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THE ROLE OF EXACT SCIENCES IN THE ERA OF MODERN DEVELOPMENT
REPUBLICAN SCIENTIFIC AND PRACTICAL CONFERENCE
Volume: 2 Issue: 2

PRINCIPLES OF SURGICAL TREATMENT OF ACUTE ISCHEMICAL DISORDER OF CEREBRAL BLOOD CIRCULATION

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Relevance of the topic: Today, ischemic type cerebral circulation disorder (ICC) is one of the most common pathologies in the world.

According to the World Health Organization (WHO), BMQAITB is diagnosed in 10-15% of the world's population, and it ranks second in terms of mortality after acute myocardial infarction. Carotid artery stenosis (Takayasu's disease) and pathological deformations can be cited as the cause of BMQAITB.

To date, carotid artery stenosis and pathological deformations have been identified in 70-80% of cases, and these diseases cause serious complications and problems in treatment and prevention.

In addition, many pathologies of other organs of the body can be observed in patients, which can affect the results of surgical treatment of this category of patients and cause serious complications. Early diagnosis of stenosis and pathological deformations of the carotid arteries, which lead to acute cerebral blood circulation of the ischemic type, allows to improve the results of surgical treatment and reduce the disability of this category of patients, and preventive measures aimed at reducing them are improved and put into practice.

Conducting a retrospective analysis of the results of surgical treatment in patients with stenosis and pathological deformations of the carotid arteries, evaluating the importance of the duplex scanning method in the early diagnosis of stenosis and pathological deformations of the carotid arteries that lead to acute cerebral blood circulation ischemic type disorders, cerebral blood circulation ischemic type evaluation of the effectiveness of invasive and minimally invasive surgical treatment methods for stenosis and pathological deformations of the carotid arteries that lead to acute disorders. Development of a surgical treatment algorithm for patients with stenosis and pathological deformations of the carotid arteries.

Improving the results of primary prevention of carotid artery stenosis and pathological deformations is an important issue in scientific and practical medicine. Therefore, the mechanisms of origin of these pathologies, clinical aspects, and

improvement of high-tech, including minimally invasive surgical methods are one of the most urgent problems today.

Purpose of the study: to improve the results of treatment of cerebral circulation disorders of the ischemic type by improving minimally invasive surgical methods.

Materials and methods of research: The study was conducted at the base of the Khorezm branch of RSHTTYOIM, and 80 patients aged 35 to 65 years were included in the study. Patients were divided into groups. Inspection methods: ECG, ExoKG, UTT, X-ray, general blood analysis, blood biochemistry, coagulogram (coagulability, ACTV, thrombin time, PTV, PTI, MNO, platelet count, fibrinogen) in dynamics.

Results of the study: without treatment, the probability of the development of asymptomatic vascular stenoses (in the absence of transient ischemic attacks in the anamnesis or previous strokes) was up to 2.4% in group II (SA), in the presence of transient ischemic attacks, strokes in 10% of cases in group I. If you have a history of stroke, you have a 10% chance of having another stroke. A large global multicenter randomized trial demonstrated the efficacy of EC in reducing the risk of stroke by more than 70% in symptomatic stenoses, with a stroke risk reduction of up to 17% after CE in NASCET. (from 26 to 9%). In the presence of asymptomatic stenosis, the effectiveness of CE is expressed much lower, which has been shown in a number of studies, however, the study data on asymptomatic carotid stenoses and their surgical treatment constitute a very large scattered time.

Conclusions: Thus, the need for surgical treatment is reliably shown. Prevention of hemodynamically significant atherosclerotic stenosis of the carotid arteries, ischemic stroke of the brain.

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