sedentary work, especially in the second period of adulthood, clearly cause changes in the human skeleton, the main bearing element of which is the spinal column. According to F. Denis (1987), the human vertebral column is a biomechanical structure, the anterior elements of which – vertebral bodies, intervertebral discs and the longest ligaments, primarily perform a supporting function, and the posterior ones – transverse and spinous processes, legs and laminae parts of the vertebral arches, facet joints, interspinous, supraspinous and yellow ligaments, along with with the support function, the amount of movement in the back is determined.

Objective: to study the structure of the anterior column of the spinal column support complex in women of the second period of adulthood in the thoracic spine according to CT data

Materials and methods of research. The study was based on 35 CT scans of the vertebral column of women aged 42-60 years, with a height of 151-174cm and a weight of 49-110 kg, who did not complain of back pain.

Results of the study: An increase in the anterior-posterior size of vertebral bodies in the sagittal plane occurs throughout the thoracic region. However, significant differences in the Kolmogorov-Smirnov Z criterion for this parameter can only be determined by comparing Th1 (1.9; 1.78-2.21 cm) with ThVI (2.45; 2.21-2.85 cm) and the underlying vertebrae. The maximum value of this parameter is observed in ThXII (3.02; 2.64-3.59 cm). When analyzing the height of the vertebral bodies, a slight decrease in the anterior height compared to the posterior in each vertebra was revealed. The maximum differences in this parameter are shown by the fifth and sixth thoracic vertebrae. Thus, ThV has a VTP of 1.73; 1.62-1.81 cm, and VTZ of 1.91; 1.83-1.97 cm. ThVI has a VTP of 1.75; 1.68-1.83 cm, and a VTZ of 1.91; 1.86-1.98 cm. The tendency to increase the height of the vertebral bodies in the caudal direction was also determined. Moreover, this increase occurs unevenly. Analysis of the increase in the height of vertebral bodies allowed us to identify three zones with different dynamics of increasing this parameter. The first zone includes from the first to the third vertebra with the presence of a median difference between the studied parameters in the range of 1.1-1.3 mm for both VTP and VTZ. The second zone was characterized by stable vertebral body heights. Its length is from the fourth to the seventh vertebra, and the difference in the magnitude of the median heights is 0.3-0.5 mm. The third zone from the eighth to the twelfth thoracic vertebra with a difference in VTE and VTE between the articulating vertebrae along the median was 1.5-2.5 mm. Analysis of the width of the vertebral bodies in the thoracic region showed a predominance of the lower width over the upper one. The difference between the studied parameters in the first and fourth vertebrae does not exceed 1.2 mm in median values and begins to increase from the eighth thoracic vertebra, reaching a maximum of 3.1 mm in ThXI. Just as in the case of vertebral body height with increasing ordinal value. vertebral numbers increase its transverse dimensions, and a clear dynamics of increasing the width of the vertebral bodies in this case can be traced from the sixth thoracic vertebra (SHTV 2.63; 2.41-2.86 cm; SHTN 2.73; 2.48-2.95 cm) to the twelfth (SHTV 3.84; 3.61-4.03 cm; SHTN 3.98; 3.84-4.13 cm). Conclusions:

1. The thoracic vertebral bodies can be shaped closer to a skewed truncated cone. In which the area of the base is slightly larger than the area of the apical platform, and the axis of the cone is shifted anteriorly.
2. The increase in the size of the thoracic vertebral bodies occurs unevenly.
3. The change in the ratio of the upper width to the lower width of the vertebral body of the thoracic spine is most pronounced starting from the sixth thoracic vertebra.
4. In the dynamics of changes in the proportions of the heights of the thoracic vertebral bodies, three zones can be distinguished with different ranges of differences in height.

ОШИҚ-БОЛДИР БЎҒИМИ БОЙЛАМЛАРИНИНГ ЖАРОХАТЛАРИДА УЛЬТРАТОВУШ ТЕКШИРИШ НАТИЖАЛАРИ

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Долзарблиги. Ошиқ-болдир бўғими жароҳатлари, таянч-ҳаракат тизими жароҳатларининг кўп учрайдиган турларидан бўлиб, манбаларда келтирилишича барча таянч-ҳаракат тизими жароҳатларининг 6-21% ни, оёқ жароҳатларининг эса 40-60% ни ташкил этади. Беморларнинг травматологларга мурожаат қилишларининг асосий сабаблари ошиқ-болдир бўғими пай-бойлам аппарати жароҳати ҳисобланади. Ушбу жароҳатларни турли хил ташхислаш ва даволаш усулларининг кўплиги, муаммонанинг охиригача хал бўлмаганлиги ва долзарблигини билдиради. Юмшоқ туқималар, тоғайларни текширишнинг объектив усули бу – магнит-резонанс томографиядир (МРТ). Бироқ МРТ