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MEDICAL SCIENCES

DISORDERS OF CEREBRAL BLOOD CIRCULATION AND COGNITIVE FUNCTIONS

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Abstract: A new stage in the development of techniques based on the principle of the first passage of a contrast agent became possible after the introduction of X-ray perfusion computed tomography (PCT) into clinical practice. In recent years, comorbidity has been considered one of the most important problems in therapeutic practice.

Key words: mycocirculatory system, cerebrovascular disease, chronic obstructive pulmonary disease, clinical practice, cognitive impairment.

In experiments on animals, data were obtained on changes in the rate of blood flow in the vessels of the brain during manipulations on the cervical sympathetic nerve. H. S. Forbes (1938) and other authors established the role of blood pressure, osmotic pressure, choline-like substances, adrenaline and CO4 levels [2]. Studies of brain microcirculation were carried out by introducing coloring agents into the carotid arteries of animals with an assessment of the time of their appearance in the retina [1]. Further studies in vivo required microscopic technology, which was first used on the brain by H. Florey and described by M. Fog [3]. Assessment of the state of the vessel diameter was carried out by photometric scanning [Naimov O.Y. 2018]. The first experimental data on the nature of the blood flow in the superficial vessels of the brain were obtained using the "transparent skull" technique. The microelectrode technique for measuring local cerebral blood flow [3], as well as the electroplethysmographic method, the thermoelectric method, and techniques with intravascular tensoresistor sensors, were widely used. Registration of blood filling of cerebral vessels based on impedance has been developed in the form of rheoencephalography and rheoplethysmography [1].

Tissue blood flow is estimated from maps built for each of the parameters, as well as from their absolute and relative values in the corresponding areas of the brain.

The regional transit time of the contrast agent and the rate of blood flow through a unit of vascular volume are measured. After a delay due to the passage of the indicator through the pulmonary circulation, it reaches a peak and sharply decreases with a second peak of lower amplitude due to recirculation. The software of the CT scanners makes it possible to obtain curves of the density of the contrast agent as a function of time. The dynamics of tissue density after contrast injection is linearly dependent on the concentration of the contrast material.

Nevertheless, the technique, given the absolute safety in the absence of external contrast, with the introduction of tomographs with a higher field into medical practice (today, healthcare has mainly tomographs with a capacity of 1.5 T, less often - 3 T), probably, has serious chances for clinical application in the near future.

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