

## **Criteria for Choosing the Treatment and Diagnosis of Chest Joint Injuries in Pediatric Practice**

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**Abstract:** children's surgery center under Samarkand State Medical University in 1996-2022, 63 children were diagnosed with various types of chest injuries and localization. 39 patients with mixed chest injuries. 8 patients received toracotomy , 22 patients received videotoroscopic operative intervention. The age of patients was 3 – 15. 39 patients who had been treated with mixed chest injuries were put through a retrospective examination. The patients were divided into 4 guruchs under the Algover classification of shock holiness. Surgical access was carried out on the basis of the patient's weight level and the sagging of the Algover shock index, and its treatment by VTS was objectively predicted. The post-thoracic injury survival in Bol was achieved by correlating the level of shock on the Vvtriss scale and injuries in the patient.

**Keywords:** chest arlash japroxats , thoracotomy, shock index, bolar surgery.

**Introduction.** Today, the treatment and diagnosis of mixed chest injuries in children is one of the most pressing problems in emergency pediatric surgery (Davlyatov S.B. and co-authors 2008,). Then it is complicated to adequately assess the weight level of the chest organs in polygynous cases. Blood loss hajmi, trauma localization widow have difficulty choosing treatment tactics and medical care sequences.

Despite the accumulated experience of vidieotoroscopy, whether the patient's condition in the chest injuries in front of the surgeon allows the practice of VTS, the main conditions in the implementation of the main VTS are the hemodynamic state of the patient (Isakov yu.F., Baker S.P., Boyd C.R.).

**Purpose of verification.** Predicting the possibility of applying VTS in case of a chest injury using the Algover shock index.

**Research objective.** The use of VTS in cases of severe degree shock of chest injury with retrospective and SIA Index assessment of hemodynamic indicators.

**Materials and methods** 63 patient children at the Samarkand children's surgical scientific center were isolated in 1996-2022 and were diagnosed with joint chest injuries. Diagnostic puncture of the pleural cavity, VTS, torocotomy was performed in Bos under 16 years of age.

By type of injury; 29 patients (46%) are characterized by road-traffic trauma, 21 patients (33.3%) are characterized by falls from a height, chest - thirsty-bruised injuries -13 (20.7%) and 39 (61.9) are characterized by mixed injuries. (Table 1).

**Table 1. Division of patients with a mixed injury option**

Mixed injury option	Number
Chest + BMJ	12(30,8%)
Chest + arm, leg injuries	14(35,9%)
Chest + BMJ+ arm-leg injury+spine injury	6(15,4%)
Chest + BMJ+ arm-leg injury+spine injury+abdominal injury	3(7,7%)
Chest + ankle-arm injury+spine injury	1 (2,5%)
Chest + abdominal injury+ limb injury	3 (7,7%)
Total	39 (100%)

Mixed injuries bilain from 39 patients with cranial injuries were observed in 21 (43%) patients. In 24 patients, however, joint injuries were observed with limb injuries with abdominal injuries.

33,952.4%) the patient had treatment - diagnostic treatment-the puncture was limited to puncture of the pleural space, the remaining 47.6% had interpleural continuous bleeding and 8 patients had toracotomy and 22 patients had VTS practice (Table 2).

**Table 2. Thoracotomy diagnosed at intra-thoracic injuries**

Intra-thoracic injury	N=8
Lung injury (pricked-cut injury)	2
Intercostal artery injury	2
Lung injury with bone fragments	1
Lung Pasky part injury	1
Pulmonary parinchema hernia	2

**Table 3. Intra-thoracic injuries detected in diagnostic viditorocoscopy**

Intra-thoracic injury	N=22
Lung injury (pricked-cut injury)	4
Pneumatoroxus (visceral pleura tear preserved pulmonary parinchema butyny	6
Iodine body in the pleural cavity and pulmonary parinchema	1
Intercostal artery injury	2
Pulmonary vein injury	1
Lung bottom rupture	1
Lat eating of the lungs intraparenchymatous blood transfusion	2
Pulmonary parinchema tear	3

The implementation of the VTs practice in chest joint injuries was carried out in 39 (61%) patients on the basis of a retrospective assessment of the hemodynamic indicators of patients with chest injuries.

In the misery of patients, it was found that there was a potential predisposition to VTS in the case when we used the ISS anatomical criterion, the RTS physiological criterion [8], the Triss physiological indicator [9], the BBTRISS coefficient for predicting the possibility of survival. The SIA-Algovera shock index-coefficient was determined by dividing the frequency of cardiac contraction by systolic pressure.

The results are predictable. Patients with Halda araplash injuries with SIA index in mind were divided by the severity of the shock that 4 indens  $Sia < 1.0$  (mild degree of shock) was observed in 22 patients (73.5%) with mixed injuries. The fact that the subsequent growth of SIA indicators increases the ISS index and decreases the RTS index, the severity of anatomical injuries of patients begins to increase with physiological disorders.

Proportionately increasing blood in the pleural space from the middle hajm indicates the severity of the injury. In mixed injuries, the severity is level and the number of injuries (ISS, RTS) Sia index and BBTRISS survival opportunity have Informatic coinages. If the shock index is  $Sia < 1.0$   $BBTRISS = 0.961 \pm 0.018$ , then the chance of survival would be equal to  $96.1 \pm 1.8\%$ , while  $Sia > 2.0$   $BBTRISS = 0.452 \pm 0.012$  would be drastically reduced and remain equal to  $45.2 \pm 1.2\%$ . This is evidenced by the high level of lethality in patients of this category

For the purpose of comparing the SIA indicator, the dependence of injury on severity, organ and localization is given in the table below

In patients with an index of  $Sia = 1.5-2.0$ , one case of diagnostic VTS was followed by a large amount of blood in the testicular artery in the pleural cavity as a result of injury. Thoracotomy and the practice of connecting the spinal artery have been performed due to the inability of the wound site to be seen as a result of massive blood flow.

In the case of  $Sia > 2.0$  i.e. extreme shock, a diagnostic VTS was performed on a single patient, and a convention was made after blood was removed due to the injury site being visualized and the blood did not stop. In such a case, treatment VTS is inappropriate, it is imperative to make a toracotomy without stretching the time.

**Conclusion:** the use of the SIA shock index in mixed injuries of the pupillary cage in children accurately predicts it when passing the VTs practice, and the shock levels of the BBTRISS chance of survival correlate injuries in the patient.

Treatment is aimed at transferring the practice of VTS to patients with  $Sia < 1.0$ . In the retrospective taxile, this guru did not have conversii.

$Sia = 1.0-1.5$  25% of cases treatment VTS without foundation and a great risk endochirurgical practice without result or harm to patient chayote therefore conversion transfer is necessary if there is difficulty in VTS in such patients.

VTS to  $Sia > 1.5$  will be an indication against extensive and severe chest injuries endochirurgical operas will not give results, and such patients should be approached in an active surgical way.

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