

THROMBOSIS OF LEFT FEMORAL VEIN IN NEWBORNS AS A CAUSE FOR DEVELOPMENT OF ACQUIRED CLUBFOOT: CASE FROM PRACTICE

V. Krestyashin, O. Litenetskaya, I. Krestyashin, A. Domarev, Y. Podurovskaya, E. Dorofeeva, L. Ushakova, E. Filippova, M. Albegova

Filatovskaya Children Hospital, V. Kulakov Institute of Obstetrics, Gynecology and Perinatology, Moscow, Russia

Equino-varus position of foot in children after birth is manifestation of congenital clubfoot. Congenital clubfoot — complex malformation shin, ankle joint and foot, where violation bookmark and bone -muscle apparatus has occurred. In Filatovskaya Children Hospital (Greatest Hospital in Russia) in 2007 at the Center of outpatient orthopedics 573 children aged from 5 days of life to 7 years with congenital one- or bilateral clubfoot underwent treatment. In all cases malformation lower limbs with broken bookmark ankle joint in period intrauterine development had place. From past through branch patients with congenital clubfoot, one child deserved more attention.

As known from anamnesis, the child was born from the third pregnancy, flowed with constant threat of interrupts, 2 premature birth way cesarean section on 31 week of gestation with weight 1100 g (antenatal death 1 fetus in 28 week). Viable girl was born with assessment on scale Apgar 2/5 points. Motion in all joints in full volume, foot and brush formed correctly. After birth status child heavy, due to the respiratory violations on background prematurity and morpho-functional immaturity. The baby was transferred into a maternity hall on artificial ventilation light and delivered in resuscitation. With first hours life expressed violation of microcirculation in areas of lower limbs was noted. Cyanosis in areas of right thigh and shin was solved on 2 day of life. In areas bottom hall trunk and left bottom extremity in areas thigh and shin violations quashed to 3 days of life, in areas 1 toe left foot hemodynamics violations saved to 23 days with



Vladimir Krestyashin, PhD,
Professor



Olga Litenetskaya, PhD,
*assistant of professor,
trauma and orthopedic of the
highest category*



Ilya Krestyashin, MD



Andrey Domarev, MD



Yulia Podurovskaya, MD
*Pediatric surgeon of the highest
category*



Lyubov Ushakova, MD.
*Neurologist of Department of
Surgery, Resuscitation and
Intensive Care of Newborns*



Elena Philippova, MD,
Doctor of Ultrasound



**Marina Albegova, Pediatric of
Scientific Centre of Obstetrics,
Gynecology and Perinatology**

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 5th 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 8th 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 9th 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

A.A. Oleynikov, G. I. Schumacher, A.G. Remnev, I.E. Babushkin, M.A. Oleynikov

*Altai State Medical University,
Siberian Medical Vertebro-neurological Center Dobromed,
Sanatorium Barnaulskiy, Barnaul, Russia*

*Prospect Lenina 40, Barnaul, 656038, Altai region, Russia
E-mail: aaoley@mail.ru*

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