

Combination of Osteoarthritis with Diseases of the Cardiovascular System

Khuzhamberdiev M.A., Tashtemirova I.M., Kodirova G.I., Uzbekova N.R., Vakhobov B.M., Isaqov A.A.

Andijan State Medical Institute

Abstract—Osteoarthritis – is a dystrophic disease of the limbs and of the spine. Its basis is progressing degeneration of joint gristle up to fun its destruction witch being accompanied she grin of marginal surfaces of the joint being and secondary sonorities. We have done the analysis of the histories of a case of 596 patients. 137 (25%) of them were reveled with osteochondrosis. 105 (76, 6 %) of them were the women, 32 (24,4 %) of them were the men. Distribution all the patients with osteoarthritis depending on age groups among the women? 40-49 y.o. -23,8 %; 50-59 y.o. – 31, 4 %; 60 years old and more – 44, 7 %; Among the men – 15, 6 %; 37, 5 %; 46,87%. Clinic types of osteoarthritis among the women: 34 (32,8 %) patient of the all patient – women were revealed with combined osteoarthritis of the knee joints. Lumbar division of the spine – 27 patients (25, 7 %); Cervical division of the spine – 20 patients (19, 04 %); Combined forms (types) – 19 patients (18 %); Breast division – 5 patients (4, 76 %); Among the men- 7 (21, 8 %); 9 (28,1 %); 8 (25 %); Breast division – 0 (0 %); Combined forms- 8 (25 %).

Keywords— Cervical division of the spine – 20 patients (19, 04 %); Combined forms, Breast division.

1. INTRODUCTION

There are 230 large and small joints in our body. Their surfaces are covered with cartilage, which is devoid of blood vessels. The shape of each joint is determined by its function: in the hand, for example, there are cloud-shaped and ellipsoid, and spherical, and saddle joints. Among joint diseases, degenerative arthrosis is very common, accompanied by a gradual change in all elements of the joint. In women, this disease is observed more often than in men. The knee, shoulder, ankle, hip joints are mainly affected.

Arthrosis of a joint, as a rule, leads to its deformation. Similar anatomical changes in the joint can occur due to age-related and metabolic disorders (primary arthrosis) or be the result of injuries, fractures, especially intra-articular, extensive burns, frostbite and infectious diseases - rheumatism, tuberculosis (secondary arthrosis). Until recently, primary arthrosis was considered a "privilege" of the elderly, in other words, a "wear-out disease". Age, undoubtedly, leaves an imprint on the function of organs and systems, and in the joint - primarily on the function of cartilage. It becomes cloudy, becomes thinner, deep cracks appear on its surface, the amount of moisture and protein decreases in it. Based on these changes, some researchers considered the condition of the articular cartilage to be almost the main indicator of the aging of the body. But this point of view does not find confirmation, because arthrosis is not found in all 70-80year olds. Statistics show that lately joint diseases have become "younger". There are many people under 40 years of age among people suffering from arthrosis.

Arthrosis is often accompanied by impaired blood supply to the legs and arms, which causes numbness, chilliness of the feet and hands, muscle cramps, and pain. I must say that the number of functioning capillaries decreases with age. The tissues are less supplied with blood, and this leads to their drying out. Cartilage is at the most disadvantageous position. The development of arthrosis is also facilitated by a sedentary lifestyle, obesity, diabetes, sudden changes in temperature, humidity, atmospheric pressure, as well as frequently recurring vasospasm or thrombosis. Patients diagnosed with osteoarthritis are treated not only by traumatologists, neuropathologists, but often more often seek help from a therapist. They say that the age of a person is equal to the age of his vessels, it can be said that a person has the age of his articular cartilage. With age, the development of osteoarthritis takes a leading position in rheumatology. It accounts for up to 80% of all articular pathology and more than 50% of all rheumatic diseases [1, 2, 10].

Osteoarthritis is a dystrophic disease of the joints of the extremities and the spine, which is based on progressive degeneration of the articular cartilage up to its complete destruction, accompanied by the proliferation of the marginal surfaces of the articular bones and secondary synovitis. The prevalence of osteoarthritis in different regions of the world ranges from 13.6% to 41.7% and increases significantly with aging. According to a study conducted in the UK, early radiological signs of osteochondrosis are found in 40% of men and 28% of women aged 55–64 years [3, 5,7,11]. The following main clinical forms of osteoarthritis are distinguished: 1. defeat of the hip joint (coxoarthrosis). It occurs in 40% of all cases. 2. lesion of the knee joint (gonarthrosis). Easier course of 33% of cases. 3. defeat of the distal interphalangeal joints with the formation of Heberden's nodules. It occurs in 1/3 of all patients with osteoarthritis. It is observed mainly in women during menopause. 4. damage to the joints of the spine (spondylosis or osteochondrosis of the spine) [4, 5]. They say that the age of a person is equal to the age of his vessels, it can be said that a person has the age of his articular cartilage. With age, the development of osteoarthritis is inevitable.

Osteoarthritis occupies a leading position in rheumatology. It accounts for up to 80% of all articular pathology and more than 50% of all rheumatic diseases. The prevalence of osteoarthritis in different regions of the world ranges from 13.6 to 41.7% and increases significantly with aging.

2. MATERIALS AND RESEARCH METHODS

We have analyzed the case histories of 596 patients who underwent inpatient treatment in the therapeutic departments of the AGMI clinic. Of these, 137 (23%) had osteochondrosis. There were 105 women (76.6%), men, respectively 32 (23.4%), suffering from osteoarthritis. Distribution of patients with osteoarthritis by age groups among women: 40-49 - 23.8%; 50-59 - 31.4%; 60 and over 44.7%; among men, respectively, 15.6%; 37.5%; 46.87% (Fig. 1).

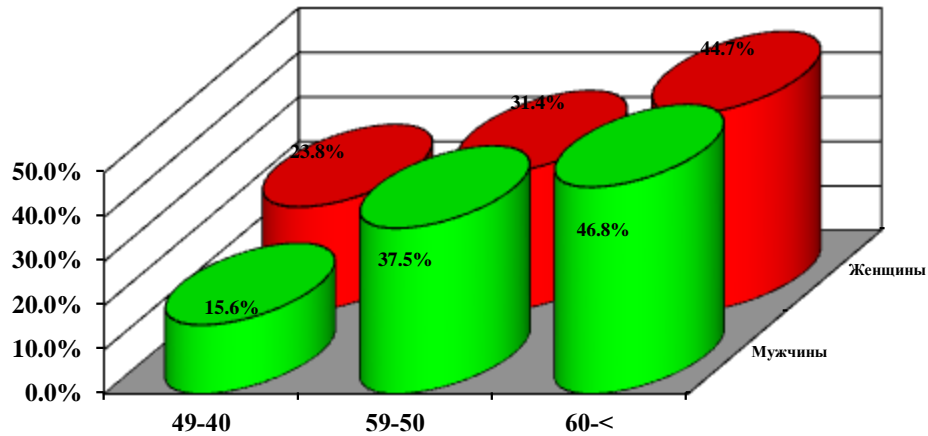


Fig. 1. Distribution of patients with osteoarthritis by age group.

3. RESEARCH RESULTS AND DISCUSSION

From the above, it can be seen that women over the age of 60 are more likely to suffer from osteoarthritis. However, if we compare by gender, among hospitalized patients, the prevalence of osteochondrosis in men aged 50-59, 60 and older is even higher than in women. Clinical forms of osteoarthritis in women: among women, manifest osteoarthritis of the knee joints was found in 34 patients (32.8%), in the lumbar spine - 27 people (25.7%), in the cervical spine in 20 patients (19.04%), combined forms were found in 19 patients (18%), the thoracic region was 5 (4.76%) (Fig. 2); for men, respectively 7 (21.8%); 9 (28.1%); 8 (25%), thoracic region 0; combined 8 (25%) (Fig. 3).

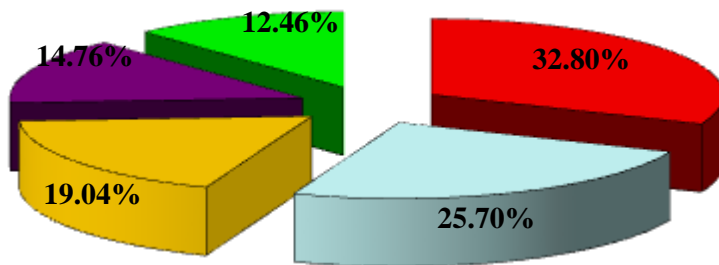


Fig. 2. The incidence of clinical forms of osteoarthritis in women.

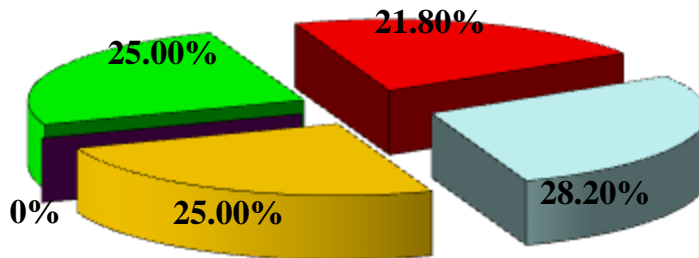


Fig. 3. The incidence of clinical forms of osteoarthritis in men.

Gonoarthrosis is more common in women than in men, the lumbar spine is affected in almost the same way, so are the combined forms. Men were more affected by osteochondrosis of the cervical spine. Arterial hypertension II risk III among women occurred in 11 patients (34.3%), Arterial hypertension II risk IV - 1 (3.1%), Arterial hypertension stage III risk III - 2 (6.25%), angina functional class II 8 (25%), myocardial infarction 1 (3.1%), angina functional class II Arterial hypertension II risk IV 8 (25%), angina pectoris Arterial hypertension stage III risk IV 1 (3.1%).

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