

**OPTIMIZATION OF THERAPEUTIC AND PREVENTIVE MEASURES AND
SURGICAL METHODS OF CORRECTION IN STROKE**

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Annotation: For older people, the problem of stroke is especially relevant. The risk of developing acute cerebrovascular accident in men and women over 55 doubles every 10 years. At the same time, 75-89% of strokes develop after 65 years of age, 50% of them after 70 years of age and 25% in patients over 85 years of age (Bejot W., 2010). The urgency and social significance of the problem of stroke in elderly patients is aggravated by the demographic trend of population aging in developed countries, increasing life expectancy.

Key words: Cerebral stroke, cerebrovascular disease, cerebral circulation, main arteries of the brain.

Relevance. Currently, cerebral stroke is one of the most serious medical and social problems worldwide. According to WHO data in 2013, about 6.2 million people die annually from cerebral stroke or other forms of cerebrovascular disease in the world (10.8% of the total number of deaths) (WHO, 2013). Mortality from cerebrovascular diseases ranks second, second only to mortality from heart diseases, and is 8% among men and 16% among women, an average of 33,000 euros per year is spent.

For the elderly, the problem of stroke is particularly relevant. The risk of developing acute cerebrovascular accident in men and women over 55 years of age is doubled every 10 years. At the same time, 75-89% of strokes develop after 65 years, 50% of them - after 70 years and 25% - in patients older than 85 years (Bejot U., 2010). The relevance and social significance of the problem of stroke development in elderly patients is aggravated by the demographic trend of aging of the population of developed countries, increasing life expectancy.

The purpose of the study. To study the issues of clinical safety of open and endovascular interventions on carotid arteries in the treatment and prevention of ischemic stroke to improve the quality of medical care for this category of patients.

Materials and methods of research. 35 patients (16 women and 19 men) aged from 41 to 82 years were examined. The patients were operated on the extracranial sections of the main arteries of the brain for their hemodynamically significant steno-occlusive lesions.

Research results. Ischemic stroke developed in 8 cases (3.3%). In 5 patients, ischemic stroke (3 of which turned out to be fatal) developed during the GEE with temporary intraluminal bypass surgery (IVV) in patients with symptomatic stenosis in conditions of contralateral occlusion.

3 asymptomatic patients who underwent CE developed ischemic stroke. The stenosing atherosclerotic lesion of the ICA of these patients was characterized by the presence of heterogeneous hyperechogenic atherosclerotic plaques, with an uneven contour and ulceration of

their surfaces with signs of arterio-arterial myoembolization. Transient ischemic attack was observed in 2 patients (0.8%). In 5 cases, myocardial infarction developed (2.0%).

The use of eversion CEE was accompanied by less intense microembolization and the risk of perioperative cerebral ischemia. In the majority of patients who underwent CE with IVF, embolism episodes were noted more often, and their absolute number exceeded the indicators of patients after CE without its use. Statistically significant differences between the severity of microembolization and the presence of perioperative cerebral ischemic complications were revealed.

A moderate positive correlation was established between the severity of microembolization and the presence of perioperative cerebral ischemic complications. Spearman's rank correlation coefficient $\text{And} = 0.61$ (significance level $p < 0.05$).

4 perioperative complications (5.6%) developed among patients operated by the TBAS method (group II). Complications were presented in 2 cases (2.8%) by ischemic stroke, in 1 case (1.4%) by myocardial infarction, in 1 (1.4%) by transient ischemic attack. In 1 observation (1.4%), a fatal outcome occurred due to myocardial infarction on the background of hemorrhagic shock due to bleeding from an undetected source (presumably from the site of puncture of the femoral artery)

Conclusion. Thus, the nearest period of open and endovascular interventions is characterized by a statistically insignificant predominance of the frequency of perioperative ischemic stroke and myocardial infarction in the group of patients operated by the CEE method. In the group of patients operated by the TBAS method, there was a statistically insignificant predominance of the frequency of transient ischemic attacks (TIA). There was a statistically insignificant predominance of the frequency of fatal outcomes in the TBAS group.

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