

when the main focus is not removed; it allows to improve the life quality and life span of patients with metastatic injuries. In cases of multiply metastases chemotherapy, radial therapy and symptomatic therapy are necessary.

However patients with metastatic injuries of the brain need the perfect neurosurgical help. The union of oncologists, neurosurgeons, chemotherapeutists and radiologists allows to improve the revelation and to provide the succession in the work of all specialists participating in the complex therapy of this numerous and complicated group.

#### References

1. Alexeev A.G., Nasher A.A., Danilov V.I. et al. The state and problems of rendering neurosurgical help to patients with metastatic tumors in central nervous system / Reports of the V Congress of neurosurgeons of Russia. – 2009. – P.245 – 246
2. Baumert B., Steinauer K., Lutolf U.M. Therapy of CSN metastases // Ther. Umsch. – 1999.- Vol. 56, N6. – P.338-341.
3. Bindal R., Sawaya R., Leavens M. et al. Surgical treatment of multiple brain metastases // J. Neurooncol.- 1994. – Vol.79.-P.210-219.
4. Karnaukh A.I., Kunitsky O.A. Surgical treatment of the metastatic cerebral tumors. // Diagnostics and treatment of the malignant cerebral tumors. – Blagoveshchensk. – 2006. – P. 89-91.
5. Loshakov V.A. Intracranial metastatic tumors/ Clinical neurology. – Vol III, 2004. – C. 402 – 407.
6. Loshakov V.A., Pronin I.N., Golanov A.V. et al. Tactics of treatment of cerebral metastases in functionally significant zones of the brain / Materials of V Congress of neurosurgeons of Russia. -2009.- P.281.

### Comparative analysis of the outcomes of patients with diskogenic radiculopathy, operated by different ways

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**Abstracts:** There is a comparative analysis of the outcomes of patients with diskogenic radiculopathy, operated by conservative methods and the vertebral motor segment stabilization with implants – cavitory titanium cages. The patients, operated with cage stabilization had more evident stato-dynamic disturbances, which were the main reason of invalidization and permanent disability. Putting the cage was appropriate only in case of the vertebral motor segment instability.

**Key words:** an intervertebral hernia, the vertebral motor segment, vertebral stabilization, cage.

Vertebral neurological lesions are the most spreading chronic human disease, manifesting in the period of the labor activity (at the age of 25 -55 years) and often leading to the temporary disability. Neurological complications of the spinal osteochondrosis as an invalidated reason have got the second place after the vascular cerebral diseases and left behind neurooncology and craniocerebral trauma[2].

The statement to the operative intervention in patients with diskogenic radiculopathy on account of the disk hernia compression is the effect lack from the conservative in-patient department treatment during two months. The patients are promptly operated in case of the compressive radiculosis or radiculomyelosis and cauda –syndrome caused by the media hernia. The vertebral motor segment instability is one of the reasons of unsatisfactory results

of the operations. Recently, the vertebral motor segment stabilization with cavitory titanium cages is providing. But the cages using is point at issue now. Some authors consider that the vertebral stabilization decreases the chances of the hernia relapse and invalidization. Others think there is a probability of the cages migration and destruction with the radicular and dural bag compression, the adjoining vertebral motor segments overload, degenerative changes progression caused by the natural vertebral biomechanics violation. It leads to the unstability.[1,3,4,5,6].

The purpose of the research was the studying of the pain syndrome, statodynamic, radicular fall out and tension symptoms evidence according to the medical social examination bureau appealability of patients, operated for the diskogenic radiculopathy during the 2009 year.

#### **Materials and methods**

There were 7 men (52,3%) and 52 women (47,7%) among theexamined patients. Patients at a young (40,37%) and mature (54,13%) age predominated. Only 6 patients were at a middle age. The patients from Blagoveshchensk and Blagoveshchensk's region (35 men – 32,11%), Zeya (13 men – 11,93%), Belogorsk (9 men – 8,26%), Svobodny (8 men – 7,34%) and Ivanovsky region (7 men – 6,42%) prevailed. 21 patients (19,3%) had a profession of a driver, 5 (4,6%) – of a machinist, a teacher, an engineer, 6 (5,5%) – of an educator.

40 persons (36,7%) hadn't got a group, 45 (41,3%) had got III group, 24 (22%) – II group. The pain syndrome, statodynamic disturbances, the tension symptoms evidence were estimated. All neurological lesions were divided into the light, moderate and apparent categories.

#### **Results and discussion**

The main invalidated reasons were the full-blown statodynamic lesions and radicular pain syndrome. The patients operated with the cage stabilization had the most evident statodynamic lesions and radicular pain syndrome. 50% of them had got the II group. The patients operated without cage stabilization had light and moderate statodynamic lesions. Only 21, 95% of them had full-blown ones. Most of them had got III group. And only 19,5% of patients had got II group. The full-blown paresis was evident only in 3 cases. One patient after the media hernia removal with cauda syndrome and two patients after the hernia removal with cage stabilization had the cage migration into the spinal canal with the radicular compression, required the repeated operation with cage removal.

#### **Conclusions**

Thus, cage stabilization after the intervertebral hernia removal doesn't save them invalidity, but leads to the evident statodynamic lesions and permanent invalidity. Vertebral stabilization with the cage using leads to meshing of the operation, increasing of its' volume, the risk of postoperative complications and can be used only in case of vertebral motor segment unstability.

#### **References**

1. Davidova E.A. The problems of the national health protection.// Polenov reading. – S.-Pb. – 2006. – P. 95-96.
2. Karnaukh A.I., Karnaukh V.N. Taking care of the neurological patients.// Amur medicine. – 2008. - №4. – P. 3.
3. Karnaukh A.I. Surgical treatment of the intervertebral hernia. // Interesting cases in the neurological practice. – Blagoveshchensk. – 2008. – P. 88-92.
4. Phomichev N.G., Simonovich A.E., Gunter V.E. et al. The cavitory titanium cage using for the interbody vertebral fusion in case of the degenerative vertebral lesions. // The materials of 111 neurosurgical congress in Russia. – S.-Pb. – 2002 – P. 289-290.
5. Shustin V.A., Panyushkin A.I. Clinics and surgical treatment of the diskogenic lumbosacral radiculomyeloidischemia. – L. – 1985. – 175p.
6. Shustin V.A., Parfenov V.E., Toptigin S.V. Diagnostics and surgical treatment of the neurological complications of the vertebral osteochondrosis. – S.-Pb. – 2006. – 163p.
7. Shevelev. I.N., Guscha A.O., Konovalov N.A. et al. Degenerative vertebral lesions. / Clinical neurology. – M. – T. 3. – 2004. – P. 8-38.