

**MODERN METHODS OF TREATMENT OF CHILDREN'S CLUBFOOT**

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**Abstract:** Currently, one of the topical issues of pediatric orthopedics is treatment and, to a greater degree, the development of relapses of congenital clubfoot. The authors, in order to prevent the development of relapses of surgical and conservative treatment of congenital clubfoot, offer a comprehensive treatment with the use of functional, correcting, drug and surgical treatment methods.

**Key words:** development of relapses of surgical and conservative treatment of congenital clubfoot, children, treatment of the disease.

Relevance of the topic: Despite the fact that modern, new methods are being used in the treatment of congenital leg deformities in children, recurrence of the disease is still observed. One of the most common orthopedic diseases in children is athlete's foot. A number of conservative and operative methods of treatment of athlete's foot in children have been applied, but none of the treatment methods can guarantee complete correction of the disease. Cases of relapse are observed in 11-36% of patients [1].

The purpose of the research is to apply the methods of treatment used in children treated in Andijan Regional Children's Multidisciplinary Medical Center to other orthopedic departments.

Examination methods and materials: in 2020-2023, 58 patients with athlete's foot of various etiologies were treated in the orthopedic department of VBKTTM. 31 (41.4%) of them are boys, 27 (46.6%) are girls. 16 (27.6%) children under 1 year old, 24 (41.4%) children under 1-3 years old, and 18 (31%) children over 3 years old. Bilateral clubfoot was observed in 34 (58.6%) patients, unilateral

clubfoot in 24 (41.4%) patients. There are 12 (50%) babies born with unilateral, that is, right or left clubfoot. Babies born with this disease were monitored in maternity hospitals, inpatient and outpatient at AVBKTTM hospital.

We offer a wide range of treatment methods for such children: Functional treatment methods (corrective massage, therapeutic exercises, functional splints), fixation methods (bandaging, applying step-by-step plaster casts), physiotherapeutic treatment methods (electrostimulation, hydrotherapy, ultrasound, electrophoresis, amplipulsotherapy, etc.), special treatment methods: orthotics (wearing special pronator foot shoes, wearing braces, plastic braces), we used medical and operative treatment.

Results and discussion: Experiments have shown that recommending one or another type of treatment depends on the degree of paw deformity. It is necessary to start the treatment in the first days of the hoof, because during this period it is easy to correct the deformity of the paw.

Shortening the period of inpatient treatment of congenital athlete's foot in children. Cateral Pirani scale was applied in order to evaluate the last surgical treatment after recurrence and the anatomical and cosmetic level of the paw [2].

The use of this evaluation method has led to improved results after conservative treatment of clubfoot and also in the treatment of equinoploscovalgus foot deformity (vertical metatarsal).

The results after treatment in children of different ages showed that to achieve a positive result in the treatment of the disease, it is necessary to restore the proportions of the joints in the paw. It is necessary to reap the treatment and preventive measures of the disease from the first days of the baby.

In 12 children under 1 year of age, timely Ponseti treatment resulted in less use of circular plaster casts and a 2-month reduction in treatment duration. After the full centering of the foot during the treatment period, an "achillotomy" was performed and the foot was hypercorrected and re-circular plaster cast was applied. In the last stages of treatment, braces were worn on the children [3].

1- the group of children under 3 years old and older than 3 years old was divided into children with late diagnosis and children who relapsed after conservative treatment, and a separate group with arthrogyrosis deformities of the paw and pathological changes in the central nervous system (MNT anomaly, children's cerebral palsy, recent complications from trauma) there are children organized.

In our control, 21 patients under 3 years of age who were previously treated with the Ponseti method had good results. In these children, a circular cast was placed from the tip of the toes to the top of the thigh. In young children, the knee joint was placed in a bent position at an angle of 90 C, in older children at an angle of 70 C. When a plaster cast is placed up to the upper part of the thigh, the muscles relax well and step pronation of the foot is easy.

In 18 children who started treatment on time, the deformity of the paw was completely eliminated by 6-7 months of life. These children were then ordered to wear a brace throughout the day. After the child starts to walk independently, pronator foot shoes are recommended. Once the child's foot is fully centered and removed from the socket, a circular cast is usually not cast. Later, in order to improve the tone of the foot and leg muscles, in addition to the orthopedic manuals, physiotherapeutic treatments, vitamin and calcium preparations are applied to the child.

In the case of clubfoot, the main pathology is the approach of the leg from the area of the ankle joint along the sagittal and frontal axis. This condition is strongly developed mainly in arthrogyrosis paw deformity. MB Dobbs method is used to treat foot deformity in arthrogyrosis. In the process of placing a circular plaster cast on the foot, a plaster cast is pressed on the humerus and correction is given to the foot [4].

When this method is applied to 8 children with arthrogyrosis paw deformity, the semi-displaced condition in the phalangeal joint is fully repositioned. 4 patients were subjected to an achillotomy examination in order to

eliminate the remaining elements of clubfoot (approaching the front part of the foot, equinus, varus position) before placing the last-stage plaster cast [2].

During the axillotomy examination, the patient is lowered from the upper part of the axilla under general anesthesia with the help of a syringe needle, the axilla is roughly cut, and the leg is completely hypercorrected. An aseptic dressing is applied to the wound and a circular plaster dressing is applied. The advantage of this method is that the final scar from the examination is small (2-3 mm), the foot is completely hypercorrected. When this method of treatment is used, social rehabilitation of patients is ensured, the period of treatment in stationary and plaster casts is shortened, and disability is reduced.

Patients are activated early, anatomical and aesthetic deficiencies of the paw are eliminated.

However, in various types of conservative treatment methods, the remaining elements of mammykosis are encountered as a complication. Residual elements of cancer, cases with incomplete correction in conservative treatment or cases that have relapsed after irregular treatment are considered indications for operative treatment [4].

In 36 of the patients under our control, good results were achieved with complete correction of the bunion components, in 5 patients, the bunion elements were partially repeated for 2-3 years and corrected with the help of a staged plaster band, in 4 patients, a relapse was observed, and foot paw stabilization examinations were performed.

One of the factors that cause the recurrence of clubfoot is the deficiency of the pronator and extensor muscles of the foot. This deficiency persists for a long time after surgical and conservative correction. In our orthopedics departments, after correction of scoliosis, in order to prevent recurrence, measures aimed at strengthening the calf and foot muscles are used [4].

Summary:

- ◆ It is necessary to start the treatment of congenital toenail fungus from the day the child is discharged from the hospital.

- ◆ In order to prevent recurrence of the disease, strengthening procedures of the leg and paw muscles should be prescribed.
- ◆ Children who are older than 6 months and the paw is not completely corrected are considered indications for operative treatment.

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