WHY DO CHILDREN HAVE LEG CRAMPS?

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Annotation: In this article, you can find out about the causes, prevention and treatment methods of congenital dislocation of the hip joint in children, how it is treated in folk medicine.

Keywords: dysplasia, pelvic floor, leg prolapse, congenital pathology, hip dysplasia.

Dysplasia is the most common among the defects of the musculoskeletal system, accounting for 3% of all orthopedic diseases. There are 3 types of hip dysplasia: acetobulbar (defects in the development of the pelvis), dysplasia of the upper part of the femur, ratio dysplasia, i.e. a change in the geometry of the bones on the horizontal surface. The most common dysplasia is acetabular dysplasia. Pelvis is flat, full of fatty tissues. Therefore, the head of the femur easily protrudes from the pelvis. Depending on the degree of protrusion, the head of the femur takes an oval shape and loses its roundness.

Causes of hip-femoral dysplasia (from the Greek dys-distortion, plaseo-formation) is a congenital pathology, which is complicated by protrusion or premature protrusion of the femoral head. Unilateral femoral dislocation is more common than bilateral femoral dislocation (7:1) and is more common in girls than boys. Dysplasia of the hip joint occurs in 16 out of 1000 births, dysplasia is found in 5 out of 100 children. It is possible for the femur head to emerge during the period of the child in the mother's womb. The capsule of the hip joint is stretched when the child is born, and it comes out easily when the legs are folded, and falls easily when the legs are stretched. The following factors can be observed when the hip bone comes out.

Hereditary factors, i.e. the presence of congenital pathologies related to the protrusion of the groin in the parents, increase this disease up to 10 times.

1. The birth of a child with a scrotum also causes pathology.
2. Severe toxicosis during pregnancy, taking various farm drugs without doctor's advice, fetal size, low amniotic fluid, pregnancy anemia, calcium deficiency.
3. According to the research of scientists, there are 5-6 times more births with dysplasia in regions that are not satisfactory from an environmental point of view.

PATHANATOMY. When the femur protrudes to the lower side of the wing of the upper pelvis, the tendon of the iliac-lumbar muscles changes its direction and squeezes the joint bag. As a result, it takes on the appearance of "hourglass". Benign dysplasia of the hip joint is an insignificant change in the joint area, which is characterized by flattening of the pelvis, late appearance of the bone-growing core of the head of the femur, and advanced antitorsion.

DIAGNOSTICS. The role of the pediatrician in the hospital is great. If necessary, orthopedists should be consulted. X-rays are very important in diagnosis and this is a mandatory examination method for children older than 3 months. Interpretation of X-rays in newborns is more difficult, because the anatomical proportions of bones and ankles change all the time. At the age of 3-6 months, the head of the femur is not visible in the X-ray image. It is not difficult to determine the congenital protrusion of the femur in children over one year old, who walk later (at 14 months) than their healthy peers. In one-way exit, the deposit walks, in two-way exit, bilateral limp (duck walk).

SYMPTOMS OF DYSPLASIA. Congenital joint dysplasia is manifested painlessly in young children. If it is increased during childbirth, it will be manifested by pain.

The main symptoms of femoral head prolapse are as follows.

Slip out. The child's leg is folded from the hip and knee joints, the I fingers are placed on the inner side of the thigh, and the tip of the III finger is poured over the big bust. This sign is determined in two ways: in the first case, the head of the femur is inserted into the pelvis. In the second case, the head of the femur is removed. If the head has come out, it will fall into the joint and crackling will be observed. This sign is detected in children up to 3 months old.

Limitation of leg movement. In the first months of children's life, the norm of hip flexion in bent legs is 700-900. The degree of restriction of the knee joint depends on the form of hip joint damage. In deplasia, strain is limited. It should not be forgotten that as the age of the child increases, the possibility of contraction decreases and reaches 500 by the age of 9 months.

Asymmetry of folds in the hips, buttocks, knee area. The asymmetry of the folds in the thigh and the different shape of the thigh confirm the presence of dysplasia or protrusion. On the left side, the fold is located above.

Oyo's shortness. It looks best when the child is lying on his back with the knees bent at a right angle. The length of the leg can be determined by looking at the heels.

External rotation of the leg. This sign is clearly visible when the pathology is on one side compared to a healthy leg. This sign can be seen by the mother when the child sleeps.

Roentgenography. X-ray is a mandatory method of examination when determining the diagnosis. When lowering the X-ray machine, the child's legs should be extended and parallel to each other. The interpretation of the X-ray image of newborns is very difficult because the anatomical proportions of the bones and ankles change all the time. At the age of 3-6 months, the head of the femur is not visible on the X-ray because it consists of a bone. It is not difficult to determine the protrusion of the femur in children older than one year. Children walk much later than their peers or limp when they walk.

Prevention of hip dysplasia mainly consists in its early detection, and the result is considered positive when treatment measures are started early. The more it is delayed, the more negative the consequences.

TREATMENT: The treatment of congenital dysplasia should be treated starting from the delivery room. The child should be widely swaddled. It is placed between the legs with the knee and hip bone joints bent and stretched to 60-800. Treatment is mainly physical training and leg stretching. The exercise is performed 6-7 times a day until the hip and knee joints are bent and touch a flat surface. 15-20 exercises are done each time. An expanding splint of the Central Institute of Traumatology and Orthopedics is applied, anti-rickets medicine is recommended. Therapeutic exercise and massage are recommended. Treatment with a splint lasts 4-6 months. In addition, Vilinsky and Volkov tires are used.

In the treatment of congenital dislocation of the femur in children older than one year. After the child starts walking, it cannot be treated with leg braces. A good result is obtained by slowly pulling the head of the femur into the pelvic cavity with the help of the Ilizarov apparatus. A plaster bandage is poured on the right leg and against the waist, which acts as a support point. Legs are shortened to 20-250. After 2 days, weight loss begins.

Congenital dislocation of the femur can be treated surgically if the child is over 2 years old; this procedure can be performed even after 1 year of age. They are divided into the following groups: a) open replacement of the exit, b) reconstruction and open replacement, d) surgical method on the iliac bone, c) palliative operations.

Result: During the treatment, the aspects that we can pay the most attention to are carried out mainly by body training exercises and leg stretching. At the same time, the exercises are performed 6-7 times a day until the legs touch a flat surface with the hip and knee joints bent. At this time, the general balance and condition of the child is taken into account. 15-20 exercises are done each time. An expanding splint of the Central Institute of Traumatology and Orthopedics is applied, anti-rickets medicine is recommended. Therapeutic exercise and massage are recommended. A positive result can be obtained only after 4-6 months to 3-5 months.

Conclusion: The causes of congenital dislocation of the hip joint in children often occur during the period of the child's mother's womb. In order to prevent it, it is necessary for the mother to be very careful during pregnancy, and these discharges rarely occur during childbirth. In

the process of treatment methods, the earlier we detect this disease, the easier it is to treat it, and our people have said that raising children with their legs open has a positive effect. For early detection, it is necessary to pay attention from the moment the child is born.

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