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ЖУРНАЛ НЕВРОЛОГИИ И НЕЙРОХИРУРГИЧЕСКИХ ИССЛЕДОВАНИЙ

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COGNITIVE DISORDERS IN DYSCIRCULATORY ENCEPHALOPATHY AND THEIR FEATURES

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ABSTRACT

Cognitive (cognitive) dysfunctions are one of the most common neurological diseases. The multiplicity of brain diseases of different etiology and pathogenesis leads to cognitive impairments. Given the volume of research, the amount of research material, the use of standardized methods to ensure the reliability of the results obtained and the conclusions reached, we found it necessary to dwell on the description of the research material, ie the contingent of patients and the methods used.

Key words: discirculatory encephalopathy, stages, clinical manifestations.

O'rinov Muso Boltayevich
To'layev Mirzohid Jalolovich
Abu Ali Ibn Sino nomidagi Buxoro davlat tibbiyot instituti.

DISSIRKULYATOR ENSEFALOPATIYADA KOGNITIV BUZILISHLAR VA ULARNING XUSUSIYATLARI

ANNOTATSIYA

Kognitiv (kognitiv) disfunktsiyalar eng keng tarqalgan nevrologik kasalliklardan biridir. Turli xil etiologiya va patogenezdagi miya kasalliklarining ko'pligi kognitiv buzilishlarga olib keladi. Tadqiqotlar hajmi, tadqiqot materiallari miqdori, olingan natijalar va olingan xulosalarning ishonchliligini ta'minlash uchun standartlashtirilgan usullardan foydalangan holda, biz tadqiqot materialining tavsifi, ya'ni bemorlarning kontingenti va ishlatilgan usullar haqida ushbu maqolada namoyon etdik.

Kalit so'zlar: dissirkulator ensefalopatiya, bosqichlari, klinik ko'rinishlari

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КОГНИТИВНЫЕ НАРУШЕНИЯ ПРИ ДИСЦИРКУЛЯТОРНОЙ ЭНЦЕФАЛОПАТИИ И ИХ ХАРАКТЕРИСТИКИ

АННОТАЦИЯ

Когнитивные (когнитивные) дисфункции - одно из самых распространенных неврологических заболеваний. Множество заболеваний головного мозга различной этиологии и патогенеза приводят к когнитивным нарушениям. Используя стандартизованные методы для обеспечения объема исследования, количества исследовательских материалов, полученных результатов и достоверности полученных выводов, мы представили в этой статье описание исследовательского материала, то есть контингента пациентов и используемых методов.

Ключевые слова: дисциркуляторная энцефалопатия, стадии, клинические проявления.

Relevance. Chronic progressive diseases of the brain (discirculatory encephalopathy - DE) make up a large proportion among the vascular pathology of the brain and occupy one of the leading places in modern angioneurology. This is determined by their social significance: neurological and mental disorders with DE can cause severe disability in patients. (1)

The clinical picture of DE includes a combination of 2 syndromes: impairment of higher cerebral functions and movement disorders of a different nature, between which there is a close relationship.

In the I (compensated) stage of DE, pseudoneurasthenic syndrome prevails against the background of erased motor disorders and scattered microorganic signs of damage to the central nervous system. Patients complain of a headache that aggravates during work and stress, dizziness, often of a non-systemic nature, noise in the head, decreased attention, performance, non-professional memory, mainly

about current events, instability when walking, sleep disturbance.(2) They are absent-minded, irritable, tearful, their mood is often depressed. They find it difficult to switch from one activity to another. Neurological symptoms are characterized by anisoreflexia, discoordinating phenomena, oculomotor failure, mild symptoms of oral automatism. The presence of symptoms of organic brain damage and the persistence of subjective disorders that do not go away after rest, makes it possible to differentiate stage I DE from the initial manifestations of cerebrovascular insufficiency, and less lability and independence from the psychogenic influences of asthenic conditions - from neuroses. A distinctive feature of this stage is the preservation of criticism, which allows patients to compensate for the violations that have arisen: they try to avoid haste, use fixed stereotypes, notebooks, "memory knots" in their work. This makes the resulting violations invisible to others. (3) With adequate therapy, it is possible to reduce the severity or eliminate individual symptoms and diseases in general.

In stage II DE, clinical symptoms become more pronounced. Increased fatigue, headache, dizziness, sleep disturbances become persistent, accompanied by fainting. There is a progressive deterioration of memory (including professional memory), which is manifested by difficulties in reproducing recent events, chronological orientation, the ability to date events, there are signs of violation of selective reproduction of the currently needed memory materials (names, dates, numbers, etc.).). In patients, the circle of interests narrows, thinking becomes viscous, detailed, the ability to abstract, to understand metaphors and proverbs decreases. Characterized by quarrelsomeness, stinginess, self-centeredness, decreased intelligence, changes in the patient's personality, daytime sleepiness with poor night sleep. If at the first stage of DE the working capacity is basically preserved, then at the second stage it is significantly reduced. Focal neurological symptoms become more distinct in the form of revitalization of reflexes of oral automatism, central insufficiency of the facial and hypoglossal nerves, coordination and oculomotor disorders, pyramidal insufficiency with the appearance of pathological reflexes, amiostatic syndrome, dysarthria. At this stage, it is already possible to isolate certain dominant neurological syndromes:

- cephalgic;
- vestibular-atactic;
- pyramidal;
- amiostatic;
- pseudobulbar;
- syndrome of paroxysmal disorders;
- psychopathological.

A feature of the cephalgic syndrome is its polymorphism, inconsistency, the absence in most cases of communication with specific vascular and hemodynamic factors (excluding headache in hypertensive crises with high blood pressure numbers), a decrease in the frequency of occurrence with the progression of cerebrovascular insufficiency. Along with this, there is a connection with emotional, mainly asthenic and anxiety-depressive disorders, as well as autonomic disorders.(3.4)

There is also a close link between cognitive impairment and chronic heart failure (4). The results of the analysis in patients with heart failure, although taking into account all the additional factors of cognitive dysfunction (age, arterial hypertension, cerebrovascular disease), are on average 1 point lower than in elderly people with heart failure (2). In people with very severe heart failure requiring heart transplantation, the MMSE difference reaches 2 points, but cognitive impairment is significantly reduced after a successful transplant (6). It has also been reported that long-term (9 years) acute risk disease is associated with an 80 percent increased risk of dementia and Alzheimer's disease in particular. (Armentano R, Megnien JI, Simon A. et al. 2016) The association between cognitive dysfunction and heart failure is confirmed by the high rate of heart failure in patients with cognitive impairment, in contrast to people with cognitive impairment (5). . a decrease in brain perfusion in heart failure leads to damage to the white matter of the brain (leukoencephalopathy) or atrophy of the temporal lobes of the media, which may be particularly sensitive to hypoxia and hypoperfusion. One study showed that atrophy of the temporal lobe of this media is best associated with cognitive impairment, but the severity of depression and anxiety is associated with leukocenphalopathy (4). Ischemic brain injury in patients with heart failure may be accompanied by a decrease in cerebrovascular reactivity, neurohumoral disease, thromboembolism, excessive decrease in blood pressure (QB) associated with the use of antihypertensive drugs (2).

Material and method. This study is based on the results of a study of patients aged 21 to 59 years with neurological pathology and cognitive impairment who received standard therapy in voluntary encephalopathy and participated voluntarily, as well as patients without chronic heart failure who formed a control group. The object of our study is patients with cognitive impairment admitted to the Department of Neurology of the Bukhara branch of RNSEMP. In addition, the Republican Center for Emergency Medical Research served as an important monitoring center in the work with patients and the organization of their examinations.

Research results. An almost equally common syndrome in DE is vestibular-atactic, characterized by complaints of patients about dizziness, instability when walking and objective signs in the form of nystagmus, coordination disorders. At the same time, as DE develops, the former decrease, the latter increase.

Clinically, the pseudobulbar syndrome is manifested by speech disorders of the type of dysarthria, dysphonia, dysphagia, combined with symptoms of oral automatism, episodes of violent laughter and crying, increased pharyngeal and mandibular reflexes, salivation, often urinary incontinence and mnestic disorders up to intellectual sub-intellectual disorders.

A feature of the pyramidal syndrome is its often very moderate clinical manifestation - anisoreflexia, minimally pronounced paresis. A distinct asymmetry of the pyramidal syndrome indicates either a previous cerebral stroke or another disease proceeding under the mask of DE (consequences of traumatic brain injury, volumetric intracranial processes, etc.).

Amyostatic syndrome in the form of pronounced akinesia (oligobradikinesia, hypomimia, difficulty in initiating movements) and non-coarse muscle rigidity, more often in the lower extremities, with a positive phenomenon of "counteraction", when muscle resistance involuntarily increases when trying to make a fast passive movement, is not a separate manifestation of DE, it serves only as one of the neurological disorders caused by rather diffuse brain damage. At the same time, the changes in the substantia nigra inherent in Parkinson's disease are absent in these patients. Prescribing levodopa drugs, as a rule, does not lead to significant improvement, and often against their background, a worsening of the condition can be noted, manifested by an increase in mental disorders.

The clinic of paroxysmal disorders in DE is very diverse. It includes falls, drop attacks, syncope, and epileptic seizures. As DE progresses, the frequency and severity of these paroxysmal conditions increases, especially in individuals with clinical manifestations of circulatory insufficiency in the vessels of the vertebrobasilar system.

The psychopathological syndrome is characterized by pronounced dysmnestic and intellectual disorders that subsequently form the vascular dementia syndrome.

In the III (decompensated) stage of DE, the volume of complaints decreases, which is combined with a decrease in patients' criticism of their condition, although complaints about memory loss, instability when walking, noise and heaviness in the head, and sleep disturbances persist. Objective neurological disorders are much more pronounced in the form of rather clear discoordinating, pyramidal, pseudobulbar, amiostatic, psychoorganic syndromes. The latter is characterized by emotional dullness, a significant and sharp narrowing of the range of interests, memory, attention, intelligence, the development in some cases (up to 20%) of dementia. Paroxysmal states are observed - falls, fainting, epileptic seizures. Persons with DE stage III.

Conclusions. Thus, along with the classical clinical manifestations of DE, depending on the stage, there are certain features of the symptoms and course of the disease in patients with

different types of DE. Knowledge of the clinic in combination with additional research methods (computer tomography, magnetic resonance tomography, laboratory, etc.) contributes to the correct diagnosis of DE and the early implementation of appropriate treatment and prevention.

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