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EPO-344

Vegetative nervous system reaction in the early period of stroke

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Background and aims: Disorder of autonomic regulation is one of the mechanisms for the implementation of cerebral damage, which leads to an increase in mortality in the acute period of stroke, the ANS plays a special role in the adaptive and trophic process. Assessment of the vegetative status of patient in the acute period of stroke is important to determine the beginning of rehabilitation of patients.

Methods: We examined 61 patients, who were in the intensive neurology departments of the TMA with diagnosis - stroke. All patients have been hospitalized in period of 11.2021–12.2021. We studied the hemodynamic parameters at rest and when changing position.

Results: The obtained results were systematized into 2 groups: 1: the results of patients without diabetes, 2: patients with diabetes. Based on the measurements of blood pressure, heart rate, respiratory rate, oxygenation at rest, the Kerdo index was calculated. In group 1: 52% –sympathicotonia prevailed, 38% – vagotonia, 10% – amphotonia. In group 2: 62.5% – sympathicotonia prevailed, 25% – vagotonia, 12.5% – amphotonia. After changing the position of the body, in group 1: 57% – sympathicotonia prevailed, 43% – vagotonia. Group 2: 50% – sympathicotonia, 50% – vagotonia.

Conclusion: High activity of the sympathetic nervous system was revealed in ischemic strokes, both with concomitant diabetes mellitus and without it. Cardiac arrhythmias are most common in right hemispheric brain lesions. With right hemispheric injuries, vagotonia is observed, and with left hemispheric injuries, which indicates the need to start early rehabilitation of patients with strokes.

Disclosure: Nothing to disclose.

EPO-345

Serial bedside Transcranial Doppler ultrasound in Comatose Patients after Out-of-Hospital Cardiac Arrest

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Background and aims: Early prediction of outcome in comatose patients after out-of-hospital cardiac arrest (OHCA) is challenging. Prognostication tools include clinical examination, biomarkers, neuroradiological and neurophysiological tests. We studied the association between transcranial doppler (TCD), biomarkers and outcome.

Methods: This was a sub-study of the prospective observational Norwegian Cardiorespiratory Arrest Study. Patients underwent standardized post resuscitation care, including target temperature management (TTM) to 33°C for 24 hours. TCD was performed at day 1, 3 and 5-7. Biomarkers NSE and S100B were measured at day 1, 3 and 7. Primary endpoint was cerebral performance category (CPC) at six months, dichotomized into good (CPC 1-2) and poor (CPC 3-5) outcome. We used linear mixed modelling time-series analysis.

Results: Of 139 TCD-examined patients, 81 (58%) had good outcome. Peak systolic velocity (PSV) in the middle cerebral artery was low during TTM, elevated after rewarming, continued to rise in patients with poor, but normalized in patients with good, outcome. This pattern differed between the outcome groups ($p < 0.001$). At day 5–7, PSV was 1.0 m/sec (95% CI 0.9; 1.0) in patients with good outcome versus 1.3 m/sec (95% CI 1.1; 1.4) in patients with poor outcome. NSE-values at day 3 were associated with PSV, as were S100B values at day 1.