

Document 617.546.616.8-009.7

**PLEXOPATHY AND TUNNEL SYNDROMES OF THE UPPER LIMBS, PRECAUTION OF
CHRONICITY**

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At least 78% of the population experience pain in the neck and upper limbs at least once in their lives. The fact that patients with pain in the spine and limbs are predominantly people of working age, translates the problem into the category of not only medical, but also socio-economic.

Pain syndrome in various clinical manifestations of diseases of the nervous system is the leading criterion for determining therapeutic measures and conducting an expert assessment and labor forecast.

There are 4 degrees of pain syndrome:

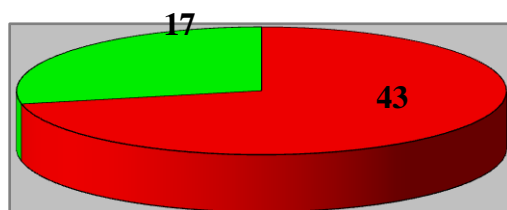
1. - A pronounced pain syndrome - pain at rest, a pronounced antalgic position, the patient cannot move, cannot fall asleep without taking hypnotics and analgesics.
2. - Severe pain syndrome - pain at rest, but less, moves with difficulty within the room, an antalgic posture occurs when walking.
3. - Moderate pain syndrome - pain occurs only when moving.
4. - Weak pain syndrome - pain occurs only with heavy physical exertion.

The therapy of plexopathy is complex and solves the following tasks:

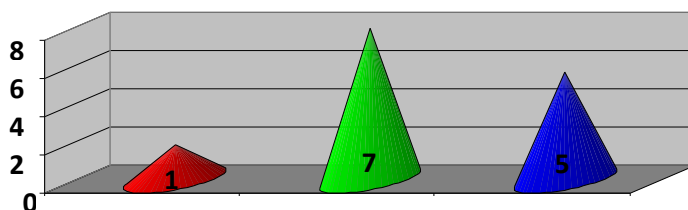
1. early and high-quality elimination of pain syndrome;
2. improvement of blood circulation and nutrition of tissues in the affected area;
3. normalization of the work of the nerve plexuses and the resumption of the functioning of the affected parts of the body.

Target research : To study the effectiveness of Tenoxicam-Alticam in the complex therapy of patients and the prevention of chronic pain in plexopathies and tunnel syndromes of the upper limbs.

Materials and methods of research : 60 patients with degenerative-dystrophic diseases of the spine, in particular with cervical osteochondrosis complicated by carpal tunnel syndrome (43 women, 17 men) were examined and treated in the neurology departments of ASMI clinics.

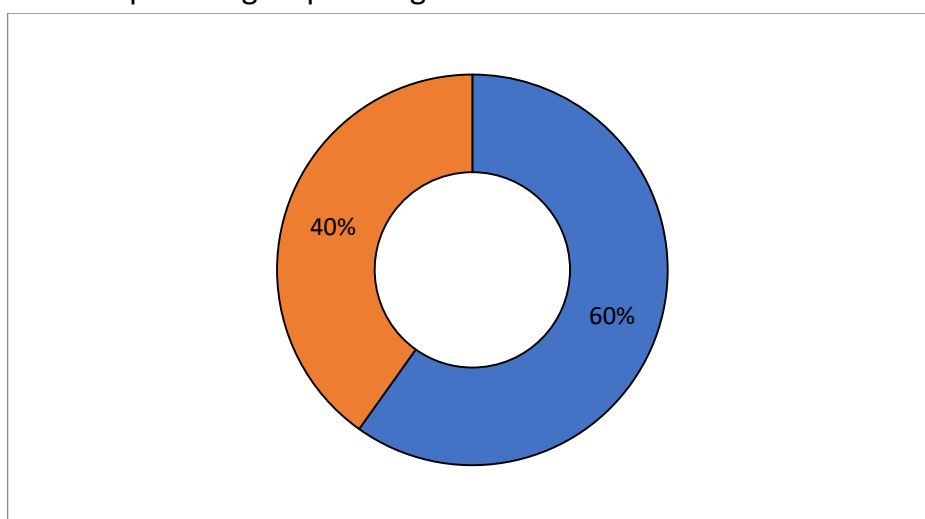


The youngest patient was 18 years old, and the oldest was 79 years old, the mean age was 56 ± 3.4 years.



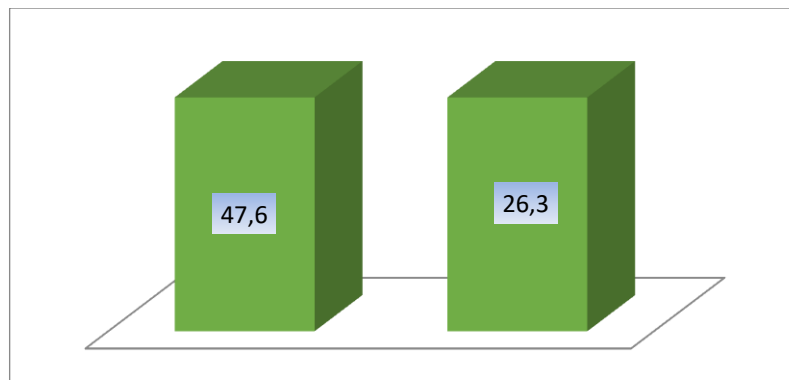
Examination of patients included an assessment of: somatic status, neurological status, spondylograms, MSCT and densitometric data. All patients underwent MRI examination of the spine with a field strength of 1.5T. The diagnosis was based on the data of a comprehensive examination. Pain intensity was assessed using a visual analogue scale (VAS).

Results and Discussion : We have studied the efficacy and safety of Tenoxicam-Alticam compared to other NSAIDs. According to the results obtained, when comparing the comparison groups, the following indicators were obtained: in the group of patients who received Tenoxicam-Alticam intravenously, pain relief was achieved faster and the effect lasted longer compared to other NSAIDs. In the group of patients who received Tenoxicam Altikam intravenously, after 14 days of observation, the intensity of pain decreased to 60.5%, while in the comparison group this figure was 40.6%.



The intensity of pain on the 14th day of observation in the main group decreased to 18.1 points, while in the comparison group to 25.5 points. These results lead to the following conclusions - perhaps the above properties of Tenoxicam-Alticam are due to the pharmacokinetic advantages of this drug, a feature of which is a long duration of action and a long half-life of 72 hours (from 59 to 74 hours).

Undesirable side effects were observed in 47.6% of cases with conventional NSAIDs and in 26.3% of patients in the tenoxicam group.



Tenoxicam has shown a reasonable balance between efficacy and safety.

The results obtained allow us to draw the following **conclusions** :

1. Tenoxicam-Alticam has a benefit/risk ratio superior to that of other conventional NSAIDs.
2. Tenoxicam-Alticam has an advantage over other NSAIDs in the treatment of pain syndromes both in terms of the strength of action and the duration of the effect.
3. It is possible that the use of tenoxicam, a drug that is a strong inhibitor of metalloprotease, may reduce cartilage catabolism in patients with degenerative-dystrophic changes in the spine.

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