POSITIVE EFFECTIVENESS OF STANDARD MEDICAL TREATMENT OF SPINAL SHOCK IN MODERATELY SEVERE SPINAL BRAIN INJURY AT THE L1 LUMBAR LEVEL

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Abstract: *This article presents the results of an analysis showing the effectiveness of standard medical treatment measures in the case of spinal shock in moderately severe spinal cord injury at the L1 lumbar level.*

Keywords*: spinal shock, creatinine, urea, hypoisosthenuria, proteinuria, bacteriuria.*

Relevance: According to statistical data, the prevalence of AMS worldwide is from 250,000 to 500,000 people per year. In particular, 60% of this figure is in healthy working-age men aged 15 to 35 years [1].

Spinal shock is characterized by a sudden, temporary loss or impairment of spinal cord function, including motor, sensory reflexes, and autonomic nervous system function, following an acute spinal cord injury [3]. In order to manage spinal shock, it is necessary to first of all take measures to restore neurogenic damage after traumatic injury and to maintain hemodynamic and respiratory stability. However, despite optimal management of patients with spinal cord injury, the subsequent deficits observed in patients with spinal shock can sometimes be permanent. In most cases, patients with spinal shock are able to recover spinal cord function after a period of recovery. Permanent neurological impairment may occur with anatomical damage to the spine and spinal cord [3].

The incidence of urological complications in spinal cord injury (SCI) is largely determined by the nature and severity of the spinal cord injury. Patients with urologically acquired lumbar spinal cord injury usually present with acute urinary retention during the acute and subacute phases of the spinal cord injury. This condition is caused by excessive stretching of the bladder walls, which leads to prolonged retention of urine, the development of an infectious process, and ultimately the development of ulcerative hemorrhagic cystitis, as well as hydronephrosis and progressive renal failure [2].

In clinical practice, knowledge of the correct management of spinal shock in the acute phase of spinal cord injury and spinal cord injury requires ongoing knowledge and skills for timely detection and effective intervention. However, despite the importance of this problem, in various literatures, insufficient attention has been paid to the study and assessment of the dysfunction of the urinary system, especially the kidneys, in patients with spinal cord injury, which requires

timely diagnosis, treatment and preventive measures for secondary complications in the kidneys after spinal cord injury.

Materials and methods: In this study, we conducted an analysis of the medical history of 15 patients with spinal cord injury at the Bukhara branch of the Russian State Institute of Neurological and Neurological Sciences. In order to assess the effectiveness of treatment with standard drugs and infusion of barberry in patients with spinal cord injury, the dynamics of clinical and functional changes in the kidneys as a complication of spinal shock before and after treatment were studied. During our study, biochemical blood analysis and the use of complex diagnostic methods allow us to determine the condition of patients, the nature of spinal cord and spinal cord injuries. This, in turn, indicates the optimal volume of measures for the treatment of complications arising in the internal organs, depending on the level of the injured spinal cord. All results obtained during the study were recorded in a notebook for statistical analysis.

Results and Discussion: In order to assess the effectiveness of treatment, we conducted a retrospective analysis of only patients with moderate spinal cord and spinal cord injuries and spinal shock for our study.

In order to maximize the analysis of neurological outcomes in these patients with spinal cord and spinal cord injuries, the American Association of Spinal Cord Injury classification (ASIA) adopted by the International Society of Paraplegia (IMSOP) was used. ISCSC1-92 - this classification is internationally recognized, and all patients were divided into the following groups using the Kriviy classification, which is part of the international neurological and functional classification standards for spinal cord injuries, and were treated with standard drugs such as methylprednisolone, neuromidine, pentoxifylline for 10 days.

In order to identify complicated changes in the kidneys in spinal shock after spinal cord and spinal cord injuries, a biochemical blood test and a general urinalysis were performed. All samples obtained during the study

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