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SEVERAL FRACTURES OF THE VERTEBRAL BODY IN CHILDREN AND ADOLESCENTS.

Annotation: *this article presents various data on the frequency of multiple vertebral fractures in children and adolescents.*

Keywords: *MSKT, computer tomography, diagnostics, thoracic vertebrae.*

The medical literature of recent years lists various data on the frequency of multiple vertebral fractures in children and adolescents. Thus, the lowest percentage of this type of damage is 19.62% - Kanna R. M. et al. [1], the largest is 81.1% Franklin D. B. 3-prose, et al. [2]. In 74.4% of cases, the data we received on the frequency of the appearance of multiple fractures were reported by local researchers Baidurashvili A. G. and the closest to the indicators of a similar category of vertebral injury published by others. [3]. The authors found damage to this category in a large volume of clinical material-1230 people-67.3% of children. The results of gender-based distribution of victims were almost similar. In our study, 52.01% of men and 47.99% of women were studied. The predominance of many injuries to the middle chest is mainly due to the anatomical and physiological characteristics of the child's spine, primarily in patients of age groups. It is known that at the age of 5-12 years, the spine in children has a flexible structure, in the middle thoracic vertebrae the bone rays are arranged vertically and have short horizontal joints, in the lower thoracic and lumbar vertebrae the same rays are closely connected with each other, different plains. These features of the structure of thoracolumbar and lumbar localization vertebrae give them greater density and therefore strength relative to the pectorals [4].

Vertebrae located in the upper part of physiological kyphosis are more prone to compression compared to the upper or lower parts when traumatic force is applied [4]. Based on the diagnostic results we conducted, 1,228 (48.21%) vertebrogenic fractures from a total of 2,547 vertebrae fell into the middle thoracic section (ThIV-ThVIII). The high frequency of several fractures in light weight injury (e.g. when falling from the height of one's own neck to the back) is primarily associated with the belt-keyboard mechanism [5]. Belenky V. E. etc. (1984) they experimented on biological mannequins, repeating the blow to the spinous processes of the vertebrae of the thoracolumbar region, which often occurs when the patient descends from his height to the back. Experimenters documented that the traumatic force acting on top of the spinous process of the spine led to compression of the above vertebrae and stretching of the main intervertebral discs. Thus, in two cases, when ThXI-ThXII was hit by a region of spinous processes, a pathological autopsy of biomanecenes revealed fractures of two (ThII and ThIII) and one (ThIII) vertebrae [5]. An important and unresolved problem of emergency vertebrology in childhood is the lack of unified approaches to assessing the results of the treatment of vertebral fractures in children and adolescents. The Oswestry survey, used for these purposes, and S. T. Vetrile scale et al. (2004) cannot be fully used in pediatric practice. Taking into account this fact, they developed an "individual map of the assessment of the results of conservative treatment of children with spinal fractures", in which the results of clinical and radiation studies of the spine were recorded in 6 and 12 months after the injury. In total, 65 of the 744 children of the research cohort (8.73 %) were able to study long results in these terms. According to the evaluation criteria developed, 58 (89.24 %) children were found to have "good" outcomes of therapy, while 7 (10.76 %) patients were found to have "satisfactory" outcomes. Symptoms indicative of "unsatisfactory" treatment outcomes have not been reported in any of the clinical observations. The problem of several uncomplicated compression fractures of vertebral bodies in children and adolescents is multifaceted and relevant for many

reasons, including the spread of this type of injury in the structure of childhood trauma, difficulties in clinical diagnosis, the absence of unified approaches to therapeutic tactics and the assessment of long-term results of therapy. Thus, among children and adolescents who received uncomplicated compression cracks in the vertebral bodies, 74.4% of clinical observations fell on patients with multiple damage. Most often, children experience fractures of two (37.23%) vertebrae, in 41.71% of cases these vertebrae are adjacent. In total, 45 different combinations of localization of damaged vertebrae were identified in the research group of patients. The severity of fractures acquired by children corresponds to types a (99.52% of those affected) and B (0.48% of patients) according to the AO/ASIF classification. In accordance with the severity of the injuries received in most patients-99.52% of clinical observations - conservative treatment tactics were used, in 2.02% of cases surgical methods were used. An alarming high percentage of a large number of fractures of vertebral bodies in the population of children and adolescents presupposes the need to study this problem further.

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