

THE ROLE OF BILATERAL CAROTID ENDARTERECTOMY IN A COMPLEX OF METHODS REHABILITATION OF PATIENTS WITH ACUTE ISCHEMIC STROKE

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The relevance of the problem. Ischemic stroke occupies one of the leading places among the causes of mortality and the first in terms of disability of the population. According to WHO, stroke mortality in economically developed countries reaches almost 12%, second only to mortality from heart disease and oncological pathology, which are more common in older age groups.

Atherosclerotic lesion of the carotid arteries is one of the significant factors leading to ischemic stroke and accounts for 84-90% of cases of the disease. Multiple stenoses of the branches of the aortic arch are a more complex type of lesion, since the probability of autocompensation of cerebral circulation in it is extremely low.

The advantage of surgical methods of correction of ischemic brain lesions is not a matter of discussion. However, if in the case of an isolated lesion of the internal carotid artery, the issues of tactics and methods of restoring blood flow have been worked out in some detail and set out in international and domestic recommendations, then in the case of significant stenoses of two carotid arteries, as well as carotid and other arteries, there are a number of unresolved issues: the sequence of operations on various arterial basins; the admissibility of simultaneous interventions on two carotid arteries. and other arteries.

The above determines the extreme urgency of the problem and the need for further investigation of unresolved issues of surgical treatment of this severe pathology.

Objective: To evaluate the results of treatment and the role of bilateral carotid endarterectomy in the acute period of ischemic stroke in the complex of methods of rehabilitation of patients.

Material and methods. 138 patients with significant bilateral carotid artery stenosis in the acute period of ischemic stroke divided into two groups depending on the time of the operation on the contralateral CA:

- Group I – 55 patients operated in the acute period of IS on ipsilateral CA, surgical correction of hemodynamically significant stenosis of contralateral CA was performed within 28 days;
- Group II – 83 patients operated in the acute period of IS on ipsilateral CA, surgical intervention on contralateral CA was performed in a period of more than 2 months.

All patients underwent: general clinical inpatient minimum, ultrasound examination, multispiral computed tomography (MSCT) of the brain, MSCT angiography.

According to age, gender, size of the lesion of the brain, the nature of atherosclerotic plaque, the presence and severity of concomitant pathology, the study groups did not differ statistically ($p > 0.05$).

The neurological deficit and functional activity were assessed by a neurologist using the NIHSS, Rankin and Rivermead scales upon admission to the hospital and in dynamics, after reconstructive surgery on branches of the aortic arch.

Results. The average score on the NIHSS scale after surgical interventions decreased in group I patients from 5.9 ± 3.5 points to 1.7 ± 1.0 in group II – from 6.1 ± 3.5 to 1.8 ± 1.2 points.

The increase in the Rivermid mobility index by the time of discharge from the hospital averaged from 5.4 ± 1.3 to 13.0 ± 2.4 in group I, in group II – from 5.7 ± 1.9 points to 11.9 ± 3.3 points.

The average score on MSHR in group I decreased from 2.9 ± 0.7 to 0.6 ± 0.7 , and in group II – from 2.8 ± 0.9 to 1.0 ± 0.8 points.

The dynamics of neurological deficits, including motor, sensory, speech, visual and coordination disorders, were assessed in patients of both groups from the moment of admission to discharge from the hospital.

After CEAE in group I, complete or partial recovery of motor disorders was achieved in 28 (75.7%) patients, sensitivity improved in 24 (75%), speech disorders regressed or significantly decreased in 13 cases (61.9%), vision was restored in 4 patients (57.1%), headache did not bother 28 patients (68.3%), coordination disorders

regressed in 15 (75%) cases.

In group II, complete or partial recovery of motor disorders was in 32 patients (58.2%), sensitivity improved in 19 (51.4%), speech disorders regressed or significantly decreased in 29 (63%), vision was restored in 4 patients (21.1%), coordination disorders regressed in 23 (30.4%), headache did not bother 27 (43.5%) patients.

Thus, regression of neurological deficit was observed both in the main group and in the comparison group, however, significantly better indicators at the time of discharge, as well as a low level of repeated IS/TIA in the long-term period were patients of group I.

Conclusion: Thus, analyzing the above data, it can be seen that early bilateral carotid endarterectomy not only improves the quality of life in the complex treatment and rehabilitation of patients with ischemic stroke, but also serves as an excellent method of preventing ischemic stroke in the contralateral internal carotid artery.

Literature:

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