



**CLINICAL OPTIMIZATION OF MORPHOLOGICAL  
FEATURES OF THE GROIN JOINT AND TOTAL ENDOPROTESIS IN  
DYSPLASTIC COXARTHROSIS OF THE II-III DEGREE.  
(Literature Review)**

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**Annotation.** Dysplastic coxarthrosis is a pathology caused by congenital developmental defects of the groin-thigh joint and the connective tissues that make up it and its underdevelopment. This disease is characterized by a constant development over time. The location of the upper part of the thigh bone setting and the apparent deformation of the proximal part of the thigh bone is a process that continues with a violation of the discongruence of the joint and the trajectory of biomechanical cartilage. Precisely the anatomical-biomechanical insufficiency of joint surfaces leads mainly to the development of secondary arthrosis in the groin thigh joint by people over 30 years of age [1]

**Key words:** Coxarthrosis, hip joint, -II turdagi dysplastic coxarthrosis.

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Coxarthrosis-etiology of the crisis of the PKK health factor, progressive degenerative-dystrophic kidney disease, which includes Kyrgyzstan and metabolism garien buzi, the result of changyugat son destructionsig alibadi. The volume bosses of this pathology narration have broken surfaces, finally, bygim to find osteophytes know, subhondral bone organizationsin anicalized disorder, tykima zharaenga paraarticular, zhumla muscle tykima kyshiladi work, and sedan. The disease is related to agrarian, fire in the motor center, bonfire atrophy of [1,2,4] Sun bone Bashkina cranil silzhishi buyichi broke Crown coxarthrosis into 4 dajas Chikan.. Author: normal Chanak-son is at Hill level, while the hilarity of the head is 20% of the Highness of Chanak suigi made up 20%. Crowe bull's I thurdage son suspension son sujag highlighting up to 50% or chanok sug higlik 10%, Type II – 50-75% of son suya Bosch higlik, or chanjay highlighting 10-15%, type - 75-10% 10-10%, Type-75% of organize kiladhi. IV tour Crowega Kur son suya with a proximal shift of over 100% or 20% from the suya Boscha's chanok sujag high. The number of parameters is due to the precise and rigid crown classification, but dysplasia is currently an important component of advanced

control. Yusupov K.S., Norikin I.A., Anisimova EA, and others (2014) attributed the anatomical-radiological features of the pelvic-hip joint in dysplastic coxarthrosis of varying degrees. In Type I-II dysplastic coxarthrosis, taking into account Crowe's classification: 16% contract of the foundry Cup index and 28% contract of the Viberg angle; narrowing of the bone marrow cavity and 6% contract of the weight bone shoulder length; 12% increase of the Sharp angle and 6% increase of the neck diameter were found. Shepherd MC, Gaffney B.M, Song K. (2022) developing hip dysplasia causes non-stability of the hip joint and early osteoarthritis. In dysplastic coxarthrosis, the focus of pathomechanics will be a shallow casting Cup, but there is an increasing understanding of the role of hip bone deformities in joint damage. Primary coxarthrosis occurs for no apparent reason at the same time by damaging the joint surface of both joints. Other diseases that serve as a support for the development of secondary coxarthrosis, such as pelvic-hip dysplasia, aseptic necrosis, various inflammatory processes, trauma, overloading of the joints, hormonal changes and the presence of osteoporosis, are caused by [10, 12,13] Davidov D.A. and other (2016) authors presented a comparative analysis of the morphometric and molecular biological properties of the tissue of the head of the thick bone in various nosological forms of coxarthrosis. 95 samples of exaggerated thick bone head tissue were studied during the endoprosthesis of the groin joint in patients with coxarthrosis. Based on clinical data, the following nosological forms of coxarthrosis are distinguished: dysplastic, post ischemic and posttraumatic. [10, 12,13]

Histological, immunohistochemical and morphometric studies have been used in the study of dysplastic coxarthrosis. Resorptive activity of osteoclasts has been evaluated on cytoplasmic expression of TRAcP (9c5, "Cell Marque"). Vasculogenesis was assumed by determining the levels of cytoplasmic expression of VEGF (SP28, "Spring Bio") in osteoblasts and osteoclasts, and by evaluation the mean area of vessels with positively stained endothelium from CD34 (QBEnd/10,"Ventana"). For each nosological form of coxarthrosis, characteristic histopathological signs were attributed.

Oettmeier R, Babisch J. 2015., Evaluated the osteological status of 107 patients with coxarthrosis and hip neck fractures using bone histomorphometry in this study and compared it to the bone parameters of patients experiencing aseptic relaxation.

Bone biopsies from the Quill Cup pit and proximal part of the thick bone in patients with primary coxarthrosis (BK), dysplastic coxarthrosis (DK), rheumatoid arthritis (ra), necrosis of the thick head (SSBAN), and aseptic necrosis were taken during Charnock-thick joint alloarthroplasty, isolated without calculation, and

analyzed (on Merz) with histometry. In BC, the following average bone indicators of Foundry Cup biopsy were found: trabecular bone volume 39.6%, osteoid volume 3.9%, osteoblast surface activity 6.5%, osteoclast resorption surface 2.4%, osteoid surface 17.4% and resorption surface 7.0 %. These data were compared with the bone parameters of secondary coxarthrosis, osteoporosis and aseptic relaxation. Based on a study by Oettmeier and other authors, the groups under study in the thigh bone head were divided into three osteological types of the thigh bone [10,12,16].

During running and walking, part of the load is given, including the shock absorber, which determines the level of blood circulation and supply of nutrients, and muscles that act as a pump that pumps blood. Thus, people with osteoarthritis walk with less strength in thick muscles than healthy people [2]. Kyrgyzstan, Kyrgyzstan, Kyrgyzstan, Kyrgyzstan, Kyrgyzstan, Kyrgyzstan, Kyrgyzstan, Kyrgyzstan [3]. Loskutov A. Or. and others (2019) gave a sectorial deficient assessment of the cuimich Bowl in dysplastic coxarthrosis paitida. Kuimich Bowl dysplasia is a combination of methods of visual elements that require canglaming pregnant in an effort aimed at the variability of morphological abnormalities and elimination of gamma deformities of Celtic deformities. During implantation DS, the tactical-critical factor network is the main factor in the confusion of ogirliga and localization, as well as evaluation in a regular radiography paity, as the possibility of a lover kuimich kosasinis jujinis should be taken in the frontal plane.

Author Crowe to kira dysplastic coxarthrosis of the type of carbine network definition of insufficiency speciation; it is clear that the femoral head is loyal to cranial migration, the frontal inclination of the cuimich Cup and the exchange rate [4,5]. Symptoms of isis pathology 32 chanak-San-bumi and DS with 65 chanak-San-San-kun roofs kangia CAMRA-analogy morphometric MSST Uzbek studies. Dysplastic coxarthrosis ( $p > 0.05$ ) kujimich Bowl frontal inclusivity, not group training, but the criterion of the static assignment of croissants is important, especially important [5,7,8].

It turns out that the frontal insertion of the cuticle is determined by the ratio of the anterior and posterior sectors of the cuticle (X (pasa-asa)). The formation of network failure of the cuticle Bowl is a multidirectional process, characterized by significant variability. The clinical advantage of MSKT in the morphometric assessment of the geometry of the kuimich Bowl during planning before operation is indisputable, since it allows you to check the topography and quantitative characteristics of the network failure of the kuimich Bowl, which is a key factor in the selection of general endoprotection techniques. Thus, the reconstruction of the casting Cup requires a three-dimensional assessment of the morphological

characteristics of the casting and their relationship to the planned surgical tactics [[10, 12,13]

A number of authors distinguish four pillars of the stability of the recess of the cuticle Cup: Outer - the cap of the acetabulum recess; inner, which forms the bottom of the cast glass; formed from the front, collar bone and back, formed by the casting bone [7].

Xenakis T. and according to other authors (2009), when choosing implantation tactics, the degree and localization of Wall insufficiency, as well as the indicator of frontal inclusion, are important.

A number of previous scientific works link the causes of unsuccessful results and complications with the neglect of network deficit indicators and the orientation of the cuticle in the frontal plane. However, the assessment of frontal cuticle susceptibility based on X-ray morphometry data is unclear as it is low specificity of "crossed marks" ("crossover sign"), which was previously proposed for the diagnosis of bladder retroversion for the diagnosis of cavity retroversion. Craps-the only criteria for sectoral insufficiency of the casting Bowl, determined by the degree of sufficient reliability in radiography, are the Viberg and Sharp angles, which reflect-the insufficiency of the upper wall cover.

However, this location of the defect is the most stable and is detected in all cases of dysplastic coxarthrosis, the insufficiency of the anterior and posterior walls and the frontal inclusion of the cavity are designated by significant variety and are available for evaluation only in MSKT morphometry. The study carried out made it possible to determine the normative values of the sectoral cover, the frontal inclusion of the cuticle and the formation of its deficit during constant flow. The regular increase in the deficit of the upper, front and rear walls of the foundry Bowl was determined by the increase in constant tension. [3].Malakhov O. A. and others (2012) show results of morphological changes in the jaw-thigh tissue at different stages of coxarthrosis in adolescents. The study involved 67 adolescents with coxarthrosis of diverse backgrounds, of which 42 (63%) were girls and 25 (37 %) were boys. The age of patients is from 13 to 18 years. The purpose of the study is to make a clinical-radiological and morphological comparison of changes in the structural tissues of the groin-thigh joint in coxarthrosis of various etiologies. Endoprotezing has been performed on the groin-thigh joint in patients with coxarthrosis. These studies show that patients with Down syndrome have been diagnosed with diseases such as obesity, obesity, obesity and obesity. He developed a set of morphological methods for studying materials using ground-optical microscopy and morphometry. Suyak in a ratio of 1: 1 alcohol-formol mixture was subjected to fixation, decalcification, concentrated in alcohol, then

paraffined. Thayer found that caesarean section contains hematoxylin and eosin, van Gieson-picrorufin, toluidine, safranin and Mallorin. According to morphological features, it is macroscopic, deformed along the entire length of the finger. From 30 to 70% of carotid arteries do not have blood vessels, which is due to the presence of "destroyed" tissues in them. Solarino G, Vicenti G, Piazzolla A (2021) the authors presented the results of Total endoprotezation of the groin-thigh joint using a cement-free leg in dysplastic coxarthrosis. Dysplastic coxarthrosis is more secondary than dysplastic coxarthrosis, leading to pathological anatomy of the skeleton and severe biomechanical changes around the groin joints, increasing the complexity of Total endoprotezing, which remains a method of choice for choosing to treat the terminal period of groin joint arthritis.

With such an abnormal morphology of the proximal thigh bone, the flat wedge-shaped conical or aligned and filling should not be appropriate, while the shaft-attached leg, which provides the desired level of anteversion, is desirable due to its ability, the ability to adapt to small thigh bones, with a metaphysical bone of poor quality, and possibly with previous surgery on the thigh. Thus, its use should minimize the risk of long-term survival of the prosthetic implant associated with aseptic relaxation. In addition, initial fixation in the conical prosthesis is provided by longitudinal sharp ribs that ensure that the load on the spine is spread more proximally uniform than distally, which prevents stress protection and promotes proximal osteointegration of the foot [23].

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