



PATHOMORPHOLOGICAL COMPARISON DIAGNOSIS OF THORACO-LUMBAR SPONDYLITIS OF THE SPINE AFTER COVID-19

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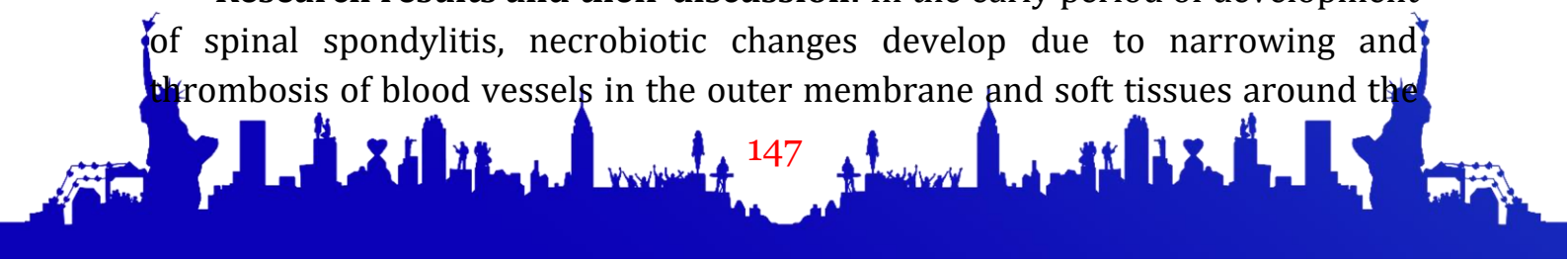
The relevance and necessity of the topic is that the trend of treating degenerative diseases of the spine in the world is becoming an increasingly urgent task. The human spine is the main anatomical structure of the body and participates in a number of physiological systems, including: ensuring the integrity and mechanical protection of the spinal cord, preventing a number of vertebrogenic diseases. Various chronic orthopedic diseases related to COVID-19 have become not only the subject of close study, but also one of the most pressing medical and social problems. Globally, there is an increasing number of new scientific studies on various orthopedic diseases during the acute period of the coronavirus infection and the subsequent permanent long-term orthopedic consequences in the musculoskeletal system Spine in the world

A number of targeted scientific studies are being conducted to evaluate the clinical and pathomorphological changes of spinal spondylitis from degenerative dystrophic diseases. Research aimed at the analysis of different approaches to the comparative diagnosis of the pathomorphological characteristics that develop in the thoracic and lumbar regions of the spine during COVID-19 infection is of particular scientific and practical importance.

Objective: to improve the diagnosis of post-COVID-19 spinal spondylitis through comparative analysis of clinical anamnestic data and morphological-morphometric parameters;

Material and examination methods: To study the topography and morphology of degenerative and dystrophic changes in the thoracic and lumbar regions of the spine after Covid-19, spinal spondylitis, disc herniation and a disc from 30 to 65 years old in the autopsy department of the Republican SSV Center for Pathological Anatomy in Andijan we used the materials obtained in the surgical practice with hernia.

Research results and their discussion: In the early period of development of spinal spondylitis, necrobiotic changes develop due to narrowing and thrombosis of blood vessels in the outer membrane and soft tissues around the





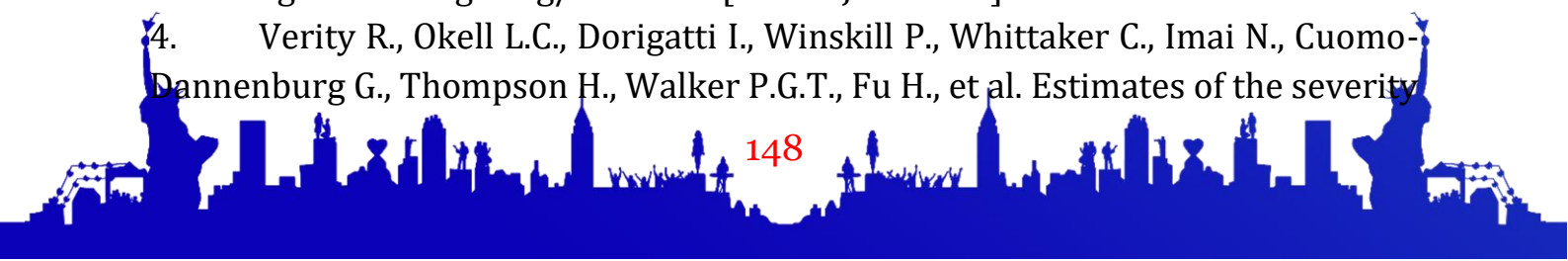
bone. First, the interstitial osteoid material becomes necrobiosis in the structure of the vertebral bone, creating cavities with destroyed osteoblasts, osteoclasts, and fibroblasts, then necrobiotic changes occur due to the development of dystrophic and destructive changes in the hard columns of the bone. The III period of the process of spinal spondylitis, during the period of the appearance of hard necrosis foci. sequestrations from bone columns, structureless dendrites from intermediate osteoid structures are determined. It should be mentioned that in addition to these pathomorphological changes, calcinosis develops in some areas of the tissue. As a result, sequestered hard and disc fragments must be completely surgically removed, especially sequestered fragments (including rare fragments that penetrate the subarachnoid space). determined that pathomorphological changes should be determined by individual approach to age, lifestyle and work activity. In our scientific study, it was found that the proliferation of lymphohistiocytic cells was also observed in the soft tissue around the vertebral bone.

Conclusion: In conclusion, it can be said that the development of spinal spondylitis after COVID-19 from degenerative-dystrophic diseases in the thoracic-lumbar area of the spine is confirmed faster and more than in other areas, the clinical-pathomorphological course of sequestral hernia and spondylitis processes are more severe, and the development of more complications is confirmed. Of course, the full diagnosis of diseases leads to an increase in the effectiveness of treatment, which is a task performed for the social, economic development and prosperity of our people.

The results of the conducted scientific research showed that histological examination provides not only early diagnosis, but also earlier surgical practice in studying the disease levels of patients and making a correct diagnosis.

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