

**DIFFERENTIAL DIAGNOSIS OF HEMORRHAGIC AND ISCHEMIC STROKE,
WAYS TO OPTIMIZE REHABILITATION MEASURES****¹Khodjiyeva Dilbar Tadjiyevna, ²Khaydarov Nodirjon Kadirovich, ³Bobokulov Gulmurod
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the Republic of Uzbekistan**ABSTRACT**

Difficulties in the diagnosis of cerebral strokes can be divided into at least two main groups: topical diagnosis of a focus formed as a result of acute cerebrovascular accident (ACVI), and diagnosis of the nature of ACVA.

It is important to note that if errors in the first group, as a rule, are minimal or insignificantly affect the tactics of treatment and the outcome of the disease, then errors in diagnosing the nature of stroke are dangerous by choosing the wrong treatment tactics and using contraindicated drugs, which may be one of the causes of death and the subject of lawsuits against doctors by the patient's relatives. Thus, the urgency of the problem of improving the diagnosis of the nature of stroke and, first of all, the difference between the ischemic nature of cerebral stroke (IMI) and hemorrhagic (HMI) in the acute period of the disease is obvious. This problem is of particular relevance now, when it has been proven that the use of new thrombolytic drugs (in the first 3 hours and earlier from the onset of the disease) can prevent the occurrence or significantly reduce the size of irreversible damage to the brain tissue in IMI, both atherothrombotic and thromboembolic.

Keywords. cerebrovascular accident, topical diagnosis, pathomorphological diagnoses, neurological departments.

Diagnostics of the nature of the focus of cerebral strokes in the acute period of the disease is extremely difficult and difficult, despite the undoubted success in the development in recent years of fundamentally new diagnostic methods of research and treatment. The significance of earlier complex and at the same time differentiated therapeutic measures is determined by the fact that already after 3.5 hours from the moment of the onset of cerebral stroke, irreversible changes in the brain tissue may be noted. The objective relevance of this problem is emphasized by the discrepancies between the clinical and pathomorphological diagnoses of the nature of the focus in stroke, which are reported by V.S. Vilensky and N.N. Anosov (1980): for example, errors in the diagnosis of GMI were made in 29% of observations, and IMI - in 42.4%. In specialized neurovascular departments, errors are 24.7%, in general neurological departments - 25.9%, in neurosurgical centers where angiography is widely used - 14.9%. Only in specialized clinics of institutes, such discrepancies in diagnoses in those who died during the first day from the moment of illness are 4.4%. The data of K.G. emphasize the difficulties of differential diagnosis of IMI and HMI even more. Kjellin, C.E. Soderstrom, S. Cronqvist (1976), who compared the capabilities of computed tomography (CT) and cerebrospinal fluid examination in patients and found that the correct diagnosis of the nature of the focus in patients with cerebral strokes, according to axial CT of the head, is possible in 76%, according to the analysis of cerebrospinal fluid - in 92%, and with the combined use of these methods - in 98% of observations. The above data convincingly show that one of the most informative in establishing the nature of cerebral stroke is the study of cerebrospinal fluid (CSF). In addition, this method has no competitors in terms of profitability and availability, and it is deservedly used both in general neurological hospitals and central district hospitals, and in specialized angiocerebral centers. At the same time, a number of issues of assessing the results of CSF research have not yet been fully resolved: there are no reliable objective methods for distinguishing pathological blood admixture in the bloody CSF from

artifact during the "therapeutic window", that is, in the first 3 hours from the onset of the disease; no tests have been developed to objectify the defect in the lumbar puncture, which causes a pathway (artifact) admixture of blood to the CSF; Clinical and liquorological correlations in the acute period of cerebral stroke have not been sufficiently studied, which does not contribute to the widespread introduction of the liquorological method into everyday medical practice.

Diseases of the circulatory system (CVD) make the main contribution to mortality from non-communicable diseases, which leads to significant socio-economic losses in many countries of the world, including Russia (12). BSCs become a significant cause of loss of healthy life years from the age of 30, and by the age of 70, their share is more than 50% of the total losses (1). Vascular diseases of the brain make a large contribution to the structure of mortality from CSD (5,7). In the next 25 years, the importance of stroke as a medical and social problem in developed countries will increase due to the "aging" of the population and an increase in the proportion of people with risk factors (6).

By 2030, mortality from stroke is projected to increase worldwide to 7.8 million people per year, unless active global measures are taken to combat this epidemic (7). According to the statistical compilations of the Ministry of Health of the Republic of Uzbekistan, about 450 thousand cases of acute cerebrovascular accident (ACVI) are registered annually, of which 200 thousand cases end in death. The growth in the number of strokes among the working-age population of our country is one of the most important issues in domestic health care (2). The primary exit to disability after a previous acute stroke is at the level of 3.2 per 10 thousand of the population, taking the 1st place among all causes of primary disability (10, 11).

Taking into account the differences in the socio-demographic and economic characteristics of the regions of Uzbekistan in modern conditions, it is necessary to take into account the regional specifics and reflect it in the development of programs to reduce the mortality of the population, both in general and in relation to the most important causes (5).

Despite the fact that primary prevention plays a decisive role in reducing mortality and disability due to stroke, a significant effect in this regard is provided by the optimization of the system of care for patients with acute cerebrovascular accidents. Domestic and foreign researchers believe that the creation of a modern system of care for patients with stroke will reduce mortality during the first month of the disease by up to 20% and ensure independence in everyday life 3 months after the onset of the disease at least 70% of surviving patients (9).

In the context of the development of a network of vascular centers and departments on the territory of the Republic of Uzbekistan, the relevance of the issues of organizing medical care for patients with acute cerebrovascular accidents, taking into account the characteristics of a particular territory, increases. This is very significant for regions with a high proportion of rural residents. In addition, it is extremely important to create an effective system for managing the quality of medical care for patients with acute cerebrovascular accidents in the newly opened regional vascular centers (RSC) and primary vascular departments (PSO). Despite the study of individual problems of cerebrovascular pathology (Barabanova M.A., 2003; Tsukurova L.A., 2008, 2012), a comprehensive medical and social study of the problems of organizing medical care for patients with acute disorders of cerebral circulation has not been carried out.

The need to find ways to increase the level of organization, improve the efficiency and quality of medical care, as well as develop uniform principles for maintaining medical records of patients with acute cerebrovascular accidents, served as the basis for choosing the topic of this study.

Acute disorders of cerebral circulation cause enormous damage to the economy (costs of treatment, medical rehabilitation of patients, losses in production). In the United States at the end of the 1990s. direct and indirect costs for each stroke survivor ranged from \$ 55 to 73 million per year (8). In our country, material losses are much higher, since the number of patients is 4 times higher than in the USA and Western Europe (13). Hemorrhagic stroke is the most common pathology among adults and the elderly. On average, the incidence in patients over 40-45 years old is 15%, in people over 55, the risk is 20% and becomes higher with age. Mortality during the first month after hemorrhage is 35 to 61%. Up to 70% become disabled as a result of stroke.

Research works on the study of the prevalence of acute cerebrovascular accidents, risk factors for their development, the development of effective methods of diagnosis and treatment were carried out in large medical centers, such as: Scientific Center of Neurology (Russia). In the USA, Great Britain, France, Germany, Japan, CIS countries and Eastern Europe.

Currently, more than 100 risk factors are known that contribute to the development of cerebrovascular accidents: age, gender, ethnicity, arterial hypertension, atrial fibrillation, other cardiac pathology, hyperlipidemia, physical inactivity, smoking, atherosclerosis of the carotid arteries, etc. (8).

According to M.B. Budanova (2008) planning specific treatment and prophylactic measures in individual regions involves studying the frequency of CVD and the contribution of various risk factors to their development. E.I. Gusev et al. (1997) proposed a four-stage system of care for patients with acute cerebrovascular accidents: prehospital

- assistance is provided by a local therapist, a family medicine doctor, an ambulance or emergency doctor and specialized neurological ambulance teams; intensive care - carried out in intensive care units, intensive care units or neurosurgical departments; rehabilitation treatment - carried out in departments for the treatment of patients with acute disorders of cerebral circulation (neurovascular departments) or neurological departments of general profile, and then in rehabilitation departments and centers; dispensary provides for supervision by a neuropathologist and therapist of a district clinic.

Despite advances in the diagnosis and treatment of acute cerebrovascular accidents in Uzbekistan, due to their fragmented nature, many questions remained outside the scope of research, which does not allow us to present a complete picture. Especially little has been studied the issues of complex rehabilitation of patients in various stages of stroke, methods and methods of rehabilitation measures in PHC conditions, hospitals, resuscitation and intensive care units, in sanatoriums, measures for the recovery of patients at various stages of providing medical care to patients have not been studied and developed. Currently, prehospital care and hospitalization rates remain unsatisfactory everywhere, even in large cities.

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