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SPECIFICATIONS OF EPILEPSY AND CEREBRAL PALSY IN CHILDREN

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Background and Aims:: Determine the features of epilepsy with cerebral palsy in children and study clinical electroencephalography in this patients.
Methods:: We examined 70 children (from 1 to 16 years old) patients with various types of cerebral palsy and epilepsy in children. Research work was done at Tashkent Medical Academy Clinic's Neurology Department. All patients underwent clinical examination, electroencephalography, computed tomography (CT), video-EEG monitoring and MRI.
Results:: From the all patients, only in 7.3% occurred epilepsy. The most common epilepsy with cerebral palsy was detected in age from 9 months to 3 years - 31.4% (22 children). At the age of 5 to 7 years it turned 22.9% (16), from 7 to 10 years - 20% (14), from 10 to 15 years - 14.2% (10 children) and teenagers from 14 to 17 years - 11.5% (8). With a little epilepsy prevalence was recorded in boys with cerebral palsy - 48.7%. Among all patients with cerebral palsy revealed a high incidence of epilepsy with spastic forms (double hemiplegia, spastic diplegia) to 69.7%. In children with hemiplegia and found 18.8% with other forms of cerebral palsy (atonic-astatic, hyperkinetic, mixed) - 11.5%. There were prevailed myoclonic seizures, tonic axial symmetric tonic spasms, multifocal, secondary generalized seizures in infants and early childhood.
Conclusions:: Diagnostic features of epilepsy in children with cerebral palsy has led to the achievement of rapid detection of seizures in 72.5% of patients, which made it possible to provide the rehabilitative treatment of children with cerebral palsy.

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DIFFERENCES BETWEEN MEDIAL AND LATERAL TEMPORAL LOBE EPILEPSY

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Background and Aims:: Aim of the research work was to study the differences between the changes of medial and lateral temporal lobe epilepsy (MTLE and LTLE).
Methods:: For the research work we were examined 48 patients with medial and lateral temporal epilepsy, who were on a stationary examination in the department of neurology of the multidisciplinary TMA clinic. During Video-EEG-monitoring we recorded 114 seizures of various types.
Results:: The most significant lateralizing features in this form of epilepsy were one-sided wrist automatism, a dystonic brushes and an unbalanced turn of the head. The most valuable lateralizing sings of the epileptogenic focus for this form of epilepsy are the dystonic setting of the wrist (85.7%, p = 0.02), the inverting turn of the head (88.9%, p=0.02) and after-seizure aphasia (100%). Also for this group, the prevalence of localization of pathological disturbances in the region of the anterior temporal electrode was found (75,0%, p = 0.02 in comparison with the LTLE group), and in cases of presence of additional zones of localization - their registration in the contralateral temporal lobe (63,6%, p=0.02 in comparison with the LTLE group).
Conclusions:: Taking into account the revealed features of seizures, differential diagnosis between lateral and medial forms of temporal epilepsy can be based on the lateralizing sings.

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CONFIRMATION OF THE NEUROIMAGING SIGNIFICANCE OF ASYMPTOMATIC TRANSIENT ISCHEMIC ATTACK (TIA) IN THE COURSE AND PROGNOSIS OF ISCHEMIC STROKE

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Background and Aims:: To study the role of asymptomatic areas on MRI in the course of future strokes and their prognosis in patients with multiple anamnesis of TIA.
Methods:: MRI and MSCT-angiography were performed in 64 patients aged 50-70 years (average age-59.78±0.77) who had 3 or more TIAs in their anamnesis. Group 1 included 31 (48.4%) patients with only arterial hypertension and cerebral atherosclerosis, and group 2 included 33 (51.6%) patients with arterial hypertension, cerebral atherosclerosis, diabetes and coronary heart disease.
Results:: In group 1: bilateral lacunar ischemia were detected in 9 (29.1%) patients, in 8 (25.8%) and 14 (45.1%) were in the unilateral carotid and vertebrobasilar pool, respectively. In group 2, the lacunar ischemia were detected in 20 (60.6%) patients, in 8 (24.2%) in the carotid pool, and in 6 (18.2%) in the vertebrobasilar pool. In all groups of patients, stenosis and vascular deformity on MSCT-angiography did not correlate with the localization of cerebral changes on MRI. Among observed patients, 38.7% (in group 1) and 63.6% (in group 2) had cerebrovascular accident with severe neurological deficit within 2 years, which directly correlated with the speed of recovery and the size of asymptomatic ischemic areas.
Conclusions:: MRI and Multispiral CT-angiography should be performed regardless of the presence of changes in neurological status and any cerebrovascular problems. The identified changes later play an important role in the regression and prognosis of the disease, the solution of rehabilitation problems, when there is a significant stroke clinic with a large neurological deficit.

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THE USE OF A NEW DIAGNOSTIC METHOD IN PATIENTS FOR THE DIFFERENTIAL DIAGNOSIS OF ALZHEIMER'S DISEASE (AD)

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Background and Aims:: Selection of biomarkers incoming contact to the selected diagnostic complex is dictated by the participation of these proteins in the pathogenesis of AD, including at early asymptomatic stages of AD.
Methods:: Selected 147 patients with verified diagnosis of presenile type of Alzheimer's disease (n=17) – 1-group, senile type of Alzheimer's disease (n=30) - 2-group and chronic brain ischemia (n=100) - 3-group. Determined the degydroepianderosteron sulfate (DHEA-s) in blood serum of patients.
Results:: The average age of patients was 71,05±1,15 years in 1-group, 57,2±0,92 years in 2-group, 67,18±1,06 years 3-group. Determination of biomarker DHEA-s showed that the level of DHEA in 1-group and 2-group has not changed or has changed slightly, but in 3-group the level of DHEA-s increased by 2 or more times (concentration in norm - 2.6 mmol / l)
Conclusions:: The high diagnostic efficiency of biomarker was asserted, including determination of serum of patients DHEA-s for the early diagnosis and monitoring the effectiveness of therapy and to identify high-risk groups Alzheimer's disease, and chronic brain ischemia.