

Edu

>>>1







para Brando Correlato e da Caluar Mestro el de Repúblic/Edukcio Issue 4 (2) | 2023

Sci



ISSN: 2181-3175

"CHARACTERISTICS OF THE FORM OF THE EYE IN THE COURSE OF MIGRAINE ATTACKS"

Scientific adviser: Nilufar Rashidova. Associate Professor TMA Department of Neurology and Medical Psychology, DSc

Author: Muhkriddin Pulatov. 3st year Master of TMA of the Department of Neurology and Medical Psychology, e-mail: <u>muhriddin960615@gmail.com</u>, phone: +998-90-9469634

Annotation: This article discusses the results of clinical observation of the degree of occurrence and the specificity of symptoms of the eye form, which is a subtype of migraine that affects almost 15% or one billion people worldwide.

Keywords: Migraine, eye form of migraine, Migraine with Aura, Headache

"MIGREN HURUJLARI KECHISHIDA KO'Z FORMASINING O'ZIGA XOSLIGI"

Ilmiy rahbar: Rashidova Nilufar Safayevna. TTA <u>Nevrologiya va Tibbiy</u> <u>psixologiya kafedrasi</u> dotsenti. T.f.d

Muallif: Po'latov Muhriddin Qo'zimurodovich. TTA Nevrologiya va Tibbiy psixologiya kafedrasi 3-kurs magistri, e-mail: <u>muhriddin960615@gmail.com</u>, Tel: +998-90-9469634

Annotatsiya: Ushbu maqolada Dunyo bo'ylab deyarli 15% yoki bir milliard odam aziyat chekadigan va hozirgi kungacha sababi va aniq bir davolash usuli mavhumligicha qolayotgan migren kasalligining bir subtipi hisoblangan ko'z formasining uchrash darajalari va simptomlarining o'ziga xosligini amaliyotda kuzatuv natijalari haqida so'z boradi.

Kalit so'zlar: Migren, migrenning ko'z formasi, aurali migren, bosh og'rig'i.

"ХАРАКТЕРИСТИКА ФОРМЫ ГЛАЗА ПРИ АТАКАХ МИГРЕНИ"

Научный руководитель: Рашидова Нилуфар Сафаевна, доцент ТМА кафедра неврологии и медицинской психологии, д.м.н

Автор: Пулатов Мухриддин Кузимуродович. 3-курс магистр ТМА кафедры неврологии и медицинской психологии, электронная почта: <u>muhriddin960615@gmail.com</u> тел.: +998-90-9469634

Аннотация: В данной статье обсуждаются результаты клинических наблюдений за степенью встречаемости и спецификой симптомов глазной формы мигрени, которой страдают почти 15% населения или один миллиард человек во всём мире и причина и точное лечение которого остаются не до конца изученными.

Ключевые слова: мигрень, глазная форма, мигрень с аурой, головная боль.

Relevance: Migraine is a neurological disorder that often causes severe headaches. The headache occurs in episodes and is sometimes accompanied by nausea, vomiting, and sensitivity to light.[1] In a migraine attack, the headache often begins as a throbbing pain and progresses to a throbbing pain. It usually worsens during physical activity. The pain can move from one side of the head to the other, be in the front of the head, or cover the entire head. Most migraine headaches last about 4 hours, but severe headaches can last more than 3 days.[2] Two to four headaches a month is normal. Some people may experience migraine headaches once every few days, while others experience them once or twice a year. As migraine attacks increase, pain causes neuropsychological changes and depression.

Based on these data, the study of migraine forms and the frequency of attacks is important in predicting the occurrence of neuropsychological changes and in advance preventive treatment.[3]

The ocular form of migraine, also known as retinal or optic migraine, is a condition that affects the eye, but often affects only one eye at a time. This type of migraine causes temporary vision loss or vision problems.[4] These visual migraine episodes usually last for a short period of time, from a few seconds to an hour, or the symptoms may last for days. Visual acuity must return to normal after an attack to diagnose the ocular form of migraine.

The pathogenesis of the ocular form of migraine is caused by the narrowing of the blood vessels that supply the eye with blood, this compression occurs suddenly and sharply reduces the amount of blood going to the eye. After an attack, the blood vessels around the eye relax, normal blood flow is restored, and vision returns to normal.[5,6,7,8]

In most cases, eye form affects one eye at a time, but the symptoms can vary slightly.

Ocular symptoms of migraine may include:

A headache that occurs before, during, or after a change in vision may be felt behind the affected eye.

Visual changes such as flashing lights, zig-zag patterns, diagonal lines

- Temporary loss of vision in one eye
- Blurred vision
- Empty areas and dark spots in the field of vision[4]

Many people can have an ocular migraine without experiencing any pain in their eyes or head. However, in the headache species, the headache may occur at any time before, during, or after the change in vision [9]. The headache can also appear behind the left or right eye depending on the vision problems.

The purpose of the study: to study the degree of occurrence, course, symptoms of migraine and the impact on the quality of life of patients.

Materials and methods of the study: the clinical course of the disease was studied retrospectively in 71 patients with migraine aged 10 to 43 years (11 men, 60 women) who were treated by a neuropathologist at the private clinic of Shokh International Hospital in Tashkent. The patient's quality of life was studied using the MIDAS scale.

The MIDAS scale (Created by: Stewart et al. 2000) is used to assess the disability of patients with migraine. This is a questionnaire that a neurologist can use to understand how often and how severe migraine attacks are in patients. It is designed to determine how much migraine interferes with daily life. The MIDAS consists of five questions to assess the level of disability and two additional questions to assess the frequency and severity of seizures. There are 4 levels on the scale: 0-5 points, little or no disability (level I), 6-10 points, mild disability (level II), 11-20 points, moderate disability (level III), 21+ severe disability (IV degree).

Results of the study: According to the obtained results, 29 of the n=71 patients with migraine (8 men (27.6%), 21 women (72.4%)) had the ocular form of migraine (40.8%). average age: 29 ± 2.3). Attacks were observed in patients 3-4 times a month. Attacks started with headache in 23 (79.3%) patients, while in 6 (20.7%) patients they started with eye pain. During the attack, there was a strong pain on one side of the head and the pain radiated to the eye, along with pulling pains in the eyes, blurred vision, ghosts, and black dots in the eyes. Patients are angry, sleepy and depressed during pain. When assessed according to the MIDAS scale, 22 (15 women, 7 men) (75.9%) patients had moderate disability (average score of 17.3 points for women, 14.1 points for men).

Conclusion: According to the conclusion of the investigation, the incidence of eye form in patients with migraine is 40%, and it is mainly found among young women (average age: 27 ± 3). Attacks mainly begin with a headache and radiate to the eyes (79.3%), migraine attacks in this form are observed more often during the month and are rich in auras. Attacks, in turn, cause disability in patients. This situation worsens the quality of life of patients.

Journal of Education & Scientific Medicine



Research Article

Open © Access

Characteristics of the Form of the Eye in the Course of Migraine Attacks

M.Q. Pulatov¹

ABSTRACT

This article discusses the results of clinical observation of the degree of occurrence and the specificity of symptoms of the eye form, which is a subtype of migraine that affects almost 15% or one billion people worldwide.

Keywords: Migraine, eye form of migraine, Migraine with Aura, Headache

INTRODUCTION

igraine is a neurological disorder that often causes severe headaches. The headache occurs in episodes and is sometimes accompanied by nausea, vomiting, and sensitivity to light. [1]

In a migraine attack, the headache often begins as a throbbing pain and progresses to a throbbing pain. It usually worsens during physical activity. The pain can move from one side of the head to the other, be in the front of the head, or cover the entire head. Most migraine headaches last about 4 hours, but severe headaches can last more than 3 days.[2]

Two to four headaches a month is normal. Some people may experience migraine headaches once every few days, while others experience them once or twice a year. As migraine attacks increase, pain causes neuropsychological changes and depression.

Based on these data, the study of migraine forms and the frequency of attacks is important in predicting the occurrence of neuropsychological changes and in advance preventive treatment.[3]

The ocular form of migraine, also known as retinal or optic migraine, is a condition that affects the eye but often affects only one eye at a time. This type of migraine causes temporary vision loss or vision problems.[4]

These visual migraine episodes usually last for a short period of time, from a few seconds to an hour, or the symptoms may last for days. Visual acuity must return to normal after an attack to diagnose the ocular form of migraine.

The pathogenesis of the ocular form of migraine is caused by the narrowing of the blood vessels that supply the eye with blood, this compression occurs suddenly and sharply reduces the amount of blood going to the eye. After an attack, the blood vessels around the eye relax, normal blood flow is restored, and vision returns to normal.[5,6,7,8]

¹ 3rd year Master of the Department of Neurology and Medical Psychology, Tashkent Medical Academy, Tashkent, Uzbekistan, e-mail: <u>muhriddin960615@gmail.com</u>

Special issue of the scientific journal dedicated to the international scientific and practical conference «Actual problems of neurology - from the point of view of a young neurologist». Tashkent, October 14, 2023

In most cases, eye form affects one eye at a time, but the symptoms can vary slightly.

Ocular symptoms of migraine may include:

A headache that occurs before, during, or after a change in vision may be felt behind the affected eye.

Ø Visual changes such as flashing lights, zig-zag patterns, diagonal lines

Ø Temporary loss of vision in one eye

Ø Blurred vision

Ø Empty areas and dark spots in the field of vision[4]

Many people can have an ocular migraine without experiencing any pain in their eyes or head. However, in the headache species, the headache may occur at any time before, during, or after the change in vision [9].

The headache can also appear behind the left or right eye depending on the vision problems.

The purpose of the study: to study the degree of occurrence, course, symptoms of migraine and the impact on the quality of life of patients.

MATERIALS AND METHODS

The clinical course of the disease was studied retrospectively in 71 patients with migraine aged 10 to 43 years (11 men, 60 women) who were treated by a neuropathologist at the private clinic of Shokh International Hospital in Tashkent. The patient's quality of life was studied using the MIDAS scale.

The MIDAS scale (Created by: Stewart et al. 2000) is used to assess the disability of patients with migraines. This is a questionnaire that a neurologist can use to understand how often and how severe migraine attacks are in patients. It is designed to determine how much migraine interferes with daily life. The MIDAS consists of five questions to assess the level of disability and two additional questions to assess the frequency and severity of seizures. There are 4 levels on the scale: 0-5 points, little or no disability (level I), 6-10 points, mild disability (level II), 11-20 points, moderate disability (level III), and 21+ severe disability (IV degree).

RESULTS

ccording to the obtained results, 29 of the n=71 patients with migraine (8 men (27.6%), 21 women (72.4%)) had the ocular form of migraine (40.8%). average age: 29±2.3). Attacks were observed in patients 3-4 times a month. Attacks started with headaches in 23 (79.3%) patients, while in 6 (20.7%) patients they started with eye pain. During the attack, there was a strong pain on one side of the head and the pain radiated to the eye, along with pulling pains in the eyes, blurred vision, ghosts, and black dots in the

eyes. Patients are angry, sleepy and depressed during pain. When assessed according to the MIDAS scale, 22 (15 women, 7 men) (75.9%) patients had moderate disability (average score of 17.3 points for women, 14.1 points for men).

CONCLUSION

ccording to the conclusion of the investigation, the incidence of eye form in patients with migraine is 40%, and it is mainly found among young women (average age: 27 ± 3). Attacks mainly begin with a headache and radiate to the eyes (79.3%), migraine attacks in this form are observed more often during the month and are rich in auras. Attacks, in turn, cause disability in patients. This situation worsens the quality of life of patients.

Consent for publication - The study is valid, and recognition by the organization is not required. The author agrees to open the publication.

Availability of data and material – Available. **Competing interests** – No.

REFERENCES:

- Lipton RB, Stewart WF, Diamond S, Diamond ML, Reed M. Prevalence and burden of migraine in the United States: data from the American Migraine Study II. Headache 2001;41:646-57.
- 2. Headache Classification Committee of the International Headache Society (IHS) The International Classification of Headache Disorders, 3rd edition. Cephalalgia. 2018;38(1):1–211.
- 3. Terwindt GM, Ferrari MD,Tijhuis M,Groenen SM,Picavet HS,Launer LJ. The impact of migraine on quality of life in the general population: the GEMstudy.Neurology2000;55:624-9.
- 4. Headache Classification Committee of the International Headache Society (IHS) The International Classification of Headache Disorders, 3rd edition. Cephalalgia. 2018;38(1):1–211.
- Hykin P. G., Gartry D., Brazier D. J., Graham E. Bilateral cilio-retinal artery occlusion in classic migraine. Postgraduate Medical Journal. 1991;67(785):282-284.
- 6. Beversdorf D., Stommel E., Allen C., Stevens R., Lessell S. Recurrent branch retinal infarcts in association with migraine. Headache. 1997;37(6):396–399.
- Killer H. E., Forrer A., Flammer J. Retinal vasospasm during an attack of migraine. Retina. 2003;23(2):253– 254.

Special issue of the scientific journal dedicated to the international scientific and practical conference «Actual problems of neurology - from the point of view of a young neurologist». Tashkent, October 14, 2023

- Abdul-Rahman A. M., Gilhotra J., Selva D. Dynamic focal retinal arteriolar vasospasm in migraine. Indian Journal of Ophthalmology. 2011;59(1):51–53. doi: 10.4103/0301-4738.73717.
- 9. Hansen JM, Goadsby PJ, Charles AC: Variability of clinical features in attacks of migraine with aura. Cephalalgia. 2016;36(3):216–24.

Special issue of the scientific journal dedicated to the international scientific and practical conference «Actual problems of neurology - from the point of view of a young neurologist». Tashkent, October 14, 2023

MIGREN HURUJLARI KECHISHIDA KO'Z FORMASINING O'ZIGA XOSLIGI Po'latov M. Q. Toshkent tibbiyot akademiyasi ABSTRAKT

Ushbu maqolada dunyo bo'ylab deyarli 15% yoki bir milliard odam aziyat chekadigan va hozirgi kungacha sababi va aniq bir davolash usuli mavhumligicha qolayotgan migren kasalligining bir subtipi hisoblangan ko'z formasining uchrash darajalari va simptomlarining o'ziga xosligini amaliyotda kuzatuv natijalari haqida so'z boradi.

Kalit so'zlar: Migren, migrenning ko'z formasi, aurali migren, bosh og'rig'i.

ХАРАКТЕРИСТИКА ФОРМЫ ГЛАЗА ПРИ АТАКАХ МИГРЕНИ Пулатов М.К. Ташкентская медицинская академия АБСТРАКТ

В данной статье обсуждаются результаты клинических наблюдений за степенью встречаемости и спецификой симптомов глазной формы мигрени, которой страдают почти 15% населения или один миллиард человек во всём мире и причина и точное лечение которого остаются не до конца изученными.

Ключевые слова: мигрень, глазная форма, мигрень с аурой, головная боль.