

STROKE

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Abstract. *Stroke (acute cerebrovascular accident) is an acute condition associated with blockage or rupture of a blood vessel or venous sinus in the brain. Acute cerebrovascular accident (ACVA) is a sudden disruption of normal blood flow in the brain resulting from blockage or rupture of blood vessels. The disease is very dangerous for human health and life, therefore, when its first signs appear, urgent medical attention is needed. The diagnosis of stroke is established in the event of disturbances in the functioning of the cerebral vessels. When blood circulation is disrupted in a certain area of the brain, part of the nervous tissue dies. This can cause serious disability or death to the person. A stroke is not yet a stroke, but a condition that can lead to it. Timely adequate treatment can reduce the severity of the consequences of an attack.*

Keywords: *cerebrovascular accident, movement, brain, cerebral cortex, agnosia, Motor aphasia, Afferent, Efferent, Sensory aphasia, Semantic aphasia, cerebral infarction, hypertensive crisis.*

Relevance. A stroke, or cerebrovascular accident, occurs in the as a result of deterioration of blood supply to the brain. This occurs when patency is impaired or holistically the thickness of the arteries supplying the brain. In other words, stroke is an acute disorder of cerebral circulation pain accompanied by sudden distress brain functions. The diagnosis of stroke is made in the event that the described condition continues for more than 24 h or leads to death. Acute cerebrovascular accident is everything when a complication of acute or chronic human diseases. The brain vessels suffer the most for atherosclerosis, arterial hypertension and diabetes mellitus, especially with their combinations. That's why It is these diseases, which are extremely common, most often complicated by stroke.

It turns out that our brain is so sensitive to under-static blood supply, that areas deprived normal blood supply, die within no time how many minutes. It is known that the nerve cells of the brain “control” with all the functions of our body: hand movements, legs, speech, metabolism, breathing and circulation, analyze visual, auditory, tactile information and other signals coming from organs feelings. Moreover, each of the halves of the brain is bakes and monitors the functioning of the countermeasure’s false half of the body. For this reason, damage to one half of the brain manifests itself pathologically. changes on the opposite side of the body, that is a stroke on the left leads to dysfunction of the right half the body and vice versa.

The purpose of this study.

The most common consequences of stroke, traumatic brain injury, neurosurgical intervention, etc. (approximately 40-50% of the total number of patients) are disorders of speech function, manifested in the form of aphasia and dysarthria, which are often combined with pathology of other higher mental functions (various types of agnosia and apraxia). Speech disorders after a stroke occur due to damage to the speech areas of the cerebral cortex and their pathways. Depending on the location and size of the affected area, speech disorders can manifest themselves in the form of aphasia:

Motor aphasia:

Afferent - manifests itself in the disintegration of individual articulatory postures, or otherwise, articulation. In the oral speech of patients, this is manifested in: the search for articulation.

Efferent - speech becomes fragmented, accompanied by getting stuck on individual fragments of the utterance. The patient pronounces individual sounds relatively easily, but experiences significant difficulties when pronouncing words and phrases.

Sensory aphasia. Phonemic hearing disorder is caused by gross violations of impressive speech-understanding. Sounds lose their stable sound and are perceived distorted each time, mixed with each other according to one or another parameter. Dynamic aphasia. A speech defect manifests itself in speech spontaneity and inactivity. Their speech is characterized by poverty and monosyllabic answers in the dialogue.

Amnesic disorders. Patients lose the ability to retain auditory information in memory, narrowing the scope of memorization.

Semantic aphasia. That is, the inability to perceive complex logical and grammatical figures of speech. Speech disorders are considered the most difficult consequences of stroke. It takes a very long time to restore speech functions, on average 2-3 years, and in some cases up to 6 years. At the same time, the effectiveness of treatment largely depends on how quickly the rehabilitation process begins and on the methods of influence. To restore speech after a stroke, work with a speech therapist should begin within the first three months after the attack. As a rule, the form of the disorder and its degree can be determined after just a few weeks, and already at this time it is possible to outline a basic program and select a set of exercises. Speech rehabilitation after a stroke is a mandatory part of a comprehensive rehabilitation education program. It must be remembered that the ability to speak will not return to a person spontaneously - this can only be achieved through daily classes with specialists according to an individual program depending on the speech pathology.

Materials and methods of research.

Types of stroke

Transient cerebrovascular accident If both focal and cerebral symptoms last for 24 hours and then disappear completely, we are dealing with a transient disorder of cerebral circulation or transient ischemic attack. In such a situation cerebrovascular accident ends floor restoration of impaired functions, and all of a sudden but the symptoms that arise disappear within 24 hours. Usually the development of a transient ischemic attack preceded by increased headache, dizziness, darkening of the eyes, a sharp increase in arterial pressure (hypertensive crisis), paresthesia of various areas of the body (the last sign should be given when steely attention), nausea may occur. However intense headache, severe vomiting, like Well, it doesn't happen. Some patients may experience transient weakness in any limb shaky gait, staggering when walking, transient speech impairment (language "prevents speaking"), failures in memory. Based on the emerging clinical symptoms volumes, it is possible to determine the localization of ischemic brain lesions.

Repeated transient cerebrovascular accidents calls are warning signs of stroke. Small stroke. Minor stroke is an acute disorder of the brain imagination, in which cerebral and focal symptoms gradually disappear over a period of time from 24 hours up to 3 weeks. Abroad, minor stroke divided as reversible ischemic neurological deficit or cerebral infarction with complete recovery functions. This form makes up about 30–33% of all ost severe cerebrovascular accidents and sometimes misdiagnosed as a transient disorder cerebral circulation.

Ischemic stroke (“cerebral infarction”) is a stroke caused by the cessation or significant reduction loss of blood supply to a region of the brain. According to the mechanism it is similar to myocardial infarction. He is connected more often only with the development of atherosclerotic plaques at the mouths of the arteries, which supply vital blood important areas of the brain. Uneven inner surface A narrowed vessel promotes the formation of blood clots. Complete cessation of blood flow in the thrombosed vessel leads to the death of a certain part of the brain. The cause of ischemic stroke can also be the butt injection into the cerebral artery of a thrombus formed in cavities of the heart in patients with heart defects. Most often, ischemic stroke develops in grow between 50 and 69 years of age, more often in men than in women. Primary arterial hypertension is cause of ischemic stroke development specifically in 28–30% of cases.

Hemorrhagic stroke accounts for about 20% of all acute cerebrovascular accidents. Most Another striking example is hemorrhage in a thing brain damage in primary arterial hypertension. Most often hemorrhagic stroke observed at the age of 50–69 years, less often at 39–49 years. Morbidity in men and women under 60 years of age is the same, but after 60 years hemorrhagic in results develop more often in women.

Researchs and discussion.

Stroke is the predominant cause of disability in the population (3.2 per 1000 population) [29]. According to the National Stroke Registry, 31% of stroke patients need outside help to care for themselves, 20% cannot walk independently. Only 8% of surviving patients can return to their previous work [29]. Traditionally, stroke was considered a disease occurring in older adults group, but the frequency of its detection in young people has been increasing since the 1980s [34]. It's connected with widespread dissemination and improvement of neuroimaging methods, increased prevalence of risk factors for cardiovascular diseases and increasing use of illicit drugs. Incidence of stroke in patients under 45 years ranges from 3.4 to 11.3 per 100,000 population per year [35]. Causes and risk factors stroke rates in young people are significantly different from those found in older people patients. Young patients are more often diagnosed with congenital and acquired heart diseases, blood diseases, vasculopathy, hereditary diseases, intake drugs. Hypertension is more common in older patients smoking, diabetes mellitus and hypercholesterolemia, although these risk factors are also present at a young age [36, 37]. The incidence of IS during pregnancy and the postpartum period is 11- 34 per 100,000 births per year. This is a higher annual incidence rate of IS according to compared with the frequency of IS cases in women of similar reproductive age (annual incidence 10.7 cases per 100,000) [38, 39, 40]. Maximum incidence AI occurs in the postpartum period - 50% of cases, while immediately before About 40% of AI cases develop during childbirth and 10% of AI cases develop during childbirth. For improving the quality of prevention of ischemic stroke during pregnancy and childbirth it is necessary, along with the “general” risk factors for ischemic stroke, to take into account “additional” risk factors for IS that appear during these periods: older age 35 years old, migraine with aura, arterial hypertension in pregnancy, infectious complications after childbirth [41, 42, 43, 44].

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