International Journal of Research Studies in Medical and Health Sciences
Volume 3, Issue 8, 2018, PP 08-10
ISSN : 2456-6373

Clinical Aspects of Closed, Subcutaneous, Staged and Segmental Fibro-Facsiotomy when Contracture Djupjutrena

Shaposhnikov Veniamin Ivanovich

Noncommercial Educational Private Institution of Higher Education "Kuban Medical Institute» Professor of Surgical Diseases, Vice Rector, Russia, Krasnodar

***Corresponding Author:** Shaposhnikov Veniamin Ivanovich, Noncommercial Educational Private Institution of Higher Education "Kuban Medical Institute» Professor of Surgical Diseases, Vice Rector, Russia, Krasnodar*

ABSTRACT

Annotation

The author has made the proposed clinical analysis of surgical treatment of Dupuytren's Contracture with effectiveness, by examining remote results of the operation from 15 former patients in terms from 10 to 15 years. Questionnaires and personal examination showed that relapse Contracture is not. The brush is fully operational.

The Purpose of Isslevovanijaj

To determine the effectiveness of the proposed method, subcutaneous, segmental Fibro-facsiotomy when Contracture Dupuytren's Contracture by studying distant results of treatment.

Objectives of the invention

Significantly without damaging the blood and lymphatic vessels, as well as nerve trunks without extensive skin incisions, to restore the function of the brush through the day after surgery, and 1-2 performance stage of disease through 4-8 days, and when 3-4 through 10-14 izobretenijadn dnZadachi stage.

Keywords: *Dupuytren's Contracture, closed, segmental, Fibro-Fasciotomy.*

INTRODUCTION

Dupuytren refers to diseases, in which the upper extremity function suffers dramatically, while conservative treatment is not effective and speedy is a very traumatic and requires a long stationary and ambulatory monitoring, not relieving patients from possible relapse of the disease process. For all these reasons, the disease often ends with a disability. Proceeding from the above, the development of a less traumatic and, at the same time, a more efficient way of surgical treatment of the disease was the challenge of modern medical science. We have developed a method that meets these requirements. It took place behind the closed doors, subcutaneous, milestone way, while produced segmental Fibro-Fasciotomy [5]. Surgeons who used this technique in his medical practice, observe its effectiveness [3]. Previously, when Contracture Dupuytren's Contracture ran 3 variants of surgical intervention: 1) Fasciotomy, 2) extirpation cicatricial traction 3) fascijektomija [1]. The first option is the operation used the weakened patients senile age and included an open intersection stiff amended smorshhennogo traction on one line, accompanied by the formation of a gaping, long unhealed wounds. The second option produced excision traction throughout the contiguous thereto together with knives, leading to scar contracture of the brush. The most common was the third version of the operation [2]. When this methodology (fascijektomija) excision of fibrous tissue is conducted within healthy tissues away from a modified fascia on healthy aponevrozu, removing an entire system fascialnoj of the Palmar surface of the hand. In doing so, use different kinds of cuts, including: multistage, Z-shaped cross-section (on the crease of the Palmar surface), figured. When all methods produce dissection the skin selection pressure double-checked affected the process of finger distal direction up to the base of middle phalanx. Cross the short fibers that run vertically from the skin to the tjazhu as well as mezhpjastnye jumper. Bleeding vessels jelektrokoagulirujut.

After the operation, impose plaster bandage on 2-3 week. The stitches will be removed through the 10-14 days. Through 3 weeks post-op physiotherapy is needed and physiotherapy, as well as local application lidazy. In total for the whole period of treatment required prior to 60 days. As can be seen from the above, during the execution of fascijektomii this technique inevitably damaged blood and lymphatic vessels and small nerve trunks, that significantly affects the trophic brushes and contributes to the development of explicit cicatricial process that often leads to scar contracture of fingers brush in violation of its functions, not much different from the primary process. To eliminate these phenomena sometimes requires prolonged, repeated physiotherapeutic treatment. Patients, in addition to human fingers, brush pain, which increases during operation, resulting in persistent incapacityThrough 3 weeks post-op physiotherapy is needed and physiotherapy, as well as local application lidazy. In total for the whole period of treatment required prior to 60 days. As can be seen from the above, during the execution of fascijektomii this technique inevitably damaged blood and lymphatic vessels and small nerve trunks, that significantly affects the trophic brushes and contributes to the development of explicit cicatricial process that often leads to scar contracture of fingers brush in violation of its functions, not much different from the primary process. To eliminate these phenomena sometimes requires prolonged, repeated physiotherapeutic treatment. Patients, in addition to human fingers, brush pain, which increases during operation, resulting in persistent incapacity.

MATERIALS AND METHODS

Under conductor anesthesia 0.5% novokaina solution sharp thin eye skin puncture produce scalpel in most proximal direction from the base of the affected finger, receding from the traction towards the -1.0 0.5 cm in the transverse direction to it, while scalpel plane passes between the skin and the heavyweight. This was followed by the traction tension produce pressure on the tip of the thumb in the process involved. Then his scalpel cutting part expand in the transverse direction, and make careful crossing the traction without penetrating in glublezhashhie tissue, while the surgeon feels distinctly push and unbending fingers depending on the severity of cicatricial process at 10-30 o and even more degrees. Following this, carry out the new puncture skin and subcutaneous intersection traction on 1.0-1, 5 cm from the first to the finger distal direction. Under conductor anesthesia 0.5% novokaina solution sharp thin eye skin puncture produce scalpel in most proximal direction from the base of the affected finger, receding from the traction towards the -1.0 0.5 cm in the transverse direction to it, while scalpel plane passes between the skin and the heavyweight. This was followed by the traction tension produce pressure on the tip of the thumb in the process involved. Then his scalpel cutting part expand in the transverse direction, and make careful crossing the traction without penetrating in glublezhashhie tissue, while the surgeon feels distinctly push and unbending fingers depending on the severity of cicatricial process at 10-30 o and even more degrees. Following this, carry out the new puncture skin and subcutaneous intersection traction on 1.0-1, 5 cm from the first to the finger distal direction. Then a third puncture and crossing the span and so on, up to the full provisions of the finger extensor. Scarry result than the process, the more you have to perform successive crossings of the traction. At 1-2 stages of the disease is usually sufficient to produce the 3-4 intersection, and with 3-4 up to 6. During the execution phase of the operation, the surgeon makes some forced unbending fingers, but you should avoid traumatic rupture of the skin. If this fails, then you need a scalpel to the traction of subcutaneous cut the adhesions between him and skin -1.0 0.5 cm in length. The patient on the operating table at once forced to move the fingers to ensure full mobility. Superimposed aseptic dressing without plaster longety. Functional load on the brush, the patients begin to run on the day following the operation.

RESULTANTS

Way tested in clinical conditions on 40 patients, of whom 18 were observed in Temrjukskoj HOSPITAL, and 12 in various medical institutions in Krasnodar. 4 of them were patient close acquaintances of the author of the article, and it actually monitor them during the 10-15 years. The age of the patients was from 39 to 75 years, 8 women (20%). The duration of the disease from 3 to 13 years old. Complications both during and after the operation, it was not observed. Distant results of treatment studied at 15. With other patients, the link was lost during

10-15. years of recidivism among those 15 people there.

Monitoring of Practices

Patient x-to 48 years, disease, A.s. N 521, entered the traumatological Department Temrjukskoj CRH 1/2/98/I I-1 98 6, alleging violation of the functions of upper limbs. More than 3 years. Diagnosed with Dupuytren's Contracture of the left and right hand 2-nd degree. On the same day under the conductor made step-wise, subcutaneous local anaesthesia, segmental Fibro-heavyweight 3 Fasciotomy-it and 21st 4 fingers of each hand. The function of the fingers fully restored on the operating table. Work proceeded through the 4 days. Observed within 15 years. There is no recurrence of the disease.

Patient with-V.i. 57 years, East. illness N 1027, entered the traumatological Department Temrjukskoj HOSPITAL, 17/c-1987 g. Diagnosis on admission: two-way Dupuytren's Contracture brushes, 3-degree. On the same day under the conductor made step-wise, subcutaneous local anaesthesia, segmental Fibro-Fasciotomy scarry heavyweight 3, 4, 5 fingers of each hand. Complications were observed. Within 2 days the dressing slightly promokali blood. To develop fingers began the day after surgery. Discharged to work through 10 days. There is 15 years. Relapses of the disease there.

Discussion

Thus, the way to subcutaneous, landmark, segmental Fibro-facsiotomy significantly reduces treatment time and make restore limb function within 2 weeks after surgery. Long-term monitoring of 15 patients attests to the persistence made therapeutic effect. Method differs significantly from other well-known ways to treat the disease with its simplicity, affordability and reliability. Thus, the way to subcutaneous, landmark, segmental Fibro-facsiotomy significantly reduces treatment time and make restore limb function within 2 weeks after surgery. Long-term monitoring of 15 patients attests to the persistence made therapeutic effect. Method differs significantly from other well-known ways to treat the disease with its simplicity, affordability and reliability.

Conclusion

Method of treatment of Dupuytren's Contracture of the brush, by private hypodermic staging segmental incision stiff smorshhennogo traction can be attributed to the methods of choice for this disease. This is evidenced and distant results of treatment.

References

[1] Littmann I.Operational surgery. Budapest 1982:1050-1051

[2] Usolceva E.V., Mashkara K.I. Surgery diseases and damages of the brush. L: M, 1975

[3] Salfetov V.S. Fibrofasciotomija when Contracture Dupuytren's Contracture on methodology Professor V.I. Shaposhnikova in ambulatory conditions/collection: topical issues of surgery, no. 4, no. 10, Moscow, 2002, pp. 216-218.

[4] Shaposhnikov V.I. Fibrofasciotomija when Contracture Dupuytren's Contracture/surgery-2000-9-42-43.

[5] Shaposhnikov V.i. treatment of Dupuytren's Contracture, patent RF № 2066137 from 10.09.1996 g.

Citation: *Shaposhnikov Veniamin Ivanovich. "Clinical Aspects of Closed, Subcutaneous, Staged and Segmental Fibro-Facsiotomy when Contracture Djupjutrena". International Journal of Research Studies in Medical and Health Sciences. 2018; 3(8):08-10.*