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METHOD OF TREATMENT OF POSTTRAUMATIC COCCYGDYNIA.

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Abstract: Purpose: to study the results of surgical treatment of patients with post-traumatic coccygodynia. The results of surgical treatment were studied in 16 patients suffering from coccygodynia. Of which 12 (75%) women and 4 (25%) men. All of them were treated operational in the department of orthopedics of Khorezm multi-disciplinary center. After operation the good result was observed in 14 (87%) patients and a satisfactory result in 2 (12.15%). There were no unsatisfactory results. To remove the coccyx were used a new approach and a new operative method of removing the coccyx.

Keywords: coccygodynia, coccyx, clinic's method

Coccygodynia is a disease manifested by pain in the sacrococcygeal region of a different nature. Mostly young and middle aged women suffer from it. The pain is excruciating and deprive patients of quietness and full life style. Over time, the pain increases when patient is in quiet or horizontal position. [11,12]. The pain sharpened after complicated childbirth [2,4,5]. In most patients, the cause of the disease cannot be found [5,6,7]. There are only few publications on this topic. According the literature, it turned out that over the past decade there has been a sharp decline in research on coccygodynia [nine].

Up to date, the problems of diagnosis and treatment of coccygodynia still remain unresolved. The success of treatment depends on the accurate diagnosis and complex therapy [1,7].

Some authors offer an operative method for removing the coccyx, while warning that this method is fraught with a number of complications [10].

After removing the coccyx, infection of the surgical wound is a fairly common complication. In order to prevent the development of osteomyelitis, after resection of the coccyx, some authors recommend closing the sacral stump with the periosteal periosteum [7]. To replace volumetric tissue defects, Smakaev R.U. suggested using an allograft, which has good frame properties and modeling, has a local hemostatic effect [3].

To close the residual cavity after removal of the coccyx, the author proposes a "P" shaped fascio-ligamentous flap [1].

Thus, the issues of surgical treatment of coccygodynia remain unresolved.

The purpose of the study is to improve the results of surgical treatment of patients with post-traumatic coccygodynia by introducing the developed access and methods for removing the coccyx.

Material and methods.

This scientific work based on studying 16 patients with post-traumatic coccygothe line of those treated promptly in the department of orthopedics of the Khorezm region, the Republican Specialized Scientific and Practical Medical Center for Traumatology and Orthopedics for 6 months from 2021 till 2022. among the sickfemales were 12 (75%) and males 4 (25%)human. Basically, the contingent of female patients in the most able-bodied age. In anamnesis, all patients noted trauma to the sacrococcygeal feild. All of 16 patients, 11 (68.75%) reported a fall on the coccyx area during the last 6 months. Their pain resumed 2-3 months after the injury. 3 (18.75%) patients noted a blow to the sacrococcygeal feild. 2 (12.5%) men in the anamnesis denied an injury or a fall,

although the X-ray showed a deformity of the coccyx 100-110 gr. A common clinical symptom for all patients was varying degrees of pain in the coccyx on palpation, which increased with rectal finger examination, sitting and defecation.

Also, rectal digital examination reveals varying degrees of spasm and soreness of the pelvic floor muscles, the degree of displacement of bone fragments of the coccyx, and dislocation of the coccyx.

Clinically all In the surveyed patients with coccygodynia, we examined the intensity of pain in the coccyx area and performed a digital examination through the rectum to determine the mobility and deformation of the coccyx. Radiography of the coccyx in the anteroposterior direction is uninformative, as a result of which we used lateral projections of radiographs to measure the sacrococcygeal angle.

All 16 patients before surgery underwent conservative treatment in the form of drug therapy, the use of physiotherapy, paracoccygeal blockade with 0.5% novocaine and hydrocortisone suspension.

However, there was no effect from conservative treatment, or the pain stopped only for a certain period of time. Subsequently, all patients underwent surgical treatment using the developed access and the technique for removing the coccyx.

The patients underwent surgical treatment according to the following method. To remove the coccyx, a skin incision, unlike the generally accepted one, was made 4-5 cm above the anus and moving away from the intergluteal line to the right by 2.5-3 cm, i.e. in the projection of a richly vascularized fasciathoracolumbalis. After layer-by-layer dissection of the soft tissues, the coccyx was skeletonized and removed in parts, i.e. by the type of "dismantling the coin column". The anal-coccygeal ligament, taken in advance on the holders, was sutured to the sacrum after removal of the coccyx, thus preventing the failure of the external sphincter of the rectum. The wound was sutured tightly in layers. After the operation, patients were not allowed to sit for 1-1.5 months.

Results and discussion

The results of surgical treatment of patients are shown in table 1.

Table 1. Results of surgical treatment of patients with coccygodynia.

Treatment results	Women	Men	Total number	In percentages
Good	10	4	14	87.5%
Satisfactory	2	0	2	12.15%
Total	12	4	16	100%

Good results - pain in the coccyx area is absent when sitting and walking, external palpation of the coccyx area is painless.

Satisfactory - pain occurs when sitting after an hour or more. There is no pain when walking. Palpation of the coccyx area is slightly painful, sometimes painless. External palpation of the coccyx is painless. Patients lead an active lifestyle.

There were no unsatisfactory results after the operation. In all operated patients, the wound healed initially. The presence of a rough postoperative scar was not noted. Complications indicated in the literature in the form of insolvency of the external sphincter of the rectum or suppuration of the postoperative wound, we did not observe.



Findings:

1.The main factor for the development of pain in the coccyx is trauma to the sacrococcygeal region.

2.An effective method of treating post-traumatic coccygodynia, with the ineffectiveness of conservative treatment, is surgical.

3.Removal of the coccyx according to the proposed method promotes the primary healing of the postoperative wound and prevents a possible complication in the form of failure of the external sphincter of the rectum.

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