



TREATMENT OF SCARRING DEFORMATIONS AND CONTRACTURES OF LARGE JOINTS OF THE FOOT BY TRADITIONAL SURGICAL METHODS

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<https://doi.org/10.5281/zenodo.7540822>

We have shown the results of treatment of patients with soot complications in the large joints of the foot by traditional surgical methods. For this, 99 patients were selected and included in the control group. In the control group, 3 types were performed, dermatome skin grafting in 23 (23%) of 99 patients, local tissue and Limberg method Z-plasty in 34 (34%) and clot plasty in 42 (42%) patients underwent surgery. 15 (15.2%) of these patients have scars deep and attached to underlying tissues, and 4 (26.7%) of them have open wound foci.

In the organization of surgical operations, we found it necessary to distinguish scar tissue not by its size, but by its properties, coverage of the joint surface, and the extent to which it limits movement. In 16.7% of cases after local tissue plastic surgery, unsatisfactory results such as scar expansion and hypertrophic scars are one of the main disadvantages of the method. Autodermoplasty is performed for deep, long-term and large scarring deformities. When discussing the distant negative results, we will focus on the features of the autodermograft. Autodermograft is less elastic, has a high probability of retraction, becomes hyperpigmented, and is considered a less feasible method in functionally active areas.

It is difficult to find a better method than z-plasty in eliminating the functional defect of all types of one-line scar contractures in one step. The only advantage of skin grafting is the ability to eliminate large scars and contractures in one step, with a high 39.1% negative outcome in the long term (retraction of the transplanted skin, hyperpigmentation, in some cases re-contracture of functionally active areas) can be seen. In addition, a specialist with special knowledge and practical skills is required, in addition to the lack of opportunity to choose donor sites for skin transplantation.

Conclusion. Today, microsurgical autotransplantation and surgical operations performed by comparative tissue growth are considered very unlikely to be used in this pathology.



For this reason, we think that it is necessary to develop and put into practice an optimal method that has not been found for the elimination of scar deformations and contractures of large joints of the foot after soot.

