

subsequent gradual resolution on background therapy. In blood test there were signs of disseminated intravascular winding down. On data dopplerography vessels of lower limbs thrombosis left femoral vein was identified, therapy of low molecular heparin was conducted.

On the third day of life clinical-laboratory signs of thrombosis of left branch portal vein, absence signs functional activity platelets were identified. On 6 day of life on data dopplerography vessels abdominal cavity revealed thrombosis left branch portal vein. Child was consulted by a microsurgeon and recommended continue conservative therapy heparin, control vessels in dynamics.

On 5<sup>th</sup> day of life in clinical picture equino-varus position of left foot begins to prevail bringing front division. Notes hypotrophy of muscles shin left. Repeatedly was consulted by a neurologist, which confirmed peripheral paresis peroneal nerve left as a result of outcome venous thrombosis left bottom extremity. Girl received daily procedure massage and physiotherapy physical education, Vitamin therapy with positive dynamics.

On 8<sup>th</sup> day of life the condition deteriorated, appeared signs rise infectious toxicosis and paresis bowel. On results clinical inspection and instrumental methods research, revealed flow necrotizing enterocolitis with perforation hollow organ (iliac gut). On 9<sup>th</sup> day of life operation — laparotomy was performed, audit abdominal cavity with overlay of ileostoma and drainage of abdominal cavity. Postoperative period flew relatively smoothly.

Aged 6 month of life girl was made relaparotomy and imposition adapted ileo-ileoanastomosis. Postoperative period leaked smoothly. In flow 6 month of

life left foot was in equino-varus position. Conducted courses conservative treatment without persistent effect.

At admission child in branch outpatient orthopedics, drawn attention position left foot. Not knowing anamnesis life this child, completely competent may was would think about congenital clubfoot. But child was born with correctly formed feet!

With a medical examination equinus left foot is persistent, palpatory significant tension left Achilles tendon, small hypotrophy shin (circle right and left thigh — 21 cm, right and left shin in up third — 14 cm, in with medium third right 14 cm, left — 13,5 cm, in lower third right 11 cm, left — 10,5 cm). Child with diagnosis «acquired clubfoot» was launched treatment foot on methodology Ponceti. During 5 weeks ream withdrawn in correct position gradual plaster bandages. On achieving correction front and average divisions left foot, patient was performed percutaneous achillotomy left with fixation of the left lower limb in a high gypsum boot. Through 4 week were dressed up brace Mitchell.

In present time girl 1,5 years old. Foot is in right position, slightly difficult pronation left foot, but this not prevents great and steadily walk. Within 1,5 years the girl is permanently supervised by neurologist, hematologist and orthopedist. She receives medical and rehab therapy in connection with residual phenomena neuropathy peroneus with expressed positive dynamics.

So, unique technique treatment of congenital clubfoot, developed by Ignacio Ponceti, may be successfully used for elimination of secondary equinovarus foot deformity in children.

## SOME QUESTIONS OF PATHOGENETIC JUSTIFICATION OF APPLICATION OF TRACTION THERAPY AT THE LUMBAR OSTEOCHONDROSIS

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The first mention of the treatment of spinal injury diseases with the help of traction therapy is found among the ancient peoples of the Mediterranean, India and Europe. Initially, as a pulling load used containers, in which a drop by drop of water came. This provided an excellent adaptation of the patient to an increasing load, allowing for a precise dose loading. For many centuries after Hippocrates spinal distension was accomplished either by rough mechanisms that did not



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allow the adjustment of the tensile force, or manually by a physician with helpers, and sometimes with the help of draft animals. The apparent ineffectiveness of many of the barbaric treatment methods used at that time forced them to abandon them. Long stretches of the spine were also forgotten. We remembered about it only in the last century, when the concept of the compression nature of the appearance of many back pains was first put forward.

Our goal: to determine the main therapeutic effects of the application of traction therapy. The traction table Anatomotor (Hill Laboratories, USA) was used. The study involved 896 patients with neurological manifestations of lumbar osteochondrosis at the age of 32 to 64 years. When all patients were addressed, neuroimaging (MRI or CT), ultrasound examination of the lumbar spine for the detection of herniated lumbar intervertebral discs was performed. In the clinical picture, the pain syndrome predominated in various degrees of severity, as well as motor and sensory disorders at the level of the lower limbs.

As a result of the treatment, the majority of patients (812 — 90.1%) achieved a stable positive result (confirmed with further dynamic studies). 52 patients (5.8%) subjectively did not notice improvement, while the results of control studies indicated a decrease in the severity of hernias protrusion. In other patients, the positive effect was less, or the effect of the treatment lasted less time, and additional courses of treatment were required. The positive effect of traction: when it is carried out, the posterior longitudinal ligament of the spine is pulled, pressing on the disc or nucleus pulposus that is displaced backwards, eliminating the subluxations of the arcuate joints and reducing the muscle contractures in the affected vertebral motor segment of the spinal column. In addition, with the extension,

the regression of clinical manifestations of vertebral and extravertebral syndromes of spine osteochondrosis caused by the compression-mechanical factor is noted, temporary elimination or decrease in the degree of expression of pseudo-spondylolisthesis was noted.

Thus, the use of this method of conservative treatment makes it possible to provide effective treatment for patients with neurological manifestations of lumbar osteochondrosis and to ensure the appearance of a persistent clinical effect. The number of sessions of traction therapy is not regulated and is strictly individual for each patient. The focus for the termination of the procedure is the disappearance of spontaneous pain in the of lumbar osteochondrosis in a state of rest and pain in the palpation of paravertebral structures in the zone of the affected PDS. To achieve a pronounced clinical effect, usually 5–7 sessions are enough. In the order of carrying out procedures, traction therapy is always put on the last place for the possibility of a protective motor regime and the greatest rest after it. After the end or during (starting with the 4–5<sup>th</sup> procedure), the patient undergoes a course of stimulating therapy of paravertebral muscles: needle therapy, point and classical (tonic) massage, currents of Bernard In the stimulating regime (6–8 sessions). Simultaneously, the patient develops exercise therapy to create a muscle corset.