ABSTRACT E-BOOK





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P 169 Development of osteomyelitis after COVID 19 in patients with vascular parkinsonism

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Background: An increase in blood coagulation in patients vascular parkinsonism undergoing COVID-19 against the background of diabetes mellitus is most often complicated by thrombosis of the cavernous sinus. In addition to coagulopathy, inflammatory diseases of the sinuses, face also lead to these pathologies. **Methods:** Pathological examination was carried out in the IPSUM clinic in the resected palate and upper jaw as a result of osteonecrosis, necrotic biopsies from the mucous membrane of the nose and palate, obtained 200 total operations such as sequestrectomy (resection) of the upper jaw, FESS (functional endoscopic sinus surgery) and inoculation eyes held in the multidisciplinary clinic of the Tashkent medical academy in patients with a diagnosis of cavernous sinus thrombosis, maxillofacial osteonecrosis.

Results: Clinical bone tissue in pathological foci (areas of its exposure, especially the palate) has a dirty gray, dull, dull, or yellow-brown color. Bone tissue looks "eaten away" in the absence of granulation tissue in the area of the pathological focus.

Histological in all foci of necrotic masses, small clusters, thickened mycelium with clavate thickened edges. Meet separate large nerve trunks and endings with necrobiosis or necrosis. Blood vessels of the predominantly microcirculatory bed in a state of sharp expansion and overflow with blood, microthrombi are detected. Numerous disordered or palisade-like clusters of thin, segmented, straight, or curved mucorale mycelium with globular nubs at the ends. Neuro and angioinvasion of the mycelium are observed, which is the cause of thrombosis and neuropathy.

Conclusions: Most likely, zygomycetes mucorale cause osteonecrosis of face bones and thrombosis of the cavernous sinus patients with vascular parkinsonism. Angio and neuroinvasion affects the severity of the clinical course.

P 170 Cavernous sinus thrombosis in patients after coronavirus disease patients with vascular parkinsonism in Uzbekistan

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Background: Severe and life-threatening cases of blood vessel thrombosis in the brain and face increased dramatically over the next 2 years after Covid-19. In addition to coagulopathy, the addition of infection to the adjacent oral and nasal cavities, the spread of infection to the lungs through the blood vessels leads to the development of septic thrombosis of the cavernous sinus.

Our goal is to analyze the clinical course of facial and maxillary complications in patients with coronavirus disease patients with vascular parkinsonism.

Methods: Scientific analysis was carried out in 256 patients treated at the TTA multidisciplinary clinic with a diagnosis of postcovid syndrome, cavernous sinus thrombosis, osteomyelitis of the upper jaw. The age of the patients was from 18 to 76 years, the average age was 52.5 ± 3.9 years in 148 men (57.8%) and 108 women (42.2%).

Results: Almost the bulk of the primary referrals of patients fell on the warm months of the year. Most patients have bilateral pneumonia, type II diabetes mellitus. In the polysyndromic course of cavernous sinus thrombosis, inflammation of the maxillofacial region and osteonecrosis, ophthalmological, neurological pathologies, and inflammation of the ENT organs prevailed (table 1). Circumstances causing disability and death, such as vision loss, cerebrovascular disorders and inflammation, stroke, soft tissue and bone necrosis, have been confirmed in these patients.

Conclusions: Cavernous sinus thrombosis is characterized by ischemic, necrotic and inflammatory types, as well as neurological pathology in areas associated with angiopathy and neuropathy III, IV, V, VI pairs of brain nerves. In the early and late stages of the Covid-19 disease, it is necessary to strictly control the coagulogram and other metabolic parameters, rehabilitation foci of oral cavity infection and nasal cavities.