

Review Article

Review CLINICAL ASSESSMENT OF THE MANIFESTATIONS OF SOCIAL DISADAPTATION IN PATIENTS WITH CEREBRAL STROKE.

Dilbar Khodjjeva,

PhD at the Bukhara State Medical Institute Republic of Uzbekistan

e-mail: dr.tadjiyevna@mail.ru

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Abstract. This article considers the clinical assessment of the manifestations of social disadaptation in patients who have undergone cerebral stroke. The subject of the work is the clinical material of 84 patients who suffered a stroke. Clinical manifestations of the consequences of a stroke in the patients we examined differed by polymorphism and different severity of this or that functional deficiency that in many respects was determined by localization and size of brain damage. In 46 patients there was a localization of a heart attack in the left brain hemisphere, in 38 patients there was a localization of a heart attack in the right brain hemisphere.

Keywords: stroke, brain infarction, acute cerebral blood circulation disorders.

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Relevance.

Stroke refers to a group of diseases called "acute cerebrovascular disease" (ACVD). This pathology today is one of the most widespread and most often makes people disabled. OMMC reduces the life expectancy of men by 1.62-3.41, and of women by 1.07-3.02 years [2,4].

In recent years, great progress has been made in the diagnosis and treatment of acute cerebral circulatory disorders, but in the 21st century stroke remains one of the most frequent causes of death and causes enormous material and moral damage to society. Despite certain improvement of the methods of diagnostics of therapy and rehabilitation, the consequences of ACVD remain extremely severe in all respects, both personally and socially, so the priority attention to the measures of stroke prevention and development of methods of neuro rehabilitation of post-stroke patients is absolutely necessary [1,5,8]. It is known that cerebrovascular diseases are persistent for many years and remain one of the main causes of morbidity, mortality and disability. In the Russian Federation about 400-450 thousand new cases of stroke are registered annually. Characteristically, the increase in life expectancy, in turn, leads to an increase in the number of strokes: the frequency of cerebral stroke increases by 1.8 - 2.0 times in each subsequent decade in patients over 55 years of age. However, in Russia the average age of cerebral stroke development is lower than in Western populations and is 63.1 years in men and 66.3 years in women at 72.9 and 77.7 respectively [7,9].

Statistics show that, on average, 50 to 75% of patients who have had a cerebral stroke survive, so stroke is also the main cause of disability. In our country, more than 1 million patients who have suffered a stroke, and more than 80% of them are recognized as disabled [1,3].

Study purpose

clinical assessment of the manifestation of social disadaptation in patients with cerebral stroke.

Materials and methods of research.

The subject of the work is the clinical material of 84 stroke patients. Clinical manifestations of the consequences of a stroke in the patients we examined differed by polymorphism and different severity of one or another functional deficit, which was largely determined by the localization and size of brain damage. In 46 patients there was a localization of a heart attack in the left brain

hemisphere, in 38 patients there was a localization of a heart attack in the right brain hemisphere.

Results and discussions:

In the localization of the stroke site in the left carotid pool, 25 patients (29.7%) were found to be affected by the white matter of the hemisphere (subconvictional infarction). In 23 patients (27.4%) the heart attack was located in the basal ganglia region. In 11.9% (10) patients with a localization of the heart attack in the left hemisphere of the brain a combined lesion of white matter and subcortical nuclei was revealed.

Damage of basal nuclei and internal capsule was observed in 2 (2.3%) "left hemispheric" patients, and isolated lesion of internal capsule was revealed in patients (3.8%) with ACVD in the left carotid pool. At localization of the stroke focus in the right hemisphere of the brain, white matter lesion (subconvictionary heart attack) was revealed in 8 patients (9.5%); a heart attack in the basal ganglia region was revealed in 13 patients (15.5%). Combined lesion of white matter and subcortical nuclei was revealed in 4 patients (4.8%) with localization of the focus in the right brain hemisphere. Damage of basal nuclei and internal capsule was observed in 3 (3.5%) right hemispheric patients, and isolated lesion of internal capsule was revealed in 6 patients (7.1%) with ACVD in the right carotid pool.

The largest number of patients was found in patients with basal ganglia lesions (43.8%) and subconvictional localization of brain infarction (28.6%). In case of damage to the white matter of hemispheres, the ischemic focus was localized in the frontal-parietal or parieto-vascular lobes. The lesion of craniocerebral innervation was manifested in the form of a fixed horizontal gap in 9 (10.7%) people, restriction of horizontal mobility of eyeballs in 13 (15.4%) people, marked asymmetry of the nasolabial fold and tongue deviation, slight deficit on the part of VII and XII pairs of CCN.

In 28 (33,3%) patients muscle hypotension by hemiplegia was revealed. This symptom was revealed in patients with hemiplegia and reduction of muscle strength up to 1 point. In 25 (29,8%) patients the dissociation of muscle tone along the axis was revealed. This group included patients who also had a dissociation of reduced muscle strength: a plegium or coarse paresis in the arm and moderate paresis in the leg or vice versa. In the limbs with a more pronounced decrease in strength, there was a decrease in

tone in the limb, and in the other limb - a slight increase in tone of the pyramidal type.

Pyramidal hypertonicity of "spasticity" type in paretic limbs was observed in 28 (33,3%) patients. Decrease in muscle strength in these patients was moderate. Moderate asymmetry of tone was revealed in 22 (26,2%) patients with mild or moderate paresis.

Sensitive disorders in the form of hemigipalgesia were revealed in 73 (86,9%) patients. Thus, partial sensory impairment (monohypesthesia) was observed in 15 (17,8%) patients. In 14 (16.7%) patients participating in the study, no sensory disorders were found.

Conclusions

The timely implementation of rehabilitation and preventive measures helps to improve treatment results and prevent the development of such clinical forms of the disease that lead to permanent disability, disability, and sometimes even death. Possibility and necessity of participation of the patient's family members in carrying out adequate measures aimed at increasing the level of social and domestic adaptation of the patient, as well as in creating a therapeutic perspective for the patient, in the formation of labor attitudes, in the mitigation of negative stressful reactions to the disease and disability.

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