



CLINICAL SIGNS OF TRANSIENT ISCHEMIC ATTACKS IN THE ELDERLY

Munisa A. Bakhadirova

Researcher Center For The Development Of Professional Qualifications Of Medical Workers, Uzbekistan

Sevara Y. Isamukhamedova

Researcher Center For The Development Of Professional Qualifications Of Medical Workers, Uzbekistan

ABSTRACT

Transient ischemic attack (TIA) is a type of acute cerebrovascular accident (ACVA) of the ischemic type and is caused by an acute reversible critical decrease in blood supply to a region of the brain (without the development of an infarction) in a certain arterial basin, usually due to cardiogenic or arterio-arterial embolism or carotid stenosis (1,2).

KEYWORDS: Transient ischemic attack (TIA), acute cerebrovascular accident (ACVA).

INTRODUCTION

A TIA is considered a brief episode of neurological dysfunction caused by focal cerebral or retinal ischemia with clinical symptoms typically lasting less than one hour and without evidence of acute infarction [3]. This definition has been generally well accepted and has been used in a number of clinical stroke studies (WARSS, RESPECT, etc.).

Prevention of ischemic stroke (IS) is one of the leading areas of management for patients who have suffered a TIA, because their likelihood of stroke increases more than tenfold. After a TIA, the risk of myocardial infarction and cardiovascular mortality also increases significantly.

THE MAIN FINDINGS AND RESULTS

Analyzing the clinic of transient ischemic attacks (TIA), it must be said that in all patients during the development of TIA, all symptoms arose suddenly and simultaneously, that is, there was no consistent development and increase in symptoms. Focal neurological symptoms were negative, not positive, and more often unilateral. Clinical symptoms and duration of persistence of symptoms over time are given in Table 3. Headaches with TIA occurred in 77.1% of cases. The most common clinical symptoms of TIA were sensory (68.9%), motor (55.6%), speech (64.4%) and visual disturbances (20.0%). These local symptoms occurred both in isolation and in combination with each other, as well as with general cerebral neurological symptoms. The most common combination of hemiparesis and hemihypesthesia on one side, as well as their combination with speech disorders, Dizziness was a fairly common neurological symptom, but it was not isolated, but occurred against the background of the focal neurological symptoms described above. Coordination disturbances in the form of staggering and instability when walking were noted by many patients, but they always occurred together with focal symptoms.



Photopsia were observed in one patient and occurred after transient blindness in one eye. The duration of TIA varied from 2 minutes to 24 hours. In 42 patients (35%), complete regression of all symptoms was observed within 60 minutes. Among them, 22 patients (18.3%) had a TIA duration from 2 to 15 minutes, in 20 patients (16.7%) the TIA duration was 16-60 minutes. 18 patients (15%) had a TIA duration from 1 hour to 3 hours, in 60 patients (50%) the TIA duration ranged from 3 hours to 24 hours.

CONCLUSION

In patients with TIA, compared with patients with stage II CCI without TIA, a history of conditions such as arterial hypertension, atrial fibrillation, low physical activity, family history of stroke in first-degree relatives, hypercholesterolemia, and coronary heart disease prevailed. As for the symptoms of TIA, focal symptoms in most cases lasted more than 6 hours, general cerebral symptoms resolved faster - up to 6 hours.

REFERENCES

1. Geraskina L.A. Transient ischemic attacks: a modern view of the current problem / L.A. Geraskina, A.V. Fonyakin // *Difficult patient*. - 2011. - Volume 9. - No. 5. - P. 28-32.
2. Ganieva N.T. Transient ischemic attacks: questions
3. Differential diagnosis and prevention / N.T. Ganieva // *Young scientist*. - 2017. - No. 1. - P. 313-315.
4. Clinical recommendations for the management of patients with ischemic stroke and transient ischemic attacks / V. V. Alferova, A. A. Belkin, I. A. Voznyuk [etc.]; edited by prof. L. V. Stakhovskoy // *National Association to Combat Stroke, etc.* - Moscow. - 2017. - 196 p.

