

COMPARATIVE ASSESSMENT OF QUALITY OF LIFE IN PATIENTS WITH SCLEROSIS OF THE DEEP LIMB AFTER HIGH AMPUTATION OF THE LOWER LIMB

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The relevance of research. Today, diabetes mellitus is the most common endocrine disease in the world. According to the IDF Diabetes Atlas 2025, there are 589 million people with diabetes mellitus worldwide, and it is projected that 853 million people will suffer from diabetes by 2050.

The aim of the study is to improve the quality of life of patients with diabetic gangrene of the lower extremities by selecting optimal methods for high and low amputations.

Materials and methods of research. In this work, the results of surgical treatment of 85 patients for 2017-2022 were analyzed. These patients received inpatient treatment with surgical complications of diabetic foot syndrome against the background of diabetes mellitus in the Department of purulent surgery and surgical complications of diabetes mellitus at the multidisciplinary clinic of Tashkent State Medical University.

All patients were divided into 2 groups depending on the degree of purulent-necrotic lesions of the feet. The I-th group (comparison group) consisted of 46 patients (54.11%), and the II-th group (main group) consisted of 39 (45.88%) patients who underwent lower limb amputation above the knee joint.

In Group I, 21 patients underwent lower-third hip amputation, 18 patients underwent middle-third hip amputation, and 7 patients underwent upper-third hip amputation. In Group II, 13 patients underwent lower-third hip amputation, 10 patients underwent middle-third hip amputation, and 2 patients underwent upper-third hip amputation. In addition, 14 patients in the main group underwent Gritti-Shimanovsky amputation. Long-term intra-arterial catheter therapy was used in the complex treatment, and balloon angioplasty was performed in 37 patients with the neuroischemic form of diabetic foot syndrome.

In the main group, the Gritti-Shimanovsky hip amputation technique gave patients a higher chance of mobility, thereby improving their quality of life both in the immediate and long-term postoperative periods. In the comparison group, despite the good condition of the patients, we did not observe any patients using prostheses for

walking. In most cases, they moved around using a wheelchair. In the main group, 5.9% of patients actively used prostheses when walking, but due to discomfort or improper handling of the prostheses, the frequency of repeated surgeries increased from 2.17% to 5.1%. In the long term, the number of patients using prostheses increased from 5.9% to 9.5% among patients with hip amputations.

To determine the nature and quality of life of patients in the long term, we used the SF-36 questionnaire specifically for patients with lower limb amputation. We also studied the psychological aspects of their health through a survey conducted during the interview.

When analyzing the results, it was found that in the comparison group, the quality of life of patients with above-knee amputation was 52.2% for vitality, 67.4% for social functioning, 63.0% for role functioning, and 15.2% for psychological health. In the main group, the indicators were 61.5% for vitality, 71.8% for social functioning, 69.2% for role functioning, and 58.9% for psychological health.

In the comparison group, despite distal resection of the lower limb in cases of lower limb gangrene, the psychological state and vitality of patients deteriorate dramatically.

Conclusions. Thus, the traditional strategy of performing lower limb amputations in case of critical ischemia largely worsens the long-term results of surgical treatment, reducing the quality of life. The results obtained in the main group of patients aimed at improving the physical and psychological elements of health after amputation showed its high efficiency and the use of an improved optimal algorithm for performing lower limb amputations creates high chances of maintaining the patients' role activity in social life.