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Institute of Nuclear Medicine and Allied Sciences (INMAS), India
Brig SK Mazumdar Marg, Timarpur, New Delhi, Delhi 110054 India

Crucial problems of prevention of transient ischemic attack and stroke

D.N.Khidoyatova, B.S.Yokubov, R.M.Abdujamilova, E.S.Oripova

Republican scientific center of emergency medical care

Tashkent State Dental Institute

Namangan Branch of the Republican Scientific Center for Urgent Ambulance

Center or the development of professional qualifications of medical personnel

The problem of cerebrovascular stroke continues to be of extraordinary social and medical importance throughout the world [1]. Transient ischemic attack (TIA) is a prestroke condition that increases the risk of developing it up to 30%, a 9 increase in the general population [2]. For stroke risk assessment, a specific AVSD 2 scale has been proposed to be used to assess the risk of early development of stroke after TIA and to identify patients who should be admitted to the hospital. This measure takes into account the age of over 60, blood pressure higher than 140/90mm Hg, the presence of clinical symptoms, the duration of symptoms for more than 60 minutes, diabetes[5]. Patients with TIA with a core of 2 or higher should be sent to the hospital for further investigation and treatment/ the causes of this are complicated. This includes: arterial hypertension heart disease, arterial fibrillation, myocardial infarction, dyslipoproteinami, diabetes, asymptomatic disease of carotid arteries, pathology of small vessels of the brain, neck osteochondrosis, left ventricular aneurysm, artificial heart value, rheumatic damage of heart valves, bacterial endocdrditis, etc. Lifestyle risk factors also play an important role in the development o TIA: smoking, alcohol abuse, overweight, use of contraceptives, poor diets mental stress, migraine[2,3,5,7].

Currently, the existing methods of primary and secondary prevention of cerebral circulation disorders can be divided into conservative and surgical types.

A large number of randomized trials have proven the effectiveness of surgical correction for secondary prevention of circulation disorders in patients with carotid stenosis, transient ischemic attacks, and minor strokes (more than 60-70%)[8,9].

Many authors in their studies noted the positive effect of atherosclerotic carotid stenosis on clinical neuropsychological functions.

Before surgery, all patients should undergo an ultrasound examination of the arteries, after which the question of choosing a surgical treatment method will be decided. When deciding on surgical treatment, the degree of stenosis of cerebral vessels, the prevalence of atherosclerotic lesions, the age of patient and the presence of concomitant somatic diseases are always taken into account.

All surgeries are aimed at eliminating cerebral vascular stenosis and are divided into 2 types: carotid endarterectomy (CEE) and, as an alternative to this is a minimally invasive endovascular intervention in which a stent is placed. (Smut J,2010).

Carotid angioplasty and stenting to prevent ischemic stroke. This has been in use since the mid-1980 s. this reduces the pain of manipulations and the length of stay in the hospital, and also does not leave scars after surgery compared to CEE. The lack of need for general anesthesia is another great advantage of the endovascular technique. Modern x-ray endovascular approaches so cerebral vascular stenting allow operations to be performed as soon as possible after the onset of the disease, and with careful patient selection, this method is very effective for elderly patients[8,9].

Thus, the low awareness of the population about the symptoms of TIA can be a reason for late admission of patients to the hospital with its development, there by contributing to the accuracy of stroke and reducing the effectiveness of treatment. The use of the AVSD 2 scale, which is simple in practice (age, arterial hypertension presence of paresis and aphasia, duration of symptoms more than 60 minutes, diabetes), can be of prognostic value for hospitalization of these patients. Secondary prevention of stroke should be started as early as possible, because most ischemic strokes in patients with TIA occur in the first day after the disease.

Given that measures to drug therapy, it is undoubtedly interesting to compare them with a dynamic study of the condition of patients and patients receiving drug therapy.

The goal of treating patients with TIA is to prevent further TIA and stroke. Studying this problem can provide more accurate criteria for the selection of modern optimal methods of accurate diagnosis, prevention and of stroke patients' recovery.

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