Federal State Budgetary Educational Institution
higher education
"NORTH-OSSETIAN STATE MEDICAL ACADEMY"
Ministry of Health of the Russian Federation

DEPARTMENT OF PSYCHIATRY WITH NEUROLOGY, NEUROSURGERY AND MEDICAL REHABILITATION

TEACHING AND METHODOLOGICAL GUIDE ON WRITING THE STUDY HISTORY OF THE DISEASE ON THE COURSE OF NEUROLOGY AND NEUROSURGERY

Vladikavkaz 2023

Study guide approved at the meeting of the Central Committee for Medical Education of the Federal State Budgetary Educational Institution of Higher Education of the NOSMA of the Ministry of Health of Russia

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Section I. SCHEME OF THE HISTORY OF THE DISEASE ON THE COURSE OF NEUROLOGY

PASSPORT SECTION

Surname, name and patronymic of the patient

Age

Floor

Nationality

Education

Profession

Family status

Time of admission to the clinic

Directed by

DIAGNOSIS ESTABLISHED BY THE CURATOR

COMPLAINTS OF THE PATIENT. The main complaints of the patient at the time of admission and separately at the time of supervision are stated, as well as complaints that were not noted by the patient, but identified when interviewing relatives or accompanying persons.

DEVELOPMENT OF THE REAL DISEASE. How and when did the disease start (suddenly, slowly, gradually, increasing). Probable etiological factor of the disease. Provoking factors. Disease manifestations and their sequence. The course of the disease (progressive, remitting, with exacerbations and remissions). Treatment carried out, its effectiveness. Data from previously obtained additional studies.

ANAMNESIS OF A PATIENT'S LIFE. Place of birth, the presence of complications in the mother during pregnancy, during childbirth, postpartum, early childhood and childhood. The time of the onset of puberty; for women - the beginning and regularity of the menstrual cycle, pregnancy, miscarriages, abortions, childbirth. Past illnesses, chronic intoxication (alcohol, smoking). Surgical operations. Infections. Labor activity: the nature of the work, the mode of work, whether the patient copes with the work. Living conditions,

food. Hereditary diseases in the family: alcoholism, epilepsy, migraines, mental illness, syphilis, tuberculosis, metabolic and secretion diseases. The number of children in the family of parents, their age, health. Relationship between parents. Familial predisposition to disease. Causes of death of parents and relatives.

PRESENT CONDITION OF THE PATIENT. The present condition of the patient (satisfactory, moderate, severe, extremely difficult). Patient position: active, forced. Body type: normosthenic, asthenic, hypersthenic. Color and condition of the skin and mucous membranes. The presence of trophic disorders (dry skin, brittle hair, alopecia, age spots, pigmentation and brittle nails, defects and scars, contractures of the joints Skull percussion (local pain) Spine configuration (presence of kyphosis, scoliosis, kyphoscoliosis), painful percussion of the spinous processes of the vertebrae , soreness during exercise, presence or absence of signs of dysraphic status.

RESPIRATORY SYSTEM. Complaints. Respiration rate and rhythm. Percussion and auscultation data.

THE CARDIOVASCULAR SYSTEM. Complaints (pain, palpitations, arrhythmias). Percussion and auscultation data. Blood pressure. Pulse frequency and characteristics. Heart rate. The state of peripheral vessels: pulsation of the radial, femoral, foot arteries, internal carotid and temporal arteries. Auscultation of the carotid arteries.

DIGESTIVE ORGANS. Complaints (nausea, vomiting, abdominal pain, appetite disorders). Auscultation and percussion data. Palpation of the abdomen, points of the gallbladder, liver. Palpation of the spleen.

UROGENITAL SYSTEM. Complaints (urination disorders, pain, sexual dysfunctions). Percussion of the projection of the kidneys. Percussion of the bladder.

ENDOCRINE SYSTEM. Examination and palpation of the thyroid gland (signs of hyper- or hypothyroidism). Itsenko-Cushing's syndrome, acromegaly, adipose-genital dystrophy, infantilism, gigantism, obesity, cachexia, diabetes insipidus.

NEUROLOGICAL STATUS. Consciousness: clear, stunned, drowsy, soporous, comatose, arousal state. Features of facial expressions. General cerebral symptoms. Headache (nature, location and time, frequency, dependence on body position). Dizziness (dependence on the position of the body, head, in which direction the rotation is felt). vomiting (dependence on food intake and time of onset). Meningeal symptoms: stiff neck muscles, Kernig's symptoms.

Cranial nerves.

I- *Olfactory nerve.* The sense of smell is preserved, reduced (hyposmia), lost (anosmia), perverted, impaired identification of odors, olfactory hallucinations. One- or two-sided symptoms

II- *The optic nerve.* Visual acuity (concentric narrowing, central or peripheral scotoma, hemianopsia, heteronymous - bitemporal, binasal), color perception (achromatopsia, color blindness), fundus (congestive papillae, neuritis, atrophy of the optic nerve, primary or secondary), the condition of the arteries and arteries and the condition of the arteries and

III- *Oculomotor*. IV - *Blocky*. VI - *Abducens nerves.* The width and uniformity of the palpebral fissures (ptosis), the range of motion of the eyeballs in different directions. Strabismus (converging, diverging). Diplopia. Gaze paralysis (up, down, sideways). Floating movements of the eyeballs. Exophthalmos. Pupils: size (miosis, mydriasis). Form, uniformity (anisocoria, reaction to light (direct and friendly, sluggish, absent, lively).

V - *Trigeminal nerve.* Will and paresthesias (numbness, creeping on the face) Soreness at the points of exit of the branches of the trigeminal nerve. Sensitivity of the facial skin (peripheral and segmental zones). Lower jaw movement: leaning towards the mouth when opening. Tension and trophism of the chewing muscles. Corneal reflex.

VII - *Facial nerve.* Facial expressions and uniformity of loony and nasoguonic folds, orbital fissures at rest. Asymmetry with wrinkling of the eyebrows, closing the eyes, whistling, puffing out the cheeks (symptom of "sail"). Lagoftalsh. Dry eyes, hyperacusis.

VII - *Auditory nerve* (cochlear and vestibular nerves). Ringing and noise in the ear (constant, transient), hearing acuity (whispering speech from a distance of 5 meters). Nystagmus (horizontal, vertical, rotatory, large or small spreading, permanent or paroxysmal, setting). Dizziness (systemic). IX - *Lingual pharyngeal,* X - *Wandering nerves.* The position of the soft palate at rest and its mobility when pronouncing the sound "a" (asymmetry, deviation of the uvula to the side). Swallowing (dysphagia). Voice (sonority, hoarseness, nasal tone, aphonia). Pharyngeal reflex.

XI - *Accessory nerve.* Raising the shoulder girdle and turning the head, raising the arms above the horizontal, bringing the shoulder blades closer . Tension and trophism of the sternocleidomastoid muscle.

XII - *Hyoid nerve.* The position of the tongue when protruding and in the mouth. The volume of movements of the tongue. Atrophy of the muscles of the tongue, fibrillar twitching. Articulation / disarticulation, anarthria /.

MOTOR SYSTEM. Examination, palpation and measurement of muscles: determination of atrophy, pseudohypertrophy of muscles, fibrillar and fascicular twitching. The volume of active movements in the joints (complete, restriction, absence). Muscle strength according to a 5-point system in all muscle groups of the shoulder, forearm, thigh, lower leg, foot. Barre test. Passive, movements (volume,

presence of contractures and ankylosis.) Muscle tone (hypotension, atony; spastic hypertension, plastic, changing tone) Symptom of the foot rotated outward in hemiplegia. Catalepsy, akinesis, amimia, stiffness, bradykinesia. Hyperkinesis (tremor, chorea, athetosis, choreoathetosis, ballism, myoclonus, torsion dystonia, tics, localized spasm, their nature, constant or paroxysmal). Gait (atactic, spastic, spastic-atactic, hemiparetic, paraparetic, "cock", "duck").
Seizures and convulsive twitching. The clonic or tonic nature of the seizure, seizures large and small (local, like Jackson). Myoplegia.

MOVEMENT COORDINATION. Romberg's probes (simple and complicated). Finger-nose. trefoil-knee test (missedness, uncertainty), intentional tremor. Adiadochokinesis. Chanted speech.

REFLEXES. Tendon: with biceps, triceps, knee and Achilles. Periosteal - stylo-radial. Dermal: abdominal (upper middle and lower), plantar. Joint reflexes of Mayer and Leri. Reflexes are symmetrical, asymmetric, decreased, absent, increased. Pathological reflexes: pyramidal (Babinsky, Rossolimo), protective, pseudobulbar (palmar-chin Marinesko-Radovichi). Violent laughing and crying.

SENSITIVITY. Paresthesias, pains, their nature and localization. Superficial sensitivity: pain, tactile, temperature. Deep sensitivity (muscular-articular feeling). Complex sensitivity (two-dimensional spatial, stereognosis). Pain points occipital nerve, brachial plexus (Erb's point). Paravertebral, along the intercostal nerves, along the sciatic nerve (Balle points), the femoral nerve. Soreness of the nerve trunks. Symptoms of tension of the nerve trunks and roots (Lasegue, Matskevich), pain relief installations of the trunk (antalgic scoliosis) and extremities. Distribution of sensitivity disorders (diagram).

VEGETATIVE NERVOUS SYSTEM. Bernard-Horner Syndrome. Skin (discoloration: blanching, redness, erythema). Edema, their localization. Sweating. Greasy skin. Trophic skin disorders (thinning, dryness; their localization). Dermographism (local, reflex), Acrocyanosis. Hair growth (hypertrichosis, alopecia). Nails (tarnishing, brittleness, thickening, deformation). Soreness of the solar plexus. Sympatheticgia. Ashner's eye-cardiac reflex. Orthoclinostatic tests.

PELVIC ORGANS. Retention or incontinence of urine and feces. Urgent urge to urinate.

HIGHER MENTAL FUNCTIONS. Speech research: identifying motor, sensory and amnestic aphasia. Study of writing, reading, counting. Praxis research: identifying ideational and constructive apraxia. Study of Gnostic Functions. Recognizing your own body and identifying body parts.

PSYCHE. Orientation in time, place. Contact with others (unavailable., Contact, easily or with difficulty communicates with others, a doctor). Attitude towards your disease (critical assessment). Emotional sphere: mood, the presence of irritability, fatigue, absent-mindedness,
exhaustion. Faintheartedness. Dream. Rave. Hallucinations. Illusions. Hypochondri acal conditions. Obsessive
phenomena. Memory. Attention. Intelligence. Interests. Behavior.

LABORATORY AND SPECIAL, RESEARCH METHODS.
Analysis of blood, urine, feces, cerebrospinal fluid, EEG data, ENMG, Echo-ES, REG, skull X-ray, computed tomography, MRI, angiography, etc.

TOPIC DIAGNOSIS.
Based on the examination data of the patient, the localization of the pathological process or its diffuse nature is determined. Scheme (sketching of lesions).

CLINICAL DIAGNOSIS AND ITS RATIONALE.
Based on complaints, anamnesis, clinic, laboratory and other special research methods settles diagnosis of the underlying disease.
A differential diagnosis is made. The clinical diagnosis reflects the nature of the underlying disease, the localization of pathological processes, complications and concomitant diseases.

DIARY.
Date, complaints, work status. Dynamics of neurological status. Appointments.

FORECAST for life, impaired neurological functions and prognosis for work capacity.

EPICRISE.
Brief anamnestic data and data of a clinical study, the effectiveness of the treatment, the course and outcome of the disease, recommendations for further treatment, regimen, work capacity.

GRAPHOLOGICAL STRUCTURE on the topic of the disease: etiology, pathogenesis, classification, syndrome, diagnosis, prognosis, treatment, prevention, medical and labor expertise.

Section II. An example of an educational medical history

MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

DEPARTMENT OF NEUROLOGY AND NEUROSURGERY OF THE NORTH OSSETIAN STATE MEDICAL ACADEMY

Head of the Department: Professor I.A.Torchinov

DISEASE HISTORY

Ivanov Petr Sidorovich

Responsible for the work of students: Associate Professor Karazhaeva S. A

The teacher who checked the work: assistant M. A. Khodova

Curator: student Petrov A.V.

Supervision time: "___" _____ on "__" _____

VLADIKAVKAZ 20__

I. PASSPORT SECTION

1. FULL NAME. Ivanov Petr Sidorovich
2. Gender: male
3. Age: 62 years old
4. Place of residence: Vladikavkaz, Prospect Kosta, 266, apt. 38
5. Profession: pensioner, disabled group II
6. Receipt date: "___" _____
7. Supervision date: "____" _____

II. DIAGNOSIS ESTABLISHED BY THE CURATOR

The main disease: ischemic stroke in the system of the left internal carotid artery. Atherosclerosis of the vessels of the brain. Dyscirculatory encephalopathy, stage III.
Complications of the underlying disease: -
Comorbidities: IHD: atherosclerotic and postinfarction cardiosclerosis. Essential hypertension III degree NK I.

III. COMPLAINTS

On admission, the patient complained of a headache of moderate intensity, diffuse in nature. He also complained of speech disorders in the form of difficulty in pronouncing words, weakness in the right limbs.

IV. HISTORY OF THE PRESENT DISEASE

For a long time (about 20 years) suffers from hypertension with periodic rises in blood pressure up to 190/100 mm. rt. Art. Adapted to BP 160/80 mm. rt. Art. He suffered a myocardial infarction in 1989. In the evening of 01/06/08, the right limbs suddenly weakened, it became difficult to pronounce words. I did not fall, I did not lose consciousness, there was no nausea or vomiting. I did not measure my blood pressure at home. Hospitalized on 10.01.08 at the insistence of relatives, since the state of health did not improve, the strength in the right limbs was not restored, speech disorders, weakness in the right limbs persisted.

V. LIFE STORY

1. Curriculum Vitae

Born in the village of Poselki, Tula Region, into a family of collective farmers. The only child in the family. Grew and developed normally. Education of 8 classes.

2. Family and sex history

Has two sons, aged 25 and 28. Married.

3. Work history

He began his career at the age of 15 on a collective farm. Then he moved to Vladikavkaz and worked as a driver at a motor depot. He worked as a builder and also as a driver. He retired at 60. Occupational hazards are associated with emotional stress (driving a car) and heavy lifting.

4. Household history

Currently, he lives with his wife in a separate 2-room apartment 36m, with amenities, on the 5th floor of a panel house. Living conditions are poor due to the emergency condition of the house.

5. Bad habits

I do not smoke. I rarely drank alcohol in the amount of 50 grams. For the last 10 years he hasn't been using it at all.

6. Past illnesses

He does not remember childhood infections. The patient underwent appendectomy in 1954 and adenomectomy in 1987. Was shell-shocked in the war. There were no work and other injuries

7. Allergic history

No food and drug intolerance has been identified.

eight. Heredity

The patient's parents were practically healthy Heredity is not burdened

Vi. PRESENT CONDITION

I. GENERAL INSPECTION

The general condition of the patient: moderate.

Consciousness: clear.

Position: forced (lying down, due to hemiparesis).

Normosthenic physique, height 178 cm, weight 80 kg

Posture is straight, does not walk.

Body temperature: 36.7 °

Facial expression is calm.

The skin is pink in color. No pigmentation or depigmentation. Rashes, hemorrhages, and visible tumors are absent

The skin is dry, moderately moisturized on the palms. Skin turgor: reduced. The type of hair growth is male.

Nails of the correct form, pink, without striation. There is no symptom of "watch glasses".

Visible mucous membranes are pink, moderately moist, without rashes.

The subcutaneous fat is not very pronounced, the thickness is about 2 cm, it is distributed evenly, and is painless on palpation. There is a slight pastiness of the lower thirds of the legs and feet.

Lymph nodes: not palpable.

The pharynx is normal in color, without redness or swelling.

The tonsils are not enlarged, without swelling of redness and plaque.

The muscles are well developed, their tone is somewhat reduced. Painless on palpation.

The bones are not deformed, no pain when palpating or tapping. There is no symptom of "drum fingers".

The joints are of the correct configuration, there is no pain when feeling. There were no changes in body temperature in the area of the joints. There are no areas of hyperemia. The range of motion in the joints is full.

2.RESPIRATORY SYSTEM

INSPECTION

The shape of the nose is not changed, breathing through the nose is free. The larynx is not deformed without swelling. The voice is quiet, clear.

The chest is normosthenic. The supraclavicular and subclavian fossa are pronounced, the width of the intercostal spaces is moderate (about 1.5 cm), the epigastric angle is straight.

The course of the costal arches has an oblique direction. The shoulder blades do not protrude. The rib cage is symmetrical, there are no local protrusions and depressions. The ratio of the anteroposterior and lateral dimensions of the chest: 1: 1.5. There are no spinal curvatures. The type of breathing is chest. Respiratory movements are symmetrical. Breathing is deep, rhythmic. The respiratory rate is 20 per minute. The ratio of inhalation and exhalation: 1: 1.5.

Palpation

Palpation of painful areas was not revealed, the chest is moderately elastic. In symmetrical areas, the voice tremor is the same, not changed, and is evenly carried out over the entire surface of the chest.

Lung percussion

Comparative percussion

On symmetrical areas of the entire surface of the chest with percussion a boxed sound is revealed.

Auscultation
Vesicular respiration is heard over symmetrical areas of the pulmonary fields. Breathing is heard evenly over the entire surface of the lungs. There are no collateral respiratory sounds.
Bronchophonia
Not changed, it is carried out evenly in all departments.

3. SYSTEM OF THE CIRCULATORY BODIES

Inspection
The cervical veins are not changed. There is no symptom of "carotid dance". The region of the heart is not changed. The apical impulse is not visible.

Palpation of the precordial region
The apical impulse is not palpable (hidden by the rib). The heart beat is not detected. Epigastric pulsation is not detected. Trembling in the region of the heart also does not reveal zones of pain and there is no hyperesthesia.
Percussion of the heart area
The boundaries of the relative dullness of the heart: the right right edge of the sternum, left 1 cm outward from the bottom of the clavicular line, the upper 3rd rib. The diameter of the relative dullness of the heart. 11 cm (8 + 3) Vascular bundle width: 6 cm Heart configuration is normal.

Auscultation
Heartbeats are rhythmic. The rhythm is correct.
Heart rate 72 per minute.
The first tone is weakened. There is no bifurcation and splitting. The second tone is weakened. There is an accent of the second tone above the aorta. There are no additional cardiac murmurs.

Vascular examination
The pulsation of the carotid, radial, popliteal arteries and arteries of the dorsum of the foot is determined. Vessels are elastic, uncrimped. The pulsation of the aorta in the jugular fossa is not detected. Vascular murmurs in the femoral arteries are not heard. Arterial pulse on the right and left radial arteries 95 beats / min., Rhythmic, satisfactory filling and tension.
Blood pressure in the brachial arteries (according to the Korotkov method); on the left: 160/85 mm Hg. column., on the right 155/80 mm Hg. pillar.
Veins of the neck are not changed, not swollen, without pulsation. Seals, pain, enlargement of the veins of the abdominal wall, extremities were not identified. There is no symptom of a positive venous pulse.

4. SYSTEM OF THE DIGESTIVE ORGANS

GASTROINTESTINAL TRACT

Reduced appetite. No aversion to any products was found.
The stool is irregular, once every 3 days, of moderate amount, decorated, brown.
There are no signs of esophageal, gastric, intestinal, hemorrhoidal bleeding. There are no blood impurities in the feces.

Inspection

Oral cavity:
Tongue moist, coated with white bloom. The papillae of the tongue are smoothed. No cracks or ulcers are observed. Gums, soft and hard palate are subicteric, hemorrhages and ulcers are not found. The condition of the teeth is satisfactory.
Abdomen: regular shape, symmetrical, participates in the act of breathing. The abdomen is not tense. Visible peristalsis is not observed, not increased in size. The circumference of the abdomen at the level of the navel is approximately 80 cm.

Percussion

Tympanic percussion sound. There is no free fluid in the abdominal cavity.

Palpation

Superficial indicative palpation:
The abdomen is soft. Painless on palpation. There are no discrepancies in the abdominal muscles. Superficial tumor-like formations were not revealed. Symptoms of Shchetkin-Blumberg, Sitkovsky, Rovzing, Bartomier-Michelson are negative.
Methodical deep sliding palpation according to Obraztsov-Strazhesko: no peculiarities.

Auscultation

A moderate noise of intestinal motility is heard over the entire surface of the abdomen. There is no peritoneal rubbing noise. Vascular murmurs in the projection of the abdominal aorta and renal arteries are not heard.

LIVER Inspection

There is no visible protrusion in the area of the right hypochondrium and a lag in breathing in this area.

Percussion

Borders of the liver according to Kurlov:
The upper limit of the absolute dullness of the liver:

on the right mid-clavicular line: V intercostal space Lower limit of absolute dullness of the liver: on the right mid-clavicular line: 1 cm below the lower edge of the right costal

ARCS.
along the anterior midline: 1 cm below the edge of the xiphoid process, along the left costal arch: left parasternal line
Ortner's symptom (tapping along the right costal arch) is negative. Palpation The edge of the liver is sharp, painful on palpation. The surface of the liver is smooth. Liver dimensions according to Kurlov: on the right mid-clavicular line: 11 cm along the anterior midline: 10 cm along the left costal arch: 9 cm

Gall bladder
Kera's symptom and phrenicus-symptom are negative.

Auscultation
The noise of friction of the peritoneum in the right hypochondrium is not heard.

SPLEEN
Inspection
There are no protrusions in the left hypochondrium. Restrictions of respiratory movements and lag in breathing in this area are not observed.
Percussion longitudinal spleen size: 7 cm transverse spleen size: 6 cm
Palpation
The spleen in the supine position and supine position is not palpable.
Auscultation
The friction noise of the peritoneum in the left hypochondrium is not detected.

PANCREAS
The pancreas is not palpable.

5. URINE SYSTEM

Urination is painless. Diuresis 2.5 liters per day The color of urine is deep yellow.

Inspection
There are no areas of hyperemia, swelling and smoothing of the contours of the lumbar region. The suprapubic region is not changed.
Percussion
The tapping symptom is negative on both sides. The kidneys are not palpable when lying or standing. The bladder is not palpable. Soreness in the costal-vertebral points and along the ureters was not revealed.

6. ENDOCRINE SYSTEM

There are no complaints of thirst, hunger, constant fever, sweating, chills, cramps, muscle weakness and constant hyperthermia. The patient does not have a growth and constitution disorder.

The patient does not have a growth and physique disorder. There is no obesity.

The condition of the skin: thinning or coarsening, skin hyperpigmentation was not detected. There was no increase in the size of individual parts of the body: nose, jaws, auricles, hands, feet.

7. NERVOUS SYSTEM AND SENSE ORGANS

General cerebral symptoms Consciousness is clear. Facial expression is calm.

General cerebral symptoms: At the time of examination, he denies headache. No dizziness

Meningeal symptoms

There is no stiffness of the occipital muscles. Kernig's symptoms are negative on both sides. Ankylosing spondylitis is negative on both sides.

Cranial nerves

1- Olfactory nerve

The sense of smell is approximately preserved on both sides.

2- Optic nerve

Vision is roughly preserved. There is no loss of visual fields. The boundaries of the fields of view in white: external 90 degrees, internal 60 degrees, lower - 70 degrees, upper - 60 degrees. Color perception is preserved. The fundus of the eye: the discs of the optic nerves are pale pink, the arteries are narrowed, the veins are full-blooded, twisted.

3- Oculomotor. 4- Block, 6- Abducens nerves

The eye slits are of medium size, uniform. Movements of the eyeballs in different directions in full. Pupils of medium size, D = S, pupil diameter 4 mm, rounded, direct and friendly reaction to light, lively.

5- *Trigeminal nerve*

There are no painful areas on the face. The exit points of the branches of the trigeminal nerve are painless. The sensitivity of the skin is preserved, the injections are felt equally along the peripheral and segmental zones of innervation on both sides. There are no areas of hyperesthesia, paresthesia on the face. The movement of the lower jaw is in full, there are no deviations to the sides. There is no atrophy of the temporal or masticatory muscles. The mandibular reflex is not triggered (normal variant). The corneal reflex on the right is reduced. On the left is a live corneal reflex.

7- Facial nerve

The patient's facial expressions were unremarkable. The orbital fissures are uniform at rest. The frontal folds, when wrinkled, are equally pronounced on both sides. There is a slight asymmetry of the nasolabial folds (the right nasolabial fold is smoothed at rest). There is no asymmetry of the face when wrinkling the eyebrows and closing the eyes, there is no whistling, no puffing of the cheeks. The eyeballs are evenly moisturized. There is no hyperacusis.

eight- *Auditory nerve* (cochlear and vestibular nerves)
Hearing acuity is slightly reduced in both ears (bilateral hypoacusia). Whispering speech is perceived from a distance of 0.5 meters. No nystagmus. No dizziness.
nine- Glossopharyngeal, 10-Wandering nerves.
There is no asymmetry of the soft palate. When pronouncing the sound "A", the tongue is in the middle line. The voice is ordinary, quiet. Swallowing liquid and solid food is free. The pharyngeal reflexes are preserved, uniform on both sides. There are no taste disturbances (distinguishes salty, bitter, sour, sweet).
eleven- Accessory nerve
Raising the shoulder girdles and bringing the shoulder blades closer together are possible. Turning the head to the sides is not difficult. Raising the arms above the horizontal level is possible, on the right it is difficult due to paresis. The strength, tension and trophism of the sternocleidomastoid mice are sufficient.
12- Hyoid nerve
In the mouth, the tongue is in the middle line. When protruding from the mouth, the tongue deviates to the right. Atrophy of the muscles of the tongue, fibrillar twitching was not revealed. Speech is somewhat dysarthric (pseudobulbar dysarthria).

Propulsion system
On examination and palpation, the muscles are of normal size, without signs of dystrophic changes. The volume of passive and active movements in the left limbs is full. Muscle tone in the left extremities is not changed, muscle strength is sufficient. Right-sided hemiparesis with a decrease in muscle strength in the arm up to 3 points, more pronounced in the proximal region, in the leg - up to 2 points. Raises the hand above the horizontal level and holds it. She lifts her leg off the bed but does not hold her back. Muscle tone in the right limbs is reduced. In Barre's tests, the upper and lower rather lower the right limbs.

Coordinating sphere
Coordination tests: the finger-nose and calcaneal-knee tests with the left limbs are satisfactory, but with the right ones they are not performed due to paresis. Romberg's test was not performed. There are no signs of tremor. No test for diadochokinesis was performed.

Reflex sphere
Tendon and periosteal reflexes of the wrist, from the forearms, from the triceps muscles of medium liveliness D <S, knee, Achilles reflexes are very low without a clear difference between the sides. The plantar reflex is absent on the right, and low on the left. There are no pathological foot reflexes. Abdominal reflexes are not evoked Pathological reflexes: The palmar-chin reflex of Marinesko-Radovici on both sides and reflexes of oral automatism are observed.

Sensitive sphere

Superficial sensitivity (tactile, pain) was not changed (temperature sensitivity was not tested). Deep sensitivity (muscular-articular feeling) is preserved. Complex sensitivity, stereognosis is normal. Tenderness on palpation of pain points of the occipital nerve, brachial plexus, paravertebral points was not revealed. Soreness along the intercostal nerves, along the sciatic and femoral nerves was not revealed. Pulling symptoms are negative. Landing symptom was not tested. There is no pain relief for the trunk and limbs. No paresthesia was found.

Autonomic nervous system

Normal color leather. Trophic skin disorders are not defined. No edema. When checking local and reflex dermographism, no pathology was revealed. Male pattern hair growth. Nails of the correct form, without deformations Soreness in the area of the solar plexus was not revealed. When checking Ashner's eye-cardiac reflex, a slowdown of the heart rate is observed by 8 beats per minute. Orthokinetic tests were not performed.

Pelvic organs

There is no delay in urination and defecation. Controls the functions of the pelvic organs. The urge to urinate and defecate is also not noted.

Higher mental functions

Speech research: Comprehension of speaking and writing is not impaired. Spontaneous speech is possible. Paraphasia, perseverations in speech are not noted. The phrases are grammatically correct. Item naming is not broken. The patient correctly understands complex multi-link and attributive constructions. Letter, invoice not changed. The patient's speech is dysarthric. He pronounces words indistinctly, sounds "r" and "l", hissing sounds are especially difficult for articulation. Sensation of "porridge in the mouth".

Research on Gnosis: Recognizes and names items correctly. Recognition of objects by their characteristic sounds has been preserved. Recognition of objects by touch is not impaired. Correctly identifies and differentiates parts of his body. Feels pain. Smells, taste stimuli distinguishes, differentiates. Praxis Research: Purposeful and programmed actions retained. Actions with real objects, imitation of work with imaginary objects are preserved. The usual gestures are preserved. Transitive actions are possible. No shape design tests were performed.

Psyche

When researching, he is completely oriented in place, in time and in his own personality. Contact. Critical. Poor sleep due to being forced to sit in bed. The behavior is calm. Memory, intelligence are reduced according to age.

Vii. PRELIMINARY DIAGNOSIS

The patient's age, aggravated vascular history, acute development of the present disease with the appearance in the neurological status of the left hemispheric focal

symptomatology without pronounced cerebral and the absence of meningeal symptoms suggests that the patient has an acute ischemic cerebrovascular accident in the system of the left internal carotid artery. The etiological factor is cerebral atherosclerosis.

VIII. SURVEY PLAN It is supposed to carry out:

1. Clinical blood test
2. Blood chemistry
3. Clinical analysis of urine

4. ECG
5. Chest X-ray
6. ECHO encephaloscopy
7. Ophthalmologist consultation
8. Doppler ultrasonography of cerebral vessels
9. CT scan of the brain

IX. DATA LABORATORY, INSTRUMENTAL RESEARCH METHODS.
1. Clinical blood test 13.01.08
Erythrocytes 4.5 million / μL Hemoglobin 126 g / L Color index 0.9 Leukocytes 8.6 * 10 * units / L.
Stab 4% Segmented 75% Eosinophils 1% Basophils 1% Lymphocytes 14% Monocytes 5% ESR 8 mm / h
2. Biochemical blood test 10.01.08 Total protein 80 g / l
Urea 9.6 mmol / L Creatinine 164 Glucose 4.0 mmol / L Total bilirubin 12.6 μmol / L Total cholesterol 9.8 mmol / L Thymol test 10 U
3. Clinical analysis of urine 01/13/99
Color: intense yellow
Transparency: transparent
Rel. density: 1010
Reaction: acidic
Protein: no
Epithelium:
Erythrocytes: 0-1 per field of view
Leukocytes: single in sight
4. ECG 15.01.08
Sinus rhythm, correct. Heart rate 72 beats. in min. Signs of LV myocardial hypertrophy. Moderate changes in the myocardium of the left ventricle. P -Q- 0.12 sec. QRS - 0.08 sec. QRST -0.38 sec.
5. Chest X-ray 16.01.08
On a direct radiograph, performed in the supine position due to the severity of the patient's condition, the chest organs without acute pathology. The pulmonary fields

are transparent, the roots are tyazhist in the basal regions. The shadow of the heart is slightly widened to the left. The aorta is deployed.

6. Echoencephaloscopy 10.01.08

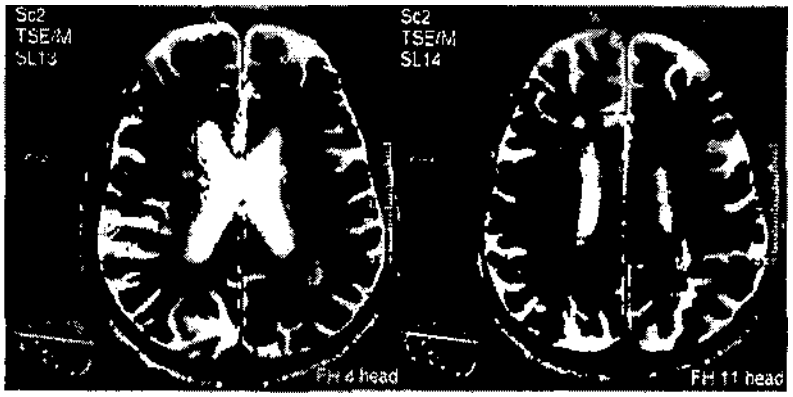
The patient underwent echoencephaloscopy. The following results were obtained: MD = MS = TR = 76 mm. No displacement of the median structures of the brain was found.

7. Oculist consultation 15.01.08

No complaints. OU-calm. Initial opacity in the posterior cortical layers of the lens. The fundus of the eye: the optic discs are pale pink, the arteries are narrowed, the veins are full-blooded, twisted. Initial cataract in both eyes. Retinal vascular angiopathy

8. Lumbar puncture was not performed for the patient due to the lack of indications (absence of cerebral and meningeal symptoms, absence of displacement of the midline structures of the brain on ECHO-ES).
9. USDG of cerebral arteries. Conclusion hemodynamic disturbance (decreased blood flow velocity) in the system of the left internal carotid artery.
10. MRI of the brain. Conclusion Ischemic stroke in the frontal lobe of the left hemisphere of the brain brain encephalopathy vascular genesis with multiple lacunar infarcts.

Figure 1. MRI of the brain (T2-weighted scans) (File 0001.TIF from the MRI catalog)



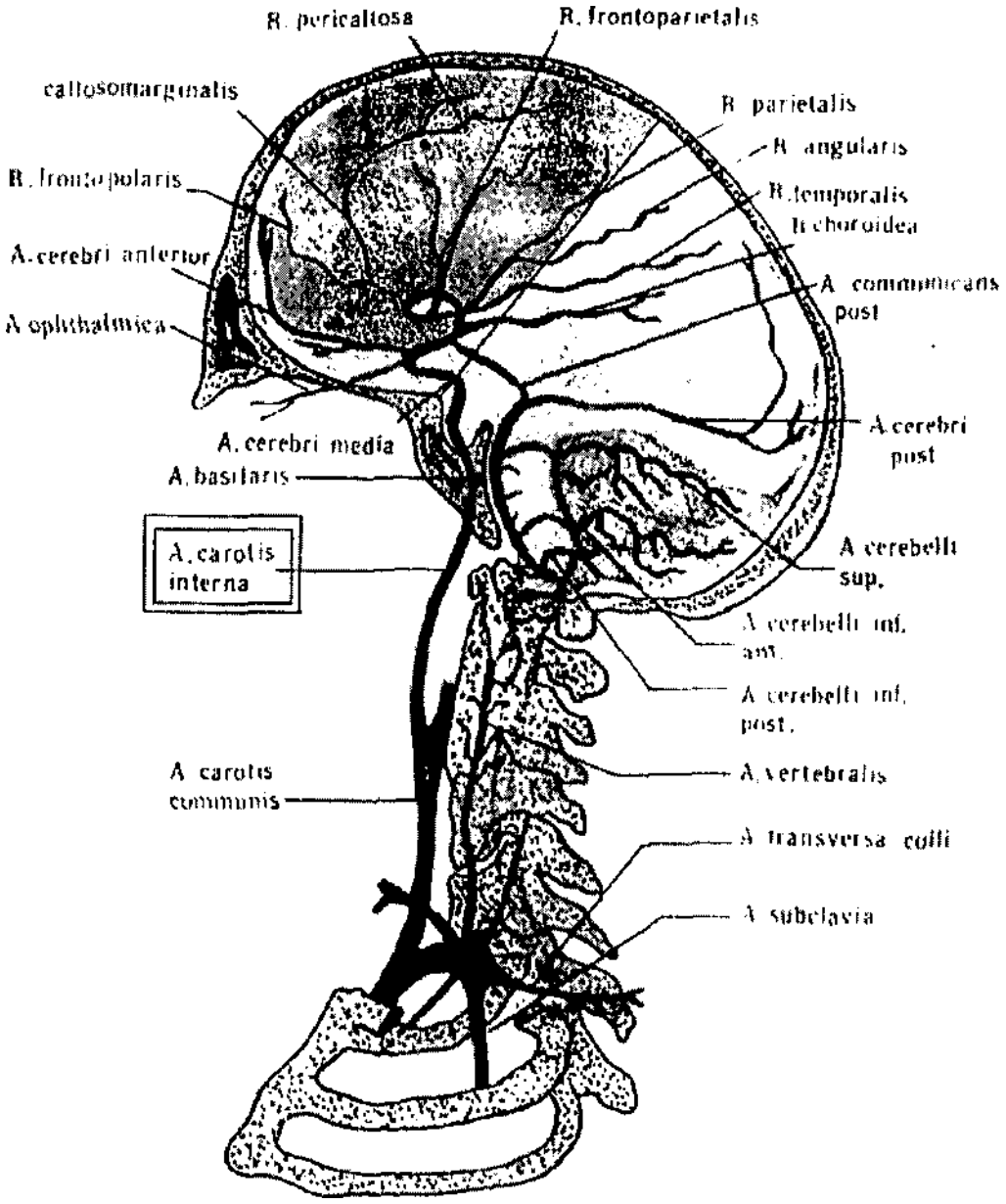
X. SYNDROMOLOGICAL DIAGNOSIS (summary of pathological symptoms and syndromes) The patient has the following pathological syndromes:

1. Syndrome of motor disorders, represented by central paresis of the VII, XII cranial nerves on the right, right-sided hemiparesis, due to damage to the cortical-nuclear and cortical-spinal fibers of the pyramidal tract. The patient has a reduced corneal reflex on the right due to the defeat of the cortical-nuclear fibers of the facial nerve, which provides the efferent part of the reflex arc of this reflex. Also, the patient lacks a plantar reflex on the right, which indicates the defeat of the corresponding pyramidal path.

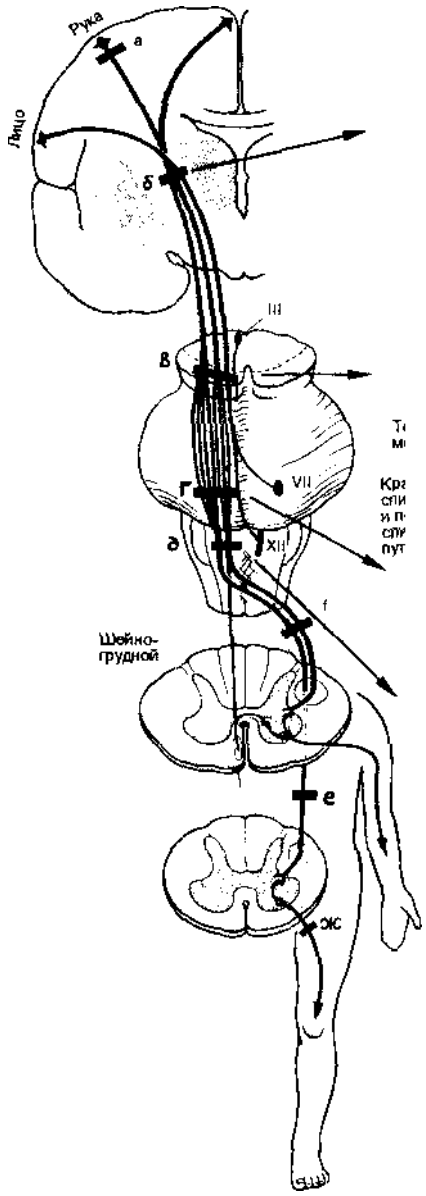
2. Incomplete pseudobulbar syndrome represented only by pseudobulbar dysarthria, symptoms of oral automatism.

XI. TOPIC DIAGNOSIS

Considering the symptoms of disorders that take place in our patient, one should think about the hemispheric localization of the pathological process, that is, one should look for a lesion in the basin of the internal carotid artery, so. there is no doubt that the focus belongs to this basin (for vertebral-basilar localization, hemilateral movement disorders are not characteristic and symptoms of damage to the brain stem are inherent) defeat of the rune. When the left middle cerebral artery is damaged, focal symptoms are usually more severely expressed, the degree of paresis often reaches plegia, sensory disturbances appear, gross aphatic disturbances are observed, since the blood supply to the corresponding cortical fields and, above all, Broca's field suffers, which is not the case in our patient ... Disorder of blood supply in the posterior cerebral artery system is characterized by suffering of the medial and upper lateral surface of the cerebral cortex of the corresponding side (occipital lobe). In this case, there is a corresponding heteronymous hemianopsia, sensitivity disorders, the contralateral hand suffers more in the motor sphere, ataxia may occur due to the defeat of the red nucleus and the cerebral peduncle. The presence of relatively mildly expressed left hemispheric focal symptoms in our patient (central paresis of the VII and XII nerves on the right, right-sided hemiparesis without a clear difference in severity in the upper and lower extremities, mild pseudobulbar dysarthria), the absence of aphasia, disorders of gnosis and praxis make it possible to localize the lesion by the left internal carotid artery. In this case, the cortico-nuclear and corticospinal conductors of the pyramidal tract suffer with the appearance of symptoms corresponding to the heterolateral focus of the lesion. Additional research methods (performed by USDG of cerebral arteries and MRI of the brain) help to more clearly localize the lesion. Figure 1 shows the vascular system of the left internal carotid artery, on which the ischemia zone (decreased blood flow) is shown with dark shading. A directly formed ischemic focus is probably much smaller in size in the area of the precentral gyrus of the left frontal lobe, located deeply (Scheme 2; MRI data-Figure 1).



Scheme 1. Vascular system of the left internal carotid artery



Scheme 2. Level of lesion of the pyramidal system

XII. CLINICAL DIAGNOSIS AND ITS RATIONALE

The main disease: ischemic stroke in the system of the left internal carotid artery. Atherosclerosis of the vessels of the brain. Dyscirculatory encephalopathy, stage III.

Complications of the underlying disease:

Accompanying illnesses:

IHD: atherosclerotic and postinfarction cardiosclerosis. Essential hypertension III degree NKI

The clinical diagnosis is based on:

1. Complaints of the patient on admission to headache, moderate intensity, diffuse nature, speech impairment in the form of difficulty in pronouncing words, feeling of "porridge in the mouth", weakness in the right extremities.
2. The history of the development of this disease (Anamnesis morbi) from which it follows that the patient has a long vascular history (suffering from hypertension for 20 years), suffered a myocardial infarction in 1989. The present disease developed in the patient acutely, against the background of the rise in blood pressure - the patient's speech was disturbed, the right limbs were weakened, which indicates the vascular genesis of the disease.
3. Objective examination data, revealing in the patient the absence of cerebral and meningeal symptoms, the presence of left hemispheric focal symptoms in the form of right-sided hemiparesis, anisoreflexia D <S, which can occur in the first days of stroke due to the phenomenon of diachysis and does not contradict the presence of central paresis, the absence of a plantar reflex on the right, the presence of the Marinesko-Radovici palmar-chin reflex on both sides, reflexes of oral automatism and pseudobulbar dysarthria.

4. Instrumental examination data: the absence of mixing of the midline structures of the brain when performing ECHO-ES, which makes it less likely to assume any volumetric process (hemorrhage, hematoma, tumor), USG data indicating a change in hemodynamic parameters, a decrease in the blood flow rate in the left internal system carotid artery, MRI data directly evidence in favor of the ischemic nature of stroke.

Thus, the patient's elderly age (82 years), a long previous and complicated vascular history (hypertension, myocardial infarction), an acute onset of the disease with moderate cerebral symptoms (headache), the absence of meningeal symptoms, the predominance of focal left hemispheric symptoms in the neurological status , the data of additional instrumental examination methods do not allow doubting the ischemic nature of ACVA. The presumptive mechanism for the development of ischemic stroke in this patient is non-thrombotic, arising in the absence of complete occlusion of the vessel, more often as a result of atherosclerotic lesions, angiospasm, cerebrovascular insufficiency, and tortuosity of the vessel (as evidenced by the data of ultrasound scan of cerebral vessels, which did not reveal thrombosis or embolism of cerebral vessels in our patient).

XIII. Differential diagnosis of various types of O N M K

Differential criteria	*Hemorrhagic stroke:*		*Ischemic stroke*	
	Brain hemorrhage	*Subarachnoid hemorrhage*	*Cerebrovascular thrombosis*	*Embolism of cerebral vessels*
Age	*45-60*	*45-60*	*after 50*	*any if there is a source of embolism*
Prodromal phenomena	*There may be severe headache*	*There may be transient vascular head problems.*	*Frequently transient focal neurologic symptoms*	*No*
Patient's View	*Facial hyperemia, force injection "*	*Facial hyperemia, bluff grew pa um*	*Pallor*	*Pallor*
Onset of the disease	*Sudden, more often during the day, physical psychoemotional*	*Sudden; often with a feeling of being shot in the head*	*Gradual, more often in the morning*	*Suddenly**
Impaired consciousness	*Often, rapidly developing deep horses*	*Often, short-term*	*Gradual r correlates with nar; focal symptom of tics*	*Often, at the onset of the disease, develop rapidly, subsequently correlates with the severity of focal symptoms*
Headache	*Often*	*Often*	*Rarely*	*Rarely*

Psychomotor agitation	*Often*	*Often*	*Rarely*	*Rarely*
Vomit	*70-80%*	*more her 504 * "*	*Rarely (3-5%)*	*Frequent G25-30 ^)*
breath	*Arrhythmic, bubbling*	*Often Cheyne-Stokes rigs, there may be bronchorrhea*	*Rarely impaired in hemispheric foci*	*Too*
Pulse	*Tense, brady-, tachycardia*	*Increased to 100 per minute*	*can be quickened, soft*	*Depends on the disease*
Heart	*accent II tone on the aorta*	*Pathological changes are rare*	*Often postinfest cardiosclerosis. Signs of a hypertensive heart*	*Stenosis, insufficient mitral valve: a rhythm and 1*
HELL	*Arterial hypertension*	*Chalice increased*	*Normal or low*	*Normal, depending on the pathology of the heart*
Paralysis, end paresis:	*Hemiplegia with hyperreflexia, hormetonia*	*May be absent, often with rut reflexes*	*Uneven hemiparesis MAY grow*	*Uneven hemiparesis, more often hemiplegia*
Pathological symptoms	*More often bilateral, more pronounced contralateral to the focus*	*Often bilateral*	*Unilateral*	*Cup one-sided*

Pace of development	*Quick*	*Quick*	*Gradual*	*Quick*
Convulsions	*Infrequently*	*30%*	*Rarely*	*Often, the debut of the disease*
Meningeal symptoms	*Often*	*Almost always*	*Rarely*	*lungs*
Floating gaze	*Often*	*Often*	*Rarely*	*Rarely*
Stem violations	*Developing fast*	*Tome*	*Developing slowly*	*Too*
Liquor	*Bloody, high blood pressure*	*Too*	*Colorless, transparent, * normal*	*TOO*
Ocular fundus	*Rarely hemorrhage*	*Often hemorrhage*	*Sclerotic vascular changes*	*Various changes in blood vessels atherosclerosis, vasculitis*
ECOES	*H-echo displaced, signals from gemmazons*	*M-echo is not displaced, signs of hydrocephalus*	*M- Echo is not displaced in the acute period*	*Too*

XIV. TREATMENT PLAN

The principles of treatment of a patient with ischemic stroke include the appointment in the first days of bed rest with its gradual expansion, a sparing diet, taking into account the severity of the patient's condition, hemodilution, metabolic, vascular, antiplatelet therapy. The treatment should include physiotherapy, massage, exercise therapy, speech therapy sessions for speech disorders.

Treatment prescribed for this patient.

1. *Ward mode*
2. *Table number 10 (according to Pevzner)*

Drug therapy:

1. Sol. Reopolyglucyni 400.0 DS intravenously, drip No. 3
2 Sol. Pentyllini 5.0 Sol. Natrii Chloridi 400.0 DS intravenously, drip No. 5
3. Sol. Dicinoni 0.250
DS B / M, 2 times a day No. 10
4. Tab. Stugeroni 0.025
D. S, I tablet 3 times a day
5. Tab. Glycini 0.5
DS 2 tablets 1 time a day under the tongue in the morning No. 5

6. *Tab. Ac. acaetylsalicylici 0 25 N20*
D. S. 0.5 tablets 1 time per day
7. *Tab. Nitrosorbidi 0.01 N50 D. S. 1-2 tablets 3 times a day*

8. *Tab. Capoteni 0.025 # 50*
D .S. 1 tablet 2 times a day

XV.DIARY

date	The main indicators of hemodynamics	Diary	Appointments
14.01.99	Heart rate 72 / min NPV 20 / min Pulse 72 / min AD 150/80 Diuresis 1.5 l	The patient's condition is relatively satisfactory. Complaints of moderate headache, diffuse in nature. There are no meningeal symptoms in the neurological status. Focal symptoms are represented by central paresis of the VII, XII cranial nerves on the right, right-sided hemiparesis with a decrease in muscle strength to 3 points in the leg. Muscle tone in the right limbs is reduced. Anisoreflexia D <S. Right plantar reflex is absent. Severe	Ward mode Diet table number 10 Sol. Pentyllini 5.0 Sol. Dicicnoni 0.250 DS i / m, 2 times a day Tab. Stugeroni DS 1 tablet 3 times a day. Tab. Glycini 0.5 DS 2 tablets once a day. 7. Tab. Ac. Ace tylsalicylici 8. Tab. Nitrosorbidi 0.01 No. 50 DS 1-2 tablets 3 times a day.

		symptoms of oral automatism. Disorders of coordination and sensitivity are not present. Controls the functions of the pelvic organs.	Tab. Capoteni 0.025 No. 50 DS 1 tablet 2 times a day.
01/20/99	Heart rate 76 / min NPV 18 / min Pulse 76 / min AD 140/80 Diuresis 2 l.	The patient's condition is relatively satisfactory. No complaints. There is a positive trend in the neurological status: speech disorders have decreased, speech has become clearer. There is also a decrease in the severity of other focal symptoms - the range of motion in the paretic limbs has increased (the right leg is raised and held for some time, pulled to itself, the hand is raised and held for a long time). Muscle strength has also increased in the paretic limbs. Hemodynamic parameters are stable. On organs and systems without features.	4.5.7.8.9. massage, electrical stimulation of paretic limbs, exercise therapy for period II.

date	*The main indicators hemodynamics*	*Diary*	*Appointments*
25.01 99	*Heart rate 72 / min NPV 18 / mic Pulse 72*	*The state of the patient relative tion satisfactory Complaints are not presents. Neuro logical and somatic status without negative speakers. Focal neurological*	*4.5.7.8.9 massage. • lektros'gimuniya steamed limbs, exercise therapy classes in Sh*

	AD 140/80 *Diuresis 2 l*	*geological symptoms of the previous* *severity. Several growths* *la muscle strength in parstic* *right limbs * (up to 3.5* *ball is new to the arm and 4* *points* to the *leg).* *Muscle tone in them is several* *ko rose in spastic* *type. Exercise therapy sessions are* *in progress .* *sessions* *of electrostimulation mas-* *soot.*	*period*

Xvi. FORECAST

The greatest severity of the condition in patients with ischemic stroke is observed in the first 10 days of the disease, then there is a period of improvement, when the severity of symptoms in patients begins to decrease. the day of stroke, but more often recovery begins in a few days In some patients, the lost functions begin to appear after a few weeks. Severe stroke with persistent stabilization of symptoms is also known

Mortality in ischemic stroke is 20-25% of cases.In patients who have had ischemic stroke, there is a risk of developing repeated disorders of cerebral circulation Repeated strokes develop more often in the first 3 years, after the first The most dangerous is considered the 1st year and very rarely repeated strokes develop after 5 -10 years after the first heart attack

XVII. PREVENTION

Primary prevention of cerebral stroke consists in eliminating possible risk factors (overeating, smoking, stress, etc.), organizing the patient's work and rest regime, nutrition, improving working and living conditions.Secondary prevention includes a set of measures aimed at systematic monitoring of the health of patients with cardiovascular diseases, their timely treatment, preventive long-term therapy with antiplatelet agents according to indications.

Xviii. STAGE EPICRISIS

Patient Ivanov Petr Sidorovich, 62 years old, was admitted to NO 12 10.01.08. On admission, the patient complained of a headache of moderate intensity, diffuse in nature. He also complained of speech disorders in the form of difficulty in pronouncing words, weakness in the right limbs.

From the anamnesis it is known that for a long time (about 20 years) suffers from hypertension with periodic rises in blood pressure up to 190/100 mm. rt. Art. Adapted to BP 160/80 mm. rt. Art. He suffered a myocardial infarction in 1989. In the evening of 01/06/08, the right limbs suddenly weakened, it became difficult to pronounce the words. He did not fall, did not lose consciousness, there was no nausea or vomiting. I did not measure my blood pressure at home. Hospitalized on 10.01.08 at the insistence of relatives, since the state of health did not improve, the strength in the right limbs was not restored, speech disorders, weakness in the right limbs persisted. Basic data on organs and systems at the time of admission. The general condition of the patient: moderate. Consciousness is clear. Visible mucous membranes are pink, moderately moist, without rashes. On auscultation, vesicular respiration is heard over symmetrical areas of the pulmonary fields. Breathing is heard evenly over the entire surface of the lungs. There are no collateral respiratory sounds. Heartbeats are rhythmic. The rhythm is correct. Heart rate 72 per minute. The first tone is weakened. There is no bifurcation and splitting. The second tone is weakened. There is an accent of the second tone above the aorta. There are no additional heart murmurs. BP 160/80 mm Hg. Art. The tongue, a clean abdomen, is soft on palpation, participates in the act of breathing, and is not swollen. The liver is not palpable The size of the liver percussion is 11: 10: 9 cm. The area of the kidneys is not visually changed. The symptom of tapping is negative on both sides. Free urination, not frequent, painless

In neurological status. Consciousness is clear, communicative, critical. Moderately pronounced dysarthria. Moderate diffuse headache, no meningeal symptoms. Central paresis of the VII, XII nerves on the right, right-sided hemiparesis with a decrease in muscle sip to 3 points in the arm and 2 points in the leg. Muscle tone in the right limbs is reduced. Anisoreflexia O <5. The right plantar reflex is absent. Severe symptoms of oral automatism No coordination and sensitivity disorders. Controls the functions of the pelvic organs. Laboratory and instrumental research data confirm the diagnosis

1. Clinical blood test 13.01.08 Erythrocytes 4.5 million / μl Hemoglobin 126 g / l Color index 0.9 Leukocytes 8.6 * 109 units / l.

Stab 4% Segmented 75% Eosinophils 1%
Basophils 1%
Lymphocytes 14%
Monocytes 5%
ESR 8 mm / hour
2. Biochemical blood test 10.01.08
Total protein 80 g / l
Urea 9.6 mmol / l
Creatinine 164
Glucose 4.0 mmol / L
Total bilirubin 12.6 μmol / L Total cholesterol 9.8 mmol / L Thymol test 10 UNITS
3. Clinical analysis of urine 01/13/99
Color: intense yellow Transparency: transparent

Rel. density: 1010
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Protein: no
Epithelium:
Erythrocytes: 0-1 per field of view
Leukocytes: single in the field of view
4. ECG 15.01.08
Sinus rhythm, correct. Heart rate 72 beats. in min. Signs of LV myocardial hypertrophy. Moderate changes in the myocardium of the left ventricle. P-Q-0.12 sec. QRS - 0.08 sec. QRST -0.38 sec.
5. Chest X-ray 16.01.08
On a direct radiograph, performed in the supine position due to the severity of the patient's condition, the chest organs without acute pathology. The pulmonary fields are transparent, the roots are tyazhist in the basal regions. The shadow of the heart is slightly widened to the left. The aorta is deployed.
6. Echo-encephaloscopy 10.01.08
The patient underwent echoencephaloscopy. The following results were obtained: MS = MD = TR = 7b mm. No displacement of the median structures of the brain was found.
7. Oculist consultation 15.01.08
No complaints. OU-calm. Initial opacification in the posterior cortical layers of the lens. The fundus of the eye: the discs of the optic nerves are pale pink, the arteries are narrowed, the veins are full-blooded, twisted. Initial cataract in both eyes. Retinal vascular angiopathy.

8. Lumbar puncture was not performed for the patient due to the lack of indications (absence of cerebral and meningeal symptoms, absence of displacement of the midline structures of the brain on ECHO-ES).

9. USDG of
cerebral arteries. Conclusion: hemodynamic disturbance (decreased blood flow velocity) in the system of the left internal carotid artery.

10. MRI of the brain. Conclusion: Ischemic stroke in the frontal lobe of the left hemisphere of the
brain brain. Encephalopathy vascular genesis with multiple lacunar infarcts.

Taking into account the clinical diagnosis in the hospital, the patient was prescribed and carried out the following treatment:

1. Ward mode
2. Table number 10 (according to Pevzner)

Drug therapy:

1. Sol. Reopolyglucyni 400.0
O. 8. intravenously, drip No. 3

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5. Tab. Glycini 0.5
DS 2 tablets 1 time a day under the tongue in the morning No. 5
6. Tab. Ac. acaetylsalicylici 0 25 N20 D. S. 0.5 tablets 1 time per day

7. Tab. Nitrosorbidi 0.01 N50 D. S. 1-2 tablets 3 times a day

8. Tab. Capoteni 0.025 # 50 D .S. 1 tablet 2 times a day

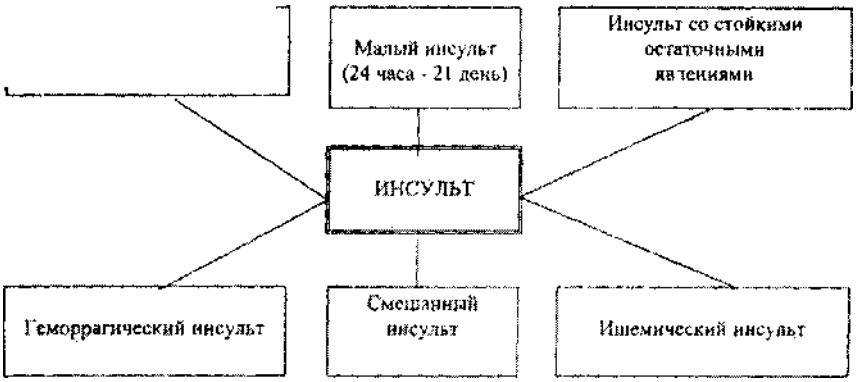
9. Exercise therapy, electrical stimulation, massage of paretic limbs.

As a result of the treatment, the general condition of the patient improved, the cerebral symptoms regressed, the headache does not bother. Decreased the severity of focal neurological symptoms, speech disorders somewhat regressed, only mild dysarthria remains, the volume of movement and muscle strength in the paretic right extremities increased (up to 3.5-4 points). The patient sits down on his own, he can walk several steps. The patient is planned to continue the prescribed treatment throughout the early recovery post-stroke period (21 days) and it is advisable to extend his hospital stay to complete the course of therapeutic massage and exercise therapy.

XIX. LOGICAL STRUCTURE GRAPHS

Classification of strokes

1



Transient violation
cerebral circulation
(0-24 hours)

Etiology of stroke by ischemic type

Risk factors for the development of cerebral ischemia and stroke:

Risk factors include unfavorable heredity in relation to the development of cerebrovascular diseases, a tendency to high blood pressure, lipid metabolism disorders, diabetes, overweight, frequent stress exposure, alcohol abuse and smoking.

The main etiological factors:

- atherosclerosis
- hypertonic disease
- combination of cerebral atherosclerosis and hypertension

Additional and (or) less common etiological factors:

- cervical osteochondrosis
- heart disease (defects, coronary artery disease, rheumatic diseases, rhythm, etc.)

- diseases of the blood and blood vessels

cardiac disorders

Pathogenesis of stroke by ischemic type

In the pathogenesis of ischemic brain disease, the following factors are important:

1. Morphological changes in extracranial and intracranial arteries; stenosis, occlusion, deformation and anomalies of arteries, insufficiency of collateral blood supply

2. Violation of cerebral and cardiac hemodynamics: cerebral angiospasm, angioedema, changes in vascular autoregulation ; significant fluctuations in blood pressure, especially its decrease, difficulty in outflow from the veins and sinuses of the brain; violation of the heart rhythm with the possible development of embolism in various vascular regions of the brain.

3. Disorders of the physicochemical and biochemical properties of blood: an increase in the viscosity, adhesion and aggregation of formed elements of blood, degradation of microcirculation.

4. Various changes in brain metabolism . Acute and chronic circulatory failure lea ds to the gradual formation of a certain neurological syndrome, which is due to the heterogeneity of metabolism in different parts of the brain tissue and the peculiarities of the circulatory disorders of the brain, mainly the severity of hypoxia and ischemia of the brain tissue in these areas .

The development of ischemic stroke is the most formidable complication of ischemic brain disease. Recent studies have opened a new stage in the understanding of the processes of damage to the nervous tissue during cerebral ischemia; additionally confirmed the absence of direct identity between the concepts of acute focal cerebral ischemia, implying procedurality, reversibility of metabolic changes in brain tissue, and cerebral infarction - a persistent morphological defect. The differences between ischemic stroke and transient disorders of cerebral circulation (transient ischemic attacks) are not only quantitative, consisting in a longer or persistent preservation of focal neurological symptoms. Ischemic stroke is a qualitatively special condition, being an integrated expression of the complex of hemodynamic and metabolic changes occurring in the brain tissue at a certain stage of insufficient blood supply and preparing the brain substance for the formation of irreversible morphological changes.

The development of acute cerebral ischemia triggers pathobiochemical cascade reactions that occur in all the main compartments of the central nervous system and cause changes in the neuronal pool, astrocytosis, microglinal activation and associated dysfunction of the trophic supply of the brain. The outcome of cascade reactions is the formation of a heart attack, which occurs by two mechanisms: necrotic cell death and apoptosis - genetically programmed death.

Modern pathogenetic concepts have made it possible to propose a diagram of the sequential stages of the "ischemic cascade" based on their causal relationships:

Stage 1 - decreased cerebral blood flow, stage 2 - glutamate "excitotoxicity", stage 3 - intracellular calcium accumulation, stage 4 - activation of intracellular enzymes, stage 5 - increased NO synthesis and development of oxidative stress, stage 6 - gene expression, stage 7 "distant »Consequences of ischemia (reactions of local inflammation, perivascular disorders, BBB damage), stages 2-8 - apoptosis. During the cascade of these reactions, a pathological focus is formed, represented by a zone of "point" infarction and surrounded by a zone of ischemic tissue. Further, the ischemic zone may undergo a reverse development with an improvement in tissue perfusion (spontaneous or as a result of ongoing therapeutic measures), or its cells will also die, which will increase the prevalence of infarction and, accordingly, neurological deficit.

ACV treatment

ACVA treatment {basic, differentiated therapy, treatment in the most acute and acute periods is presented in the diagrams (see below)

Pathogenetic treatment of ischemic stroke.

Acute cerebral ischemia requires emergency medical attention. Two main approaches are possible:

1. Reperfusion - restoration of cerebral blood flow by thrombolysis with recombinant plasminogen activator (! R -ra) during the first 3 hours from the time of acute ischemic brain. Another fibrinolytic drug - Ancorod, created on the basis of the venom of the Malian viper, also improves the clinical

Exodus stroke, v in terms of neurological deficits and functional recovery, when administered in the first 6 hours after the development of a stroke.

2. The second main pathway of stroke is an attempt to prevent focal ischemia at the cellular and molecular level and to correct the consequences.

This is called protection.

Primary neuroprotection is aimed at interrupting the calcium glutamate cascade and reducing the size of the cerebral infarction. The use of Magnesia (a non-competitive antagonist of KMOA receptors) is effective as a primary neuroprotector. The calcium channel blocker Lubeluzl is also used. A natural activator of transmitter systems is Glycine (sublingual administration at a dose of 1.0-2.0 g from the onset of stroke), which accelerates the regression of consciousness disorders and focal symptoms.

Secondary neuroprotection, which is included in the complex of emergency treatment of ischemic stroke, should be started after 6-12 hours of its development and intensively carried out for 7 days of the disease. Semax is effective, which has a nootropic effect, modulating effect on microglia, cytokine balance, reducing the inflammatory response, oxidative stress and trophic dysfunction. Intranasal administration of Semax is most effective for ischemic stroke in the system of internal carotid arteries with intellectual and mnestic disorders. Cerebrolysin, GABA derivatives, etc. are also used starting from the first hours of a stroke and during the rehabilitation period.

BIBLIOGRAPHY.

1. Neurology and neurosurgery. E.I.Gusev, A.N. Konovalov, G.S. Burd. Textbook. 2008.

2. Topical diagnosis of diseases of the nervous system. N.V. Triumfov. 2004.
3. Cerebral crises and stroke. N.K.Bogolepov. 1971.
4. Treatment of acute ischemic stroke (diagnostic and therapeutic algorithms). E. I. Gusev, V. I. Skvortsova et al. 2007.
5. Modern view of the problem of stroke. E.I. Gusev. I Russian International Congress: Cerebrovascular

pathology and stroke. September 2003. Journal of Neurology and Psychiatry. Issue 9, 2003.
6. Guidelines for writing educational history diseases in the course of neurology and neurosurgery. E.I.Gusev, A.N. Konovalov et al. 1999.

7. Collection of tests to control the quality of knowledge of students in the course "Nervous diseases". E.I.Gusev., A.N. Konovalov et al. (second edition) 2003.