

IDENTIFICATION AND PREVENTION OF RISK FACTORS FOR ISCHEMIC STROKE IN SCHOOL-AGE CHILDREN

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Abstract: This article confirms issues such as identifying risk factors for ischemic stroke in school-age children and taking preventive measures, studying the causes of treatment.

Keywords: Stroke, ischemic disease, angina, metabolic, diabetes, thrombotic and non-thrombotic, medical history, patient complaints, percussion, auscultation, general vision.

Introduction. Stroke (Lat. Strokeus - "attack, stroke") - an acute circulatory disorder of the brain, which is characterized by the appearance of focal or general neurological symptoms. The disease ranks third in mortality after cardiovascular disease and cancer. About two-thirds of strokes occur in the elderly (after the age of 60).

Ischemic heart disease, or ischemic heart disease, is a chronic or acute disorder of the blood supply to the myocardium (the layer of muscle in the heart). This is because the heart does not get enough oxygen. This occurs when a limited amount of arterial blood is supplied to the heart muscle due to damage to the coronary arteries. The acute form of ischemic heart disease is myocardial infarction, the chronic form is angina.

The most common cause of narrowing of blood vessels is the formation of atherosclerotic plaques on the walls of blood vessels due to the accumulation of fat. Therefore, the risk group includes people who have many conditions for the accumulation of cholesterol in the blood vessels:

smokers, alcohol abusers, people with diabetes and obesity, people with a genetic predisposition to hyperlipidemia.

Identification and prevention of risk factors for ischemic stroke in school-age children.

The incidence of ischemic stroke in children is 0.79-2.7. 100,000 children per year, more than half of children develop early and preschool disabilities, recurrent and 20% of clinical patients have a "dumb" stroke (Zykov VP et al., 2005; de Weber G. et al., 2000; Lanthier S. et al. , 2000; Kramarov E. et al., 1999).

Ischemic strokes are divided into thrombotic and non-thrombotic strokes. A cerebral infarction is the result of the cessation of arterial blood flow to a specific area of the brain. Ischemic stroke is radically different from transient ischemic attacks. The combination of metabolic and hemodynamic changes leads to necrosis of the brain at a certain stage of circulatory failure. Pathochemical reactions in all areas of the brain (especially injured) lead to disruption of the neuronal chain, activation of astrocytosis and glia, dysfunction of the trophic supply of the brain. This results in a cerebral infarction, which can be triggered by two mechanisms: neurotic cell death and apoptosis, in the form of genetically programmed cell death. The severity of an ischemic stroke depends on the depth of the circulatory disorder in the brain, the length of the pre-perfusion period, and the duration of the ischemia. The area of the brain with the greatest decrease in blood supply (10ml / 100g / min) will experience irreversible changes within 6-8 minutes from the moment the first clinical signs appear. Within a few hours, the focal infarction is ischemic, but surrounded by living tissue (blood flow to the brain 20–40 ml / 100 g / min). This is called the ischemic hemisphere, or penumbra, where energy metabolism is generally maintained and there are no structural changes. The duration of the penumbra is individual for each patient and sets the boundaries of the period during which treatment can be most effectively carried out (the "therapeutic window").

The formation of most cerebral infarctions is completed 3-6 hours after the first signs of stroke. The formation of the furnace lasts for 48-56 hours, sometimes

longer. Recent data suggest the importance of the autoimmune process in the acute phase of ischemic stroke, which is manifested by an increase in the amount of antibodies against the anti-DNA, serum and the main protein of myelin in the cerebrospinal fluid. Ischemic stroke can develop during or immediately after sleep, and in some cases, after physical exertion, after taking a hot bath, after drinking alcohol, and after a full meal. Ischemic stroke is characterized by the gradual development of focal neurological symptoms over a period of 1 to 3 hours. In 30% of cases, the disease is acute, sudden onset, with pronounced focal neurological symptoms, which is characteristic of acute occlusion of a large artery. Ischemic stroke is characterized by a predominance of focal neurological symptoms over general brain symptoms. Common cerebral symptoms are seen in the apoplectic form of stroke, and these symptoms are exacerbated by cerebral edema, which is characteristic of diffuse cerebral infarction. Focal neurological symptoms depend on the location of the cerebral infarction. Pathology of small blood vessels in the brain can lead to lacunar strokes. The size of this stroke does not exceed 1.5 cm. Lacunar strokes are more common in hypertensive patients, vasculitis, migraine, antiphospholipid syndrome. Clinically, the stroke is characterized by "movement disorders only", "sensory disorders only", ataxia and dysarthria, and other changes. In some cases, the clinic of lacunar stroke does not show a "dumb stroke", but CT and MRI detect foci. Based on the clinical symptom complex, it is possible to think about the size of the lesion, the location of the infarction and the affected vascular basin. In most cases, cerebral infarctions occur in the basin of the internal carotid artery (5-6 times more than in the vertebrobasilar system).

In summary, unfortunately, in most of the above symptoms, we have already found 75% of children with ischemic stroke. If these symptoms are present, healthy children should be advised of a special diet, physical activity, medication, and career choice in high school. After all, today the

cerebrovascular pathology of adults is diagnosed in childhood. First, after an ischemic condition, the blood vessels are exposed to a course of anticoagulants (warfarin in cardioembolic stroke) and antiplatelet agents (cardiomagnum, agronex, etc.). I would like to emphasize in this article that the attention of readers should be focused only on the joint efforts of pediatricians, cardiologists, pediatric neurologists, including health organizers and representatives of regional administrations to prevent ischemic diseases. It is necessary to follow a healthy lifestyle.

The onset and development of coronary heart disease are due to age, hereditary predisposition to the disease, hypertension, diabetes, obesity, alcoholism, smoking, lack of exercise (hypodynamics), physical and mental stress, and others. Ischemic heart disease is relatively common among smokers.

Cholesterol, in particular, plays an important role in the development of ischemic heart disease. Elevated blood cholesterol levels can lead to atherosclerosis. There are several types of ischemic heart disease that can and cannot be ruled out. For example, angina pectoris, myocardial infarction, and stroke are incurable.

The first stage of ischemic heart disease is angina pectoris, while myocardial infarction is the most severe. A patient with angina pectoris can live a long time, but in the initial period (the first three days) in 20-30% of patients myocardial infarction is observed. The clinical signs of a myocardial infarction are usually similar to those of angina pectoris, except that the pain lasts longer and more intense. This can lead to death in the first hours or serious complications later on. Post-infarction cardiosclerosis, cardiac arrhythmia, heart failure are actually ischemic heart disease. are the leading causes of disability and death from cardiovascular disease. When ischemic heart disease is suspected, the patient should be hospitalized immediately. Diagnosis is based on clinical signs (medical history, patient complaints, percussion, auscultation, general examination), electrocardiography, cardiac muscle enzymes and structural elements (creatinine

phosphokinase isoenzymes, myoglobin, etc.) and blood tests, echocardiography, etc.

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