Bustanov O.Ya.
Assistant, Department of neuralogy
Andijan State Medical Institute
Andijan, Uzbekistan

PROGRESSION OF ISCHEMIC STROKE AND CHANGES IN COGNITIVE IMPAIRMENT IN PATIENTS WITH TYPE 2 DIABETES

Resume. DM is a chronic dysmetabolic disorder, with hyperglycemia that is primarily due to impaired insulin secretion or its interaction with the body's cells. Chronic course, as well as disruption of all types of metabolism (carbohydrate, fat,protein, mineral and water-saline), early disability and high mortality, determine the low quality of life of patients and lead to the development of complications by many tissues and organs of the body .

Keywords. glycirovan hemoglobin, index atherogennosti, computed tomography, cognitive activity, cardioembolic ischemic stroke.

Бустанов О.Я.
Асситент, Кафедра неврологии
Андижанский государственный медицинский институт
Андижан, Узбекистан

ПРОГРЕССИРОВАНИЕ ИШЕМИЧЕСКОГО ИНСУЛЬТА И ИЗМЕНЕНИЯ КОГНИТИВНЫХ НАРУШЕНИЙ У ПАЦИЕНТОВ С САХАРНЫМ ДИАБЕТОМ 2 ТИПА

Резюме. Сахарный диабет - это хроническое дисметаболическое расстройство с гипергликемией, которая в первую очередь обусловлена нарушением секреции инсулина или его взаимодействия с клетками организма. Хроническое течение, а также нарушение всех видов обмена веществ (углеводного, жирового, белкового, минерального и водно-

солевого), ранняя инвалидизация и высокая смертность определяют низкое качество жизни пациентов и приводят к развитию осложнений со стороны многих тканей и органов организма.

Ключевые слова. гликированный гемоглобин, индекс атерогенности, компьютерная томография, когнитивная активность.

Relevance. The most severe risk factors for Sbmi in DM type 2 include arterial hypertension, dyslipidemia, smoking, stenosing DM atherosclerosis of the sleep artery, hypodynamia, Anamnesis of an aggravated family in vascular brain pathology. Important features of DM type 2, such as high cardiovascular risk condition, are disorders in hemostasis tzimi with pathogenetic interconnection of DM type 2, predominance of arterial hypertension, dyslipidemia, prothrombotic factors. Thus,for QD type 2, the combined effects of several factors are characteristic and have an extremely unpleasant effect. In this case, a violation of glucose metabolism, which leads to damage to the small vessels nucleus typical for Type 2 DM, is an important component of a violation of brain hemodynamics in the potential of the effects of arterial hypertension and intra-and extracranial vascular atherosclerosis.

The purpose of the work. In patients with diabetes mellitus 2 Type, the characteristics of ischemic stroke are considered to be due to clichéd.

Research materials and methods. This research work was carried out at the Department of neurology of the Andijan State Medical Institute. The adti Clinic Department of Neurology provides emergency care to patients in the neurology section, including those with acute cerebral circulatory disorders. Continuity of the stationary and outpatient phases can lead patients to dynamic monitoring in the outpatient phase in the neurology cabinet and somatoneurology Department, located on the territory of the adti clinic, in which secondary prevention of vascular conditions is controlled. Part of the laboratory tests (determination of the activity of the Willebrand phoni factor) were carried out in the laboratory of the adti clinic.

Research results and their discussion. At the beginning of the study, we conducted a Results Analysis II (n=340), which depends on the presence or absence of a carbohydrate metabolism disorder (UAB). During its time in the hospital, 16.8% of patients died during acute ischemic stroke. A large proportion of deceased patients are Type II and DM type 2 patients (19.5%).In the group of patients, 18.4% of patients who were first diagnosed with carbohydrate metabolism disorders died.

An assessment of pathogenetic type II suggests that atherotrombotic (AT) II is often observed in UAB patients.Hence, 56.4% of DM type 2 and II patients were diagnosed with ischemic stroke type at, 26.5% with cardioembolic (ke) type, and 14.3% with lacunar (L) in the patient. In 2.8% of DM type 2 patients, undiagnosed pathogenesis II was observed.

During the acute course of the disease, UAB suffered an unspecified etiology in 46.3% of the first identified (56 patients)patients with Type II at, 28.7% with ke of ischemic stroke, and 18.4% with lacunar (L), 9 (6.6%) patients. UAB unobserved group 34.1% of patients were diagnosed with Type II,31.9% with type at II,22.1% with lacunar (L) type of ischemic stroke, and 11.9% with unspecified etiology II.

Taking into account the large rate of development of atherothrombotic type II in QD type 2 patients, we later conducted research and promising observations in exactly this category of patients.

We conducted a laboratory analysis of data, objective and subjective clinical signs, which includes comparing indicators of microreology (fragmented erythrocyte content) and macroreology (platelet and endothelial hemostasis marker), as well as a group of patients II and DM type 2 and DM type 2, without DM type II.

During the study, an analysis of subjective and objective clinical data from two investigated groups (basic and comparative)showed that all patients were diagnosed with focal neurological signs.

In the process of standard therapy carried out (MES in question for the management of OCD patients), a significant regression of neurological signs is observed in patients of QD type 2 (Group II)during the “acute” period (21 days).

In the analysis of the rate of recovery of neurological activity, a significant difference was found between groups in the acute period of stroke, and then the dynamics of recovery were equalized, no significant difference was observed 3 and 6 months later. When evaluating the rate at which any neurological activity is impaired regression, it can be noted that motor activity has recovered at the rate, and this is mainly noticeable in the comparison group. The positive dynamics in the sensory disorder relationship differed in patients of both groups, with a feeling of complete recovery observed in patients of Group II.Speech disorder regression was observed away from all, with signs of aphasia surviving until the end of the observation. The amount of patients found to have significant or complete recovery of neurological activity is listed in percentages.

Conclusion. In the acute course of the disease, 46.3% of the first identified (56 patients)of carbohydrate metabolism disorders had an Atherotrombotic type of ischemic stroke, 28.7% had a cordioembolic type, 18.4% had an unspecified etiology in a lacunar 6.6% patient.

In patients with ischemic stroke in patients with diabetes mellitus type 2, the level of glaucemia indicates increased thrombogenic activity in the group of deceased with glucose levels of 13.2±0.9 mmol/l, living patients 8.7±1.2 mmol/l. was significantly higher than the group (R<0.05 . In QD type 2 patients, a correlation was confirmed between the first days of II and the concentration of blood plasma in the course of the disease. A significant difference was obtained between the severity of ii manifestations on Day 1 of the disease and the different levels of glycemia >10.0 mmol/l, <10.0 mmol/l i <7.0 mmol/L.

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