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CLINICAL AND STATISTICAL CHARACTERISTICS OF PATIENTS WITH CEREBRAL STROKE

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ABSTRACT

A retrospective analysis of 1354 case histories of patients admitted to the multidisciplinary medical center of Bukhara with a diagnosis of "Acute cerebrovascular accident" for 2009-2019 was carried out. The study revealed that in the structure of hospitalizations, the largest number of patients with cerebral stroke (MI) lived in rural areas, and among them, females predominated. The ratio of ischemic and hemorrhagic strokes in Bukhara city and the Bukhara region was 4.9: 1. Among the patients with both IS and HI, females predominated. The totality of the revealed indicators, depending on the hemispheric lateralization of the focus, showed that the overall severity of the neurological and functional defect according to the NIHSS, Gusev-Skvortsova, and Bartel scales significantly predominates with the right-sided localization of the focus. Moreover, it was shown that in females with all IS forms, the indicators, according to the stated scales, are worse than in males.

Keywords: Cerebral stroke, lateralization of the lesion, retrospective analysis.

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КЛИНИКО-СТАТИСТИЧЕСКАЯ ХАРАКТЕРИСТИКА БОЛЬНЫХ С МОЗГОВЫМ ИНСУЛЬТОМ

АННОТАЦИЯ

Проведен ретроспективный анализ 1354 историй болезней пациентов, поступивших в многопрофильный медицинский Центр города Бухары с диагнозом «Острое нарушение мозгового кровообращения» за 2009-2019 гг. В результате исследования выявлено, что в структуре госпитализаций наибольшее количество пациентов с мозговым инсультом (МИ) проживали в сельской местности, причем среди них преобладали лица женского пола. Соотношение ишемического и геморрагического инсультов в городе Бухаре и Бухарской области составила 4,9:1. Среди пациентов как с ИИ , так и с ГИ преобладали лица женского пола. Совокупность выявленных показателей в зависимости от полушарной латерализации

очага показала, что общая выраженность неврологического и функционального дефекта по шкалам NIHSS, Гусева-Скворцовой и Бартела достоверно преобладает при правосторонней локализации очага. Причем было показано, что у лиц женского пола при всех формах ИИ показатели по заявленным шкалам хуже по сравнению с пациентами мужского пола.
Ключевые слова. Мозговой инсульт, латеритизация очага поражения, ретроспективный анализ.

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MIYA INSULTI BEMORLARINING KLINIK-STATISTIK XARAKTERISTIKASI

ANNOTATSIYA

Buxoroning ko'p tarmoqli tibbiyot markaziga 2009-2019 yillar davomida "O'tkir miya tomirlarining shikastlanishi" tashxisi bilan yotqizilgan bemorlarning 1354 ta kasallik tarixi retrospektiv tahlil qilish o'tkazildi. Tadqiqot natijasida ma'lum bo'lishicha, kasalxonaga yotqizilganlarning miya qon tomirlari (MI) bilan kasallanganlarning ko'pi qishloq joylarda yashagan va ular orasida ayollar ko`pchilikni tashkil etgan. Buxoro shahri va Buxoro viloyatida ishemik va gemorragik qon tomirlarining nisbati 4,9: 1 ni tashkil etdi. Ham IS, ham HI bo'lgan bemorlar orasida ayollar soni ko`p. Fokusning yarim sharning lateralizatsiyasiga qarab, aniqlangan ko'rsatkichlarning umumiy darajasi shuni ko'rsatdiki, NIHSS, Gusev-Skvortsova va Bartel shkalasiga ko'ra nevrologik va funktsional nuqsonlarning umumiy salbiyligi fokusning o'ng tomonida joylashuvi bilan sezilarli darajada ustunlik qiladi. Bundan tashqari, ISning barcha shakllari bo'lgan ayollarda e'lon qilingan shkalalar ko`rsatkichi erkaklarga qaraganda yomonroq ekanligi ko'rsatildi.
Kalit so`zlar: Miya qon tomirlari, lezyonning lateralizatsiyasi, retrospektiv tahlil.

Introduction. Cerebrovascular diseases (CVD) occupy a leading place among the causes of mortality and disability in the population. Older age is the most significant risk factor for stroke. The risk of stroke morbidity doubles every ten years of life after 55 years of age [2,3,5].

Stroke is a serious source of financial burden around the world. According to the WHO, the total amount of direct and indirect costs per stroke patient is 55-73 thousand US dollars per year, and the annual loss of years of full life due to disability after a stroke in the world is 20.3 million person-years among men. and 22.9 million person-years for women (3).

Vascular pathology of the brain is the most common form of damage, determined by the fact that general cerebral factors are less pronounced in this case. Therefore, the vascular model, as shown by many literary sources (1,4,8), is the most adequate for multivariate neuropsychological studies, especially concerning the results of clinical, neuropsychological diagnostics, concerning the results of clinical, neuroimaging, and other types of objective research in real clinical practice. However, many problems of verifying morpho-functional foci of vascular lesions and identifying intact functional systems of speech, gnosis, praxis, etc., remain insufficiently studied. It should also be added an assessment of the role and influence of nonspecific activating brain structures on the functioning of HMF in a hemispheric defect, as well as an assessment of the criteria for the dynamism or resistance of HMF recovery (in the general picture of the disease) in left-right hemispheric stroke during rehabilitation (9, 10).

All this aims to find reserves to optimize the provision of medical care to patients with cerebrovascular diseases. This serves the purpose of this study: to conduct a retrospective clinical and statistical characterization of patients with cerebral stroke (MI) according to the data of case histories of patients with MI of the Multidisciplinary Medical Center of Bukhara period of 10 years (2009-2019).

Materials and methods. A retrospective analysis of 1,354 case histories of patients admitted to the Bukhara City Multidisciplinary Medical Center diagnosed with "Acute Cerebral Circulatory Disorder" from 2009-2019 was performed. When analyzing the case histories, the annual prevalence, structure of MI, clinical manifestations depending on the localization of the lesion, outcomes, and the sex and age of the patients were studied.

The inclusion criteria for the study were patients with diagnoses corresponding to codes I60 – I64 of ICD-10. We, according to the pathogenetic type of stroke, considered the structure of patients:

1) Ischemic stroke caused by acute focal cerebral ischemia, leading to an infarction (zone of ischemic necrosis) of the brain (cerebral infarction, I63.0-9);

2) hemorrhagic stroke caused by rupture of an intracerebral vessel and blood penetration into the brain parenchyma or rupture of an arterial aneurysm with subarachnoid hemorrhage (non-traumatic intracerebral hemorrhage (I61.0-9) and subarachnoid hemorrhage (I60.0-9)).

The diagnosis of cerebral stroke (MI) was verified by magnetic resonance imaging and/or computed tomography of the brain. Assessment of the neurological status included determining the degree of impairment of consciousness, the severity of impaired motor and sensory functions, statodynamic, coordinating, and cognitive impairments. Our study analyzed the data of neurological status and indicators of clinical rating scales: NIHSS - to identify the severity of the stroke, Guseva, and Skvortsova - to determine the severity of neurological disorders; Bartela - to assess the state of daily functional life (6).

Statistical processing of the results was carried out using the software package "Microsoft Excel" and "Statistica 7.0" for "Windows". Quantitative data are presented in the arithmetic mean (M), representativeness error (m), and relative frequencies. The significance of the mean values' differences was determined using the Student's t-test (t). For comparison by a qualitative binary criterion, the $\chi 2$ criterion was applied, to compare the percentages, the angular Fisher transformation (φ-transformation) was used. The correlation dependence was determined using Spearman's nonparametric test (ρ).

Results and discussions. In the multidisciplinary medical Center of the city of Bukhara during 2009–2019. 1354 cases of cerebral stroke (MI) were registered. Of these, 42.9% are men and 52.1% of cases are revealed among women. In the city, 608 cases of MI (44.9%) were recorded, of which 48.8% were in men and 51.2% were in women (Table 1). 746 (55.1%) cases of MI were received from the Bukhara region, 38.1% of them in men and 61.9% in women. As can be seen from the data presented, the largest number of MIs occurred in the Bukhara region, and the largest number of strokes occurred among women in all groups. There are significant differences in MI indicators in women in rural areas and in women among all studied patients. (diagram 1).

Table 1.

The number of cases of cerebral stroke in Bukhara city and the Bukhara region

		total	men	women
Total	**abs**	1354	581	773
	%	100,0%	42,9%	57,1% *
Bukhara city	**abs**	608	297	311
	%	44,9%	48,8%	51,2%
Bukhara region	**abs**	746	284	462
	%	55,1%	38,1%	61,9%**

*- reliability of the difference between men and women, $p < 0,05$

**-*- reliability of difference, $p < 0,01$

Starting from the age group 25-44 years, on average, there is a gradual increase in the number of strokes with age for both men and women (Table 2). The largest number of strokes occurs in the 60-75 age group. Simultaneously, the number of MIs among women is higher in the age groups 44-60 years old and 60-75 years old. But in the age group 25-44, MI is more common in men than in women - in 5.0%, versus 2.3%, respectively. This pattern can be traced both in AI and GI. Statistical data in this age category are consistent with both the average Russian and international research data (7, 11). And in the age groups 44-60 years old and 60-75 years old, there is a significantly greater percentage of women in the MI category and patients with IS and GI in our study.

The largest number of cases of cerebral strokes occur in ischemic stroke. For the period 2009–2019 the share of ischemic strokes was 83.3% (diagram 2), which is higher than the average for Uzbekistan (80.7%).

Table 2.

Total number of stroke cases among men and women by age and depending on the type of MI

	Age, years		25-44	44-60	60-75	Total
ONMK n=1354	men	abs	29	238	314	581
		%	5,0%	41,0%	54,0%	42,9%
	woman	abs	18	212	543	773
		%	2,3%*	27,4%*	70,2%*	57,1%*
GI n=226 16,7%	men	abs	17	49	26	92
		%	18,5%	53,3%	28,3%	40,7%
	woman	abs	14	46	74	134
		%	10,4%*	34,3%*	55,2%*	59,3%*
II n=1128 83,3%	men	abs	5	223	261	489
		%	1,0%	45,6%	53,4%	43,4%
	woman	abs	2	198	439	639
		%	0,3%	31,0%*	68,7%*	56,6%*

*- reliability of differences between men and women within groups, $p < 0,05$

The share of hemorrhagic stroke, including intracerebral hemorrhages and subarachnoid hemorrhages, accounted for 16.7%, higher than the national average (13.5%). Thus, the ratio of ischemic and hemorrhagic strokes in the city of Bukhara and the Bukhara region was 4.9: 1, while the same indicator for the same period averaged 5.0: 1 in Uzbekistan.

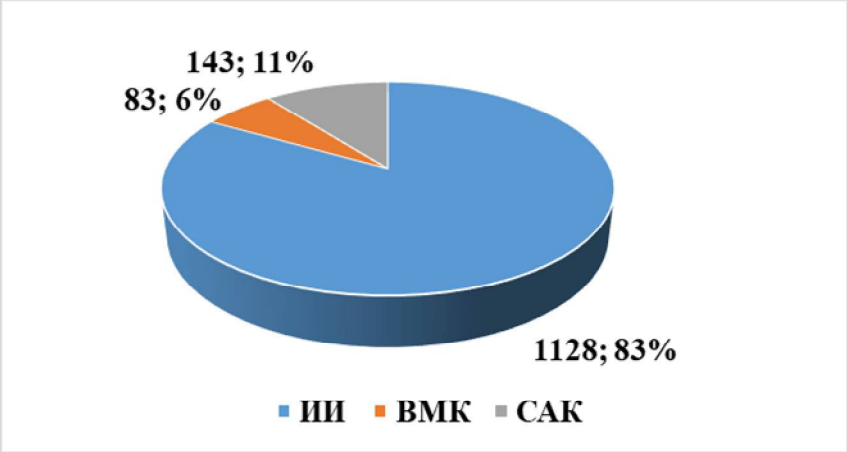

Chart 2. - Percentage ratio of different types of cerebral stroke

The high percentage of hemorrhagic stroke is probably associated with a poorly functioning system for correcting arterial hypertension in the Bukhara region residents. Table 3 also shows that the proportion of intracerebral hemorrhages among hemorrhagic strokes is lower than the proportion of SAH - 6.1% versus 10.6%, respectively. It should also be noted that females prevail among patients with both IS and IG. As for the average age, it can be seen from Table 3 that in patients with SAH, this indicator is lower than in patients with IUD and IS - 61.8 + 5.7; 64 + 5.3 and 66.8 + 5.2 years, respectively.

Table 3.

The number of MI cases among men and women, types of MI stroke and an average age of patients

MI	sex	Number of patients	Share of all cases of AI (%)	Average age (M+m)
II	men	489	36,1%	65,3+6,9
	won	639	47,2%	68,3+3,4
	total	1128	83,3%	66,8+5,2
VMK	men	33	2,4%	62,8+4,8
	won	50	3,7%	65,9+2,7
	total	83	6,1%	64+5,3
SAK	men	59	4,4%	58,8+6,1
	won	84	6,2%	64,7+4,5
	total	143	10,6%	61,8+5,7

Note: IUD intracerebral hemorrhage SAH subarachnoid hemorrhage

As you can see from the table. 4, in all patients with IS in the acute period, according to the NIHSS scale, severe stroke was detected, according to the Gusev-Skvortsova scale - moderately expressed neurological disorders, according to the Bartel scale - moderate disability in daily functional life. Moreover, it should be noted that in females with all forms of AI, the indicators are worse than in males.

Table 4.

Indicators of clinical rating scales (in points) in the acute period of IS depending on sex and lateralization of the lesion (M+σ)

Pool II, n=1158	sex	Number of patients	% of all cases II	scale NIHSS (points)	Gusev-Skvortsova scale	Bartel Index
carotid pool - LP 47,2%	men	234	20,7%	15,3+5,8	29,8+6,1	58,9±11,9
	won	298	26,4%	14,8+6,2	28,9+7,3	57,7±8,7
	total	532	47,2%	15,1 ± 7,5	29,3 ± 9,5	58,6 ± 5,9
carotid pool - PP 37,4%	men	186	16,5%	16+5,6	30,1+6,3	58,6±12,1
	won	236	20,9%	14,9+3,2	27,6±6,1	52,4±9,5*
	total	422	37,4%	15,8+9,4*	28,7±4,9	56,3±11,8*
	men	69	6,1%	15,8+4,4	29,4±6,8	57,8±9,3

VBB	won	105	9,3%	15,6+8,2#	28,2±7,9#	53,3±13,1&
15,4%	total	174	15,4%	15,4+5,1	28,6±5,2	55,8±10,7&

Note: PP-right hemispheric, LP-left hemispheric, IS — ischemic stroke, VBD-vertebrobasillar, * - the significance of the difference between patients with PP and LA, p <0.05.

- reliability of the difference between patients with PP and VBD, p <0.05, & - reliability of the difference between patients with LA and VBD, p <0.05

The totality of the revealed indicators, depending on the hemispheric lateralization of the focus, showed that the overall severity of the neurological and functional defect according to the declared scales significantly predominates in the case of right-sided localization of the focus. The Bartel index was significantly higher in the group of patients with lesions of the right hemisphere (Table 4).

Thus, the results of our studies show that in the structure of hospitalizations, the largest number of patients with MI lived in rural areas, and among them, women predominated. The ratio of ischemic and hemorrhagic strokes in Bukhara and the Bukhara region was 4.9: 1. Among the patients with both IS and HI, females predominated. The totality of the revealed indicators, depending on the hemispheric lateralization of the focus, showed that the overall severity of the neurological and functional defect according to the NIHSS, Gusev-Skvortsova, and Bartel scales reliably predominates in the case of right-sided localization of the focus worse compared to male patients.

Conclusion. So, our studies' results allow us to reflect the features of clinical neurological manifestations in patients in the acute period of MI. The results obtained should be used to develop specific rehabilitation programs in the acute and acute periods of IS, taking into account the lateralization of the lesion focus.

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