



THE RECONSTRUCTIVE OPERATIONS OF NEUROTROPHIC ULCERS IN PATIENTS WITH SPINAL CORD INJURY

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ABSTRACT

Major harm to the spinal cord in the majority of patients, ranging from 70% to 90%, is further worsened by the presence of lining. This lining is a result of serious problems in the nerve supply to the soft tissues, a significant deterioration in the functioning of the nerves, and a near-total lack of preventive measures for these difficulties.

Major harm to the spinal cord in the majority of patients, ranging from 70% to 90%, is further worsened by the presence of lining. This lining is a result of serious problems in the nerve supply to the soft tissues, a significant deterioration in the functioning of the nerves, and a near-total lack of preventive measures for these difficulties. The presence of infection and other detrimental factors results in compromised immune function in individuals, which in turn contributes to the development of purulent wounds [2]. The primary factors leading to deaths in this group of individuals are leprosy and urinary tract infections [4]. Several recent investigations on individuals with spinal cord injuries have identified peritoneum as a neurotrophic disease. This highlights the absence of nerve supply in the damaged region, the reduced resilience of tissues, and their limited ability for restorative regeneration [1]. The lobe is characterized by a disruption of the skin's trophic and protective qualities, which occur as a result of tissue hypoxia, regardless of the underlying etiology. Prolapses often occur in regions where tissues experience significant and persistent pressure, particularly in the vicinity of the subcutaneous bone prominences. When a person is laying down, the parts of the body that suffer the most pressure (measured at 40-60 mm Hg/st) are the coccyx, buttocks, heels, and occiput. The findings from tests investigating the extent to which external influences compress objects indicate that subjecting tissues to a consistent pressure of 70 mm Hg over a duration of two hours induces irreversible alterations. Simultaneously, when the pressure is halted every 5 minutes, there are negligible alterations in the tissues that do not result in consequences. There is a significant body of literature by writers from both local and international origins that focuses on the management of leprosy. According to the majority of experts, conservative therapies are becoming acknowledged as unsustainable since they are lengthy and have little impact. Several studies on the surgical treatment of the spleen provide unclear information about the use of various plastic procedures to

close spleen abnormalities in different regions [5]. Contemporary literature places emphasis on the prevention of neurotrophic ulcers. This involves the development of risk scales and the establishment of regulations and guidelines for treatment. Nevertheless, the prevalence of neurotrophic ulcers among hospitalized patients remains substantial, ranging from 75% to 80% [6]. Prolegies are difficult to treat and often worsen or reoccur, leading to major limitations and delays in rehabilitation efforts, prolonged hospital stays, and an increased risk of septic complications.

The objective of this research was to examine the clinical progression of neurotrophic ulcers in the hip area of individuals with spinal conditions via the optimization of cosmetic surgical procedures.

Materials and Methods of Research. This study analyzed the outcomes of inpatient treatment for 11 patients with neurotrophic ulcers of the hip. These patients had post-traumatic spinal cord lesions and had previously undergone unsuccessful conservative treatment. The analysis was conducted at the Purulent Surgery and Surgical Complications Division of Diabetes at the Multidisciplinary Clinic of the Tashkent State Medical University between 2020 and 2023. The neurotrophic ulcers varied in size from a few centimeters to 10-15 cm in diameter. They exhibited the characteristics of a long-lasting skin ulcer, with hard and uniform margins that were covered with granulations. Out of the total of 8 patients, 6 (75%) had the symptoms concentrated in the buttock area, while the remaining 2 (25%) had them in the cross region. Not all individuals had osteomyelitic lesions in the underlying bone. The majority of individuals had lower paraplegia without any signs of conductor-type sensitivity. The surgical procedure was carried out following preoperative measures, which involved administering appropriate antibiotics based on a bacteriological examination of the pelvic microflora and its susceptibility to antibiotics.

Results. The specially selected patients had reconstructive and plastic surgery. Concurrent diseases, patient constitution, and wound defect extent were studied. Due to the seriousness of the wound defect, half of the patients were provided with a prosthetic that resembled a mouth. A patient had a procedure in which the fistula was incised to its base and filled with plastic material using local tissues, thereby closing the deep fistula opening. When the defect was identified in the lower region of the buttock, namely around the hip and thigh crease, myoplasty was conducted using a delicate hip muscle. This was done to address the local tissue shortage and avoid the reoccurrence of trophic ulcers. The data analysis indicated that all patients had a complication-free recovery after surgery, and their wounds healed without any excessive strain. This is a result of our approach, which involves removing the even borders of the perineum, ensuring complete control of bleeding, and repositioning the skin-muscle flap over the extensive blood vessel network, considering its structure. As a result, it became feasible to fill the holes with well-vascularized tissues without any strain.

Conclusions. The selection of a surgical approach tailored to each individual patient with neurotrophic ulcers in the buttocks and cranial areas is crucial for achieving a positive surgical outcome in the immediate postoperative period. Secondary reconstructive-plastic surgery is necessary to avoid the development of pus-filled problems and to enlarge the

wound defect in patients with neurotrophic ulcers after spinal cord damage. Further contemporary research is needed to enhance the quality of life for individuals with post-traumatic spinal cord injuries by establishing criteria for predicting the occurrence of neurotrophic ulcers in the cranial and hip areas.

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