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Ilgari hech qayerda chop etilmagan va boshqa nashrlarda chop etish uchun taqdim etilmagan maqolalar nashrga qabul qilinadi. Tahririyatga kelgan maqolalar ko'rib chiqiladi. Nashr mualliflari maqolalarda keltirilgan ma'lumotlarning to'g'riligi uchun javobgardirlar. Materiallardan foydalanganda jurnalga va maqola mualliflariga havola bo'lishi shart.

Materiallar mualliflik nashrida chop etiladi.

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KLINIK TIBBIYOT

EKSPERIMENTAL BIOLOGIYA VA TIBBIYOT

SPECIFIC COURSE OF DIFFERENT GENESIS PARENCHYMATOUS HEMORRHAGIC STOKE

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Annotation. *The article describes the specific course of parenchymal hemorrhagic stroke in patients with different comorbid conditions and their age and sex. Hemorrhagic stroke, especially parenchymal type, is one of the most common and topical medical and social problems. Cardiovascular and endocrine diseases are increasing the incidence of parenchymal type of hemorrhagic stroke as a background. As a result, patients have varying degrees of neurological disorders and premature death.*

Relevance of the problem

An acute disorder of blood circulation in the brain is called a stroke. Ischemic, hemorrhagic and mixed strokes are distinguished. Ischemic stroke is a clinical syndrome that occurs as a result of a sudden decrease or cessation of blood flow in a specific part of the brain, the symptoms of which are detected more than 24 hours [1,2].

Hemorrhagic stroke occurs due to rupture of pathologically altered blood vessels or leakage of blood from the brittle vascular wall into brain tissue (perdiapedesis) [1,2].

Depending on the localization of the advanced hearth of the stroke, patients experience different movement and mental disorders. The majority of patients have speech (aphasia, dysarthria), writing (agraphia), reading (alexia), calculation (acalculia), thinking, movement (paresis, apraxia), cognitive (agnosia) attention and emotional (depression, apathy) disorders. [6].

Diabetes strokes increase the likelihood of developing 3-4 times and worsen the consequences [3]. Hypertension also plays a key role in the development of cerebral and large vascular atherosclerosis. Diabetes mellitus dramatically increases the risk of cerebral micro-, macroangiopathy, dysmetabolic syndrome, frequent hypo- and hyperglycemic changes in the blood, as well as arterial hypertension, aneurysms and hemorrhagic stroke. Hemorrhagic stroke is known to be less common than other strokes, but it is a disease that is more common in middle-aged people with disabilities, a sharp decline in vital functions, and a high mortality rate [7]. Although neuroimaging and blood biochemical analysis are currently sufficient to diagnose hemorrhagic stroke, our studies have shown that hemorrhagic stroke is more severe, acute, early and late postoperative recovery period, prognosis, and mortality are more severe in patients with type 2 diabetes. Nevertheless, effective treatments and positive rehabilitation studies for hemorrhagic stroke patients with type 2 diabetes mellitus are still puzzling.

Keywords*: hemorrhagic stroke, parenchymatosis, diabetes, hypertension, atherosclerosis.*

The purpose of the study

To study the specific course of parenchymal hemorrhagic stroke observed in patients with different comorbid background.

Research material and methods

The study material was obtained from 35 patients treated for parenchymal hemorrhagic stroke in the Department of Intensive Neurology of the Tashkent Medical Academy in 2020-2021. Group 1 of patients consisted of 12 patients with parenchymal hemorrhagic stroke developed on the basis of hypertension and type 2 diabetes. In group 2, 21 patients with hypertension and parenchymal hemorrhagic

stroke formed on the basis of atherosclerosis were discharged. It was also found that parenchymal type of hemorrhagic stroke in two patients developed against the background of arterio-venous malformation and cavernoma respectively. The clinical course of the disease in these patients, brain MSKT examination, laboratory analyzes were studied, and Barthel Scale is used to measure performance in activities of daily living (ADL) and NIHSS is for analysis of neurological disorders.

Discussion and results

Of the 35 patients studied, 12 (34.3%) had previously been treated for hypertension and type 2 diabetes mellitus and had developed a parenchymal type of hemorrhagic stroke. 3 of them (25.0%) are women and 9 (75.0%) are men. All patients were over 50 years of age, 7 people (58.3%) aged 50-65 years, and 5 people (41.7%) over 65 years of age.

Group 2 that is the parenchymal type of hemorrhagic stroke, accounted for 9 (43.0%) women and 12 (57.0%) men in 21 patients who developed hypertension and atherosclerosis. Patients in this group were conditionally divided into 4 age levels: the number of patients under 40 years of age was 2 (10.0%), patients aged 40-50 years were 4 people (19.0%), patients aged 50-65 years were 12 people (57.0). %), And adults over 65 years of age accounted for 3 (14.0%) patients (Table 1).

Table 1. Distribution of patients by sex and age

Group	Sex	Age				Total
		Under 40 years old	**40-50 years old**	**50-65 years old**	**Over 65 years old**	
1 group	Women	0	0	1	2	3
	Men	0	0	6	3	9
2 group	Women	2	1	5	1	9
	Men	0	3	7	2	12
Total		2	4	19	8	33

In the acute phase of parenchymal hemorrhagic stroke, the disease recurred in 1 patient (8.3%), and another 1 patient (8.3%) died of cerebral edema. Seven of the 11 surviving patients (63.6%) were diagnosed with severe daily life disturbances and severe neurological disturbances on the Bartel and NIHSS scales, while the remaining 4 patients (36.4%) had moderate daily activity limitations and moderate neurological disturbances (Fig. 1,2).

Figure 1. Barthel scale summary

Patients who developed parenchymal hemorrhagic stroke on the background of hypertension and atherosclerosis were assessed on the Barthel and NIHSS scales. functional impairment and moderate neurological impairment, in 7 patients (33.0%) there was a restriction of average daily life activity and mild neurological disorders, and in the remaining 3 (14.0%) there were mild neurological disorders without impairment of daily life activities. In this group of patients, no deaths were observed due to parenchymal hemorrhagic stroke during the acute, subacute, and early recovery periods of the disease.

Figure 2. NIHSS scale summary

When the parenchymal type of hemorrhagic stroke was analyzed according to the location of the brain, parenchymatous hemorrhagic stroke occurred in the left hemisphere in 8 patients (66.7%) and in the right hemisphere in the remaining 4 patients (33.3%) in group 1.

In group 2 patients, 14 (66.7%) were in the left hemisphere, 2 (9.5%) were in the left hemisphere, 1 patient (4.8%) was in the left hemisphere, and the remaining 4 (19.0%) were in the left hemisphere. parenchymal hemorrhage was detected in the right cerebral hemispheres. (Fig.2).

Conclusion

The study found that 8.3% of deaths were observed in patients with group 1, i.e., parenchymal hemorrhagic stroke, type 2 diabetes mellitus, and hypertension, and recurrence in the acute phase of the disease in 8.3%. In all 91.7% (11) of the surviving patients, cocktail incompetence was observed. Mortality was not observed at all in patients with parenchymatous hemorrhagic stroke, which developed against the background of group 2 hypertension and atherosclerosis, and 47.6% of patients returned to work as early as the period of early recovery from the disease. In both groups, male patients aged 50–65 years predominated, and the parenchymal type of hemorrhagic stroke was more common in the left cerebral hemispheres.

REFERENCES

1. Rakhimbaeva G.S., Muratov F.X., Yakubova M.M., Neurology, pp. 106-115, Tashkent, 2020.

2. Ibodullaev Z.R., Nervous diseases, pp. 75-87, Science and Technology, Tashkent, 2013.

3. Hemorrhagic stroke in type 2 diabetes mellitus, A. I. Ermolaeva., 2009.

4. Acute disorders of cerebral circulation in type II diabetes mellitus, A. I. Ermolaeva, Bulletin of new medical technologies 14 (3), 132-135, 2007.

5. A method for predicting the course of hemorrhagic stroke, Antipina Yu.V., Gerasimova M. M., Russia, 2002.

6. Wafeek M. Elsheikh. New Stoke Prognostic factors., The Egyptian Journal of Neurology, Psychiatry and Neurosurgery, 2020.

7. Chapter 19 Stoke and Diabetes., Aleksandra Pikula,MD, USA, 2015.

8. Complications as poor prognostic factor in patients with hemorrhagic stroke: A hospital-based stroke registry., RT Pinzon, VO Wijaya, Int J Neurol Neurother 7, 096, 2020.

9. Does this patient have a hemorrhagic stroke?: clinical findings distinguishing hemorrhagic stroke from ischemic stroke., Shauna Runchey, Steven McGee, Jama 303 (22), 2280-2286, 2010.

10. Hemorrhagic stroke in the stroke prevention by aggressive reduction in cholesterol levels study., LB Goldstein, P Amarenco, M Szarek, A 3rd Callahan, M Hennerici, H Sillesen, JA Zivin, KMA Welch Neurology 70 (24 Part 2), 2364-2370, 2008.

11. Hemorrhagic Stroke., Unnithan AKA1, Mehta P, Book from StatPearls Publishing, Treasure Island (FL), 10 Jul 2020.

12. Hemorrhagic Stroke., Ajaya Kumar A Unnithan, Parth Mehta, StatPearls [Internet], 2021.

13. Effect of untreated hypertension on hemorrhagic stroke., Daniel Woo, Mary Haverbusch, Padmini Sekar., Stroke 35 (7), 1703-1708, 2004.

14. Hemorrhagic stroke., Eric E Smith, Jonathan Rosand, Steven M Greenberg., Neuroimaging Clinics 15 (2), 259-272, 2005.

15. Imaging of hemorrhagic stroke., Eric E Smith, Jonathan Rosand, Steven M Greenberg., Magnetic Resonance Imaging Clinics 14 (2), 127-140, 2006.

16. Influence of hypertension, lipometabolism disorders, obesity and other lifestyles on spontaneous intracerebral hemorrhage., Jun-Fu Zhou, Ji-Yue Wang, Yan-Er Luo, Huai-Hong Chen., Biomedical and environmental sciences: BES 16 (3), 295-303, 2003.