

HOSPITAL REGISTER OF STROKE IN ANDIJAN CITY

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Abstract. Stroke is a clinical syndrome represented by focal and/or general cerebral disorders, developing suddenly as a result of stroke. Transient ischemic attack - transient episodes of neurological dysfunction caused by regional ischemia of the tissues of the brain, spinal cord or retina, but not leading to the development of infarction of the ischemic area [according to X-ray computed tomography (CT) or magnetic resonance imaging (MRI)]

Keywords: Stroke, diagnosis, method, treatment.

INTRODUCTION

Thus, regardless of the short duration (less than 24 hours) of clinically manifest symptoms, the presence of an infarction according to neuroimaging data allows us to make a diagnosis of cerebral infarction. At the same time, due to insufficient sensitivity of routine CT for early detection of an ischemic focus, especially in the posterior circulation system, a compromise diagnostic algorithm is used: if the neurological deficit lasts more than 24 hours, it is possible to make a diagnosis of ischemic stroke even in the absence of radiological confirmation (based on clinical criteria).

"Minor stroke" (reversible neurological deficit) is a clinical neurological syndrome that develops as a result of an acute disorder of cerebral circulation, in which the dysfunction is restored within the first 3 weeks of the disease.

The first 5 days of stroke are defined as the most acute period. The acute period of stroke is considered for 28 days. Up to 6 months – early recovery period, up to 2 years – late recovery period.

MATERIALS AND METHODS

Ischemic stroke is caused by a decrease in blood flow (usually due to occlusion of large or small arteries) in a certain area of impaired cerebral vascularization with the formation of a limited infarction.

The following is included in the ICD-10 section "Cerebrovascular diseases": I63. Cerebral infarction. The localization of cerebral infarctions is based on the vasotopic principle: dependence on the blood supply zone.

Pathogenetic subtypes of ischemic stroke are distinguished [based on the TOAST criteria (Trial of Org 10172 in Acute Stroke Treatment)]:

I. Atherothrombotic stroke.

II. Cardioembolic stroke.

III. Lacunar stroke.

IV. Stroke of other established etiology.

V. Stroke of unknown etiology (cryptogenic).

I. Atherothrombotic stroke (including arterio-arterial embolism)

- Onset is usually intermittent, stepwise, with a gradual increase in symptoms over hours or days. Often debuts during sleep. The presence of atherosclerotic lesions of extra- and/or intracranial arteries (pronounced stenotic, occlusive process, atherosclerotic plaque with an uneven surface, with an adjacent thrombus) on the side corresponding to the focal lesion of the brain.

- Often preceded by TIA.

- The size of the lesion can vary from small to extensive.

Features of clinical manifestations with occlusion at different levels of the carotid basin (anterior circulation system):

- external carotid artery (ECA) - pain and numbness of half of the face;

- common carotid artery (CCA) — optic-pyramidal syndrome, oculopyramidal syndrome, decreased pulsation of the internal carotid artery (ICA) and temporal artery;
- siphon of the ICA — hemisyndromes, blepharospasm, aphasia, other higher cortical functions;
- bilateral lesion of the carotid artery (CA) — tetraplegia, there may be alternation of symptoms of different hemispheres.

RESULTS AND DISCUSSION

Features of clinical manifestations in case of occlusion at different levels of the vertebrobasilar basin (VBB) (posterior circulation system):

- stenosis of the subclavian artery proximal to the beginning of the vertebral artery (VA) — numbness, pain in the arm. Physical activity on the left arm can lead to redistribution of blood flow from the VBB to the arteries of the upper limb, which is accompanied by subclavian steal syndrome;
- occlusion of the precranial part of the VA — clinical manifestation of severe alternating syndrome with bulbar disorders, cruciate hemiplegia. Forced position of the head — the head is tilted towards the thrombosis and turned to the side opposite to the thrombus;
- occlusion of the intracranial part of the VA is characterized by severe clinical symptoms: sudden onset, rapid increase in syndromes, pronounced vegetative manifestations, often a disturbance in the rhythm of breathing;
- occlusion of the basilar artery (BA) is characterized by impaired consciousness, development of the "locked-in" syndrome, vegetative disorders, hyperthermia, headache, systemic dizziness, mono- and tetraparesis, changes in muscle tone, hormetonia, pseudobulbar syndrome, alternating syndromes of the cerebral peduncle and pons.

Hemodynamic variant of an acute vascular event

- Onset is sudden or stepwise, both in an active patient and in one at rest.
- Localization of the lesion is the zone of adjacent blood supply.
- Presence of extra- and/or intracranial artery pathology:
 - atherosclerotic lesions (multiple, combined, echeloned stenosis);
 - arterial deformations with septal stenosis;
 - abnormalities of the cerebral vascular system (dissociation of the circle of Willis, arterial hypoplasia).
- Hemodynamic factor:
 - decreased blood pressure (BP) (physiological — during sleep, after eating, hot baths and other events, as well as orthostatic, iatrogenic arterial hypotension, hypovolemia); decreased cardiac output [decreased stroke volume due to myocardial ischemia, significant decrease in heart rate (HR)].

CONCLUSION

Characterized by rapid onset of systemic inflammatory reaction, purulent-septic complications, severe trophic disorders, respiratory distress syndrome with impaired alveolar ventilation, disorders of motor function of the stomach and intestines with stagnation, microthrombosis and thromboembolism, stress ulcers, hemorrhagic syndrome, enteric and hepatorenal failure, laboratory-confirmed progressive hemostasis disorders. In 45% of severe strokes, similar syndromes of vital function impairment develop.

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