

CLINICAL COURSE CHARACTERISTICS AND THERAPEUTIC APPROACHES OF COXARTHROSIS.

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Abstract. Coxarthrosis, commonly referred to as hip osteoarthritis, has been recognized as a progressive joint disorder that predominantly affects older adults. Over time, the deterioration of cartilage and surrounding structures has led to pain, stiffness, and significant limitations in daily activities. This condition, though gradual in onset, has been shown to exert a heavy burden on individuals' quality of life. In this paper, its clinical characteristics, diagnostic process, and treatment strategies are reviewed through an evidence-based lens. Conservative and surgical options have been outlined, with recent developments and patient-centered approaches considered essential for optimal care.

Keywords: Coxarthrosis, hip osteoarthritis, joint degeneration, pain management, physical therapy, total hip replacement

Introduction. Coxarthrosis has been classified as a degenerative disease that gradually impairs hip joint function, often resulting in chronic discomfort and mobility challenges. Though the disease usually manifests later in life, its impact can be seen in both physical and psychological dimensions. Cartilage degradation, joint space narrowing, and bone changes have been identified as key pathological features. Factors such as age, joint overload, genetic predisposition, and previous trauma have been found to contribute significantly to its onset. In recent years, earlier recognition and improved treatment strategies have been emphasized to prevent long-term disability.

The clinical course of coxarthrosis is known to progress slowly, with symptoms initially limited to mild discomfort, particularly during physical activity. Over time, pain intensity has been shown to increase, extending to rest periods and often disrupting sleep. Commonly reported areas of discomfort include the groin, buttocks, and anterior thigh. Affected individuals have frequently experienced joint stiffness in the morning or after prolonged inactivity, as well as difficulty walking or climbing stairs. Radiological signs such as joint space narrowing, osteophyte formation, and subchondral sclerosis have typically been observed during disease progression.

Diagnosis has mostly relied on clinical examination supported by imaging studies. X-rays have been widely used to confirm structural changes, while MRI has been occasionally utilized for early detection. Functional assessments have helped determine how significantly a patient's mobility and independence have been affected.

As for treatment, a stepwise approach has generally been recommended, starting with non-surgical options. Pain relief has been commonly achieved using NSAIDs and

simple analgesics, though their long-term use has been carefully monitored due to potential side effects. Intra-articular corticosteroid injections have provided temporary relief in more severe cases. Alongside medication, physical therapy programs have been encouraged to maintain joint mobility and muscular strength. Patients have often been advised to reduce body weight if necessary and walking aids such as canes have been suggested to offload the affected joint.

When conservative methods have failed to relieve symptoms, surgical intervention has been considered. Total hip arthroplasty has emerged as the most effective option for advanced stages, offering substantial improvement in pain and function. Patient satisfaction following this procedure has been reported as high, though outcomes have varied depending on age, general health, and rehabilitation adherence. Other surgical alternatives, such as osteotomies or resurfacing, have been reserved for specific cases, especially in younger or more active individuals. Importantly, postoperative rehabilitation has played a vital role in ensuring successful recovery and return to daily activities.

Conclusion. Coxarthrosis, while often associated with aging, has represented more than just a mechanical wear-and-tear process. Its physical limitations, emotional burden, and potential social isolation have called for a comprehensive and empathetic approach to care. Early diagnosis, combined with tailored treatment strategies, has shown promising results in maintaining function and quality of life. As understanding of the disease has evolved, so has the importance of involving patients in their own care journey. Whether through physical therapy or surgical intervention, it has been clear that timely, evidence-based decisions have made a meaningful difference in managing this chronic condition.

References

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