

Conclusion: received facts demonstrate the most frequent associations of gastroesophageal reflux disease with the chronic gastritis and pancreatitis, helicobacteriosis, markers of undifferentiated dysplasia of connective tissue of gastrointestinal tract (the hernia of esophageal opening of diaphragm, *antro*-pyloric duodenal discoordination, anomaly of gall bladder form.

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NEW COMPONENTS OF OPERATIVE THERAPY OF LUMBAR OSTEOCHONDROSIS

Oleinik A.D., Malyshko V.N., Vorotyntsev D.S.,
Karpenko S.I.

*Belgorod Regional Clinical Hospital
of Saint Ioasafara
Belgorod, Russia*

If excepting nonradical discal hernia excision and technical faults during surgery, then the main reason for pain syndrome relapse after operative therapy of lumbar osteochondrosis in 8,9% cases is relapse of hernia of the operated intervertebral disc. Eliminating the possibility of discal hernia relapse development, the result of operative therapy of lumbar osteochondrosis can be much better.

Taking into consideration the fact, the aim of our research is to work out a method of preventive treatment of pain syndrome relapse and technology of the obtained result estimation of operative therapy of lumbar osteochondrosis.

The essence of the method of preventive treatment of pain syndrome in operative therapy of lumbar osteochondrosis concludes in that during operation on lumbar intervertebral discs after excision of pathologically changed intervertebral disc, irrigation of the formed cavity and the remained in it not excided part of pulpal core is carried out with chondrolitin enzyme. As chondrolitin enzyme Caripazimum (35 PU saluted in 1ml of isotonic saline) is used, which is inserted into cavity of the operated intervertebral disc with the help of special device for irrigation of the operated intervertebral disc with chondrolitin enzyme. The irrigation is carried when a patient is pronate and that prevents enzyme getting into epidural cavity. A patient stays in such position for an hour as the enzyme's activity longs 60 minutes. A patient may be raised to his feet after necrobiotic process is completed in 3-4 days.

In case of absence of the effect of using the suggested method in the nearest after-operation period (in rising a patient on his feet, that increases interdisk pressure) a pathologic situation appears in the form of falling out of not excided fragments or microparticles of the disc into artificially formed defect of posterior

longitudinal ligament into the field of spinal cord root. In this case compression or cicatrical- adhesive process around it may be caused. This data show the necessity of monitoring the efficiency of operative therapy of lumbar osteochondrosis by neurovisualization of lumbar spine in the nearest after-operation period after raising a patient on his feet.

This method was used in treating 72 patients with lumbar osteochondrosis. There were no complications during the operation or in after-operation period. There were no neurovisualization signs of relapse of hernia of the operated intervertebral disc or signs of epidural abscess development on the level of operated segment. Result of the operative therapy according to "Polyfactor estimation of the operation results in lumbar osteochondrosis" corresponded to "good".

The essence of the method of "Polyfactor estimation of the operation results in lumbar osteochondrosis" concludes in that clinical symptoms of lumbar osteochondrosis are conditioned by joint impact of a complex of different pathologic situations in the field of the nidus. Not eliminated components of the complex during the operation and errors of the operation predetermine clinical implications of the disease in after-operation period. Quantitative terms of the implications of the disease in before-operation and after-operation periods and their comparison become possible in quantitative terms of clinical implications of the disease, pathologic processes, conducting to implications of the disease.

To estimate the results of operative therapy of lumbar osteochondrosis we use individual card, which consists of sectors of pain syndrome intensity, neurologic, neurovisualization, electrophysiological implications of the disease and sector of possible complications of the operation. Post-event analysis of the data of complex check-up of patients with lumbar osteochondrosis and its comparison with clinical picture of 396 patients allowed determining quantity value of every neurologic symptom and pathologic sign, taking part in forming implications of the disease.

Using method of polyfactor estimation of the operation results in lumbar osteochondrosis allows detecting 3 result groups – good, no effect and unsatisfactory.

Taking into consideration the obtained data and the experience of the primary using of preventive treatment of pain syndrome relapse and estimation method of its efficiency in operation on lumbar intervertebral discs allows recommending the suggested methods (able to minimize the disease relapse in after-operation period) as new components of operative therapy of lumbar osteochondrosis.

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