

**BEL UMURTQALARI DISK CHURRALARI QAYTALANISHINING
XAVF OMILLARI**

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Annotatsiya. Bel umurtqa disk churrasini jarrohlik aralashuvidan keyin qaytalashi keng tarqalgan muammo bo'lib, bu sog'liqni saqlash sohasida dolzarb muammolardan biridir. Tadqiqotlar shuni ko'rsatadiki, qaytalash xavfi yuqori bo'lgan bemorlarda yosh va jinsiy farqlar, anatomik o'zgarishlar, hayot tarzi omillari, va TMI asosiy omillar sifatida namoyon bo'ladi. Shu bilan birga, qandli diabet va sigaret chekish kabi surunkali kasalliklar ham disk churrasining qaytalash ehtimolini oshirishi mumkin.

Kalit so'zlar: qaytalangan disk churra, xavfli omil, bel og'riq, operatsiya, nogironlik, bel umurtqasi, churra turi, nerv qisilishi, tana massasi indeksi.

Annotation: Recurrent lumbar disc herniation after surgical intervention is a prevalent issue, posing a significant challenge in healthcare. Studies indicate that patients with a higher risk of recurrence often present with demographic factors (age, sex differences), anatomical variations, lifestyle factors, and BMI as primary risk factors. Additionally, chronic conditions such as diabetes and smoking further elevate the likelihood of recurrence. A comprehensive assessment and personalized treatment plans are essential to improve patient outcomes, minimize chronic disability, and prevent recurrence.

Keywords: recurrent disc herniation, risk factor, lower back pain, surgery, disability, lumbar spine, herniation type, nerve compression, body mass index.

Mavzuning dolzarbligi - Bel umurtqalari disk churra kasalligi dunyo miqyosda keng tarqalgan bo'lib, u bel va oyoq og'riqlariga sabab bo'ladi [1-2]. Ushbu kasallikni jarrohlik usuli bilan davolash keng qo'llaniladi [1-2, 2-1]. Biroq, jarrohlik aralashuvidan keyin ham churra kasalligi qaytalash ehtimoli mavjud [2-1, 3-2]. Qaytalanish ko'rsatkichi o'rtacha 5-15% ni tashkil qiladi [4-8, 2-1] Qaytalangan disk churra umurtqa pog'onasining asosiy og'riqlari va nogironlikning asosiy sabablaridan biri hisoblanadi [6-3, 5-1]. Tadqiqotlarning ko'rsatishicha, disk churra kasalligining qaytalashiga sabab bo'luvchi ko'p taxmin qilingan xavf omillari haqida xabar berilgan bo'lib, ular orasida yosh, jins, tana massasi indeksi, (TMI), chekish, churra turi, qandli diabet va churra darajasi muhim rol o'ynaydi [8,9,10,11,12]. Bu omillarni sinchiklab o'rganish, kasallikning rivojlanish omillarini to'g'ri anglash, qaytalangan disk churralari bilan og'rikan bemorlarda samarali davolash strategiyalarini ishlab chiqish va nogironlikni oldini olishda muhim ahamiyatga ega. [7-2, 5-1, 9,10].

Tadqiqot maqsadi. Ushbu maqolaning maqsadi bel umurtqalari disk churrasining qaytalashiga sabab bo'luvchi xavf omillarini tizimli ravishda o'rganish va tahlil qilishdir.

Tadqiqot usullari va materiallari. Mazkur retrospektiv tadqiqotda 2023-yil yanvaridan 2024-yil yanvarigacha Andijon davlat tibbiyot instituti klinikalarining neyroxirurgiya bo'limida umurtqa pog'onasi disk churra bo'yicha operatsiya o'tkazilgan, jami 288 bemordan 34 nafarida (11.8%) qayta churra chiqishi qayd etilgan. Tadqiqotning birinchi guruhiga qayta churra chiqishi holatlari mavjud bo'lgan bemorlar kiritilgan bo'lib, ularda operatsiyadan keyin o'sha tomonda disk churrasini uchrashi 18 oydan oldin kuzatilgan. Ikkinchi guruhga esa operatsiyadan keyin 18 oydan oshiq vaqt davomida qayta churra

chiqishi holati kuzatilmagan bemorlar kiritilgan. Bemorlar turli xil shifoxonalarda operatsiya qilingan, lekin tadqiqotda jarrohlik texnikasi hisobga olinmagan. Operatsiyadan keyingi bemorlarda doimiy yoki qayta paydo bo'lgan oyoq og'rig'i kuzatilganda magnit-rezonans tomografiya (MRT) tavsiya etilgan. Klinik ahamiyatli qayta qaytalangan disk churrasi radiolog tomonidan tasdiqlangan, umurtqa pog'onasida disk churrasi bo'lib, oyoq og'rig'ini keltirib chiqaruvchi, nerv to'qimasining siqilishi, bosim yoki siljishiga sabab bo'lgan diska materialining o'sha yoki qarama-qarshi tomon va turli darajada qayta disk churrasi chiqishi deb aniqlangan. Barcha bemorlarning tibbiy ko'rsatkichlari (yosh, jins, tana massasi indeksi (TMI) disk churrasi joylashishi va darajasi bo'yicha baholangan. Bundan tashqari, barcha bemorlarda qayta disk churrasi chiqish ehtimolini oshirishi mumkin bo'lgan boshqa kasalliklar (masalan, chekish yoki qandli diabet) mavjudligi bo'yicha ham baholangan.

Tadqiqot natijalari va ularni baholash. Olingan natijalar quyidagicha bo'ldi: 1-guruh 13 ta (38.2%), 2-guruh 21 ta (61.8%), yosh jihatdan 20-40 yosh 16 ta (47.1%), 40-60 yosh 13 ta (38.2%) 60 yoshdan kattalar 5 ta (14.7%) jins jihatdan erkaklar 23 ta (67.6%), ayollar 11 ta (32.4%), TMI bo'yicha 18.5-24.9 gacha 12 ta (35.3%), 25-29.9 gacha 9 ta (26.5%), 30 dan yuqori 13 ta (38.25%), joylashuviga ko'ra VL2-L3 1 ta (2.9%), VL3-L4 4 ta (11.8%), VL4-L5 18 ta (52.9%), VL5-S1 11 ta (32.4%), chekuvchilar 8 ta (23.5%), qandli diabeti bor bemorlar 6 ta (17.6%) ni tashkil etdi. Xulosa. Disk churra kasalligining qaytalashiga sabab bo'luvchi xavf omillari keng ko'lamli va ko'p qirrali bo'lib, ular orasida genetik omillar, hayot tarzi, kasbi, yosh, jinsi, anatomik xususiyatlar, hamroh kasalliklari, chekish, va avvalgi jarrohlikning sifati muhim rol o'ynaydi. Shuning uchun kasallikni qaytalash ehtimolini kamaytirish uchun har bir bemorning xavf omillarini kompleks ravishda baholash va individual yondashuvlarni ishlab chiqish zarur.

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