



Clinical-Neurological and Hemodynamic Characteristics of Acute and Chronic Vertebrobasilar Insufficiency

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Abstract: One of the most common forms of cerebrovascular disorders is vertebral-basilar insufficiency (VB), considered as reversible ischemia of brain structures supplied with blood from the vessels of the vertebrae and the main arteries. Considering IBD in the framework of one of the syndromes of cerebrovascular pathology, it should be remembered that the management tactics of such patients, taking into account the risk of disease progression, should comply with the principles of treatment and secondary prevention of vascular lesions of the brain. It should be noted that there is currently no convincing evidence that the directions of drug treatment of patients with symptomatic lesions of the carotid and vertebral-basilar systems may be different.

Key words: vertebrobasilar insufficiency, endothelial dysfunction, atherosclerosis, hemodynamics, blood flow, coagulopathy.

Complications: One of the most common forms of cerebrovascular disease is vertebral-basilar insufficiency (VBI), which is reversible ischemia of brain structures supplied with blood from the vertebral arteries and vessels of the basilar arteries. If we consider VBI as part of one of the syndromes of cerebrovascular pathology, it should be remembered that the tactics of treating such patients, taking into account the risk of developing the disease, should comply with the principles of treatment and secondary prevention of cerebrovascular damage. It should be noted that at the moment there is no reliable information that the directions of drug treatment of patients with symptomatic damage of the carotid and vertebrobasilar systems may be different (Gusev EI, 2001). The incidence of VBI reaches 20% of all cases of cerebrovascular pathology (Vereshchagin NV, 1983; Schmidt IR, 2001; Gusev EI, Skvortsova VI, Stakhovskaya LV, 2007; Gusev, Konova, Gelov, IAB6, ABN B and others, 1990).

The purpose of the work: to study the clinical-neurological and hemodynamic characteristics of vertebrobasilar insufficiency in patients.

The clinical-neurological and hemodynamic features of acute and chronic vertebrobasilar insufficiency, which are considered the most important types of vertebrobasilar insufficiency, and the similarities and differences in their diagnosis were studied.

Results and comments: The study is based on 60 patients with VBI. Patients are divided into 2 groups - the first group - patients with acute VBI (15 patients), the second - patients with chronic VBI (45 patients). The control group will consist of 30 healthy people. Most of our patients are in the private clinic "Neyromed Service", "Uzbekistan Railways" He was seen in a clinical hospital affiliated with AJ. 42 (70%) of our examined patients are women, 18 (30%) are men.

Subjective symptoms in patients with vertebrobasilar insufficiency:

Subjective signs:	Nausea	Vomiting	Dizziness	Not being able to stand	Not being able to walk	Headache
Sharp VBY	100%	85%	95%	75%	60%	98%
Chronic VBY	85%	55%	80%	10%	5%	90%

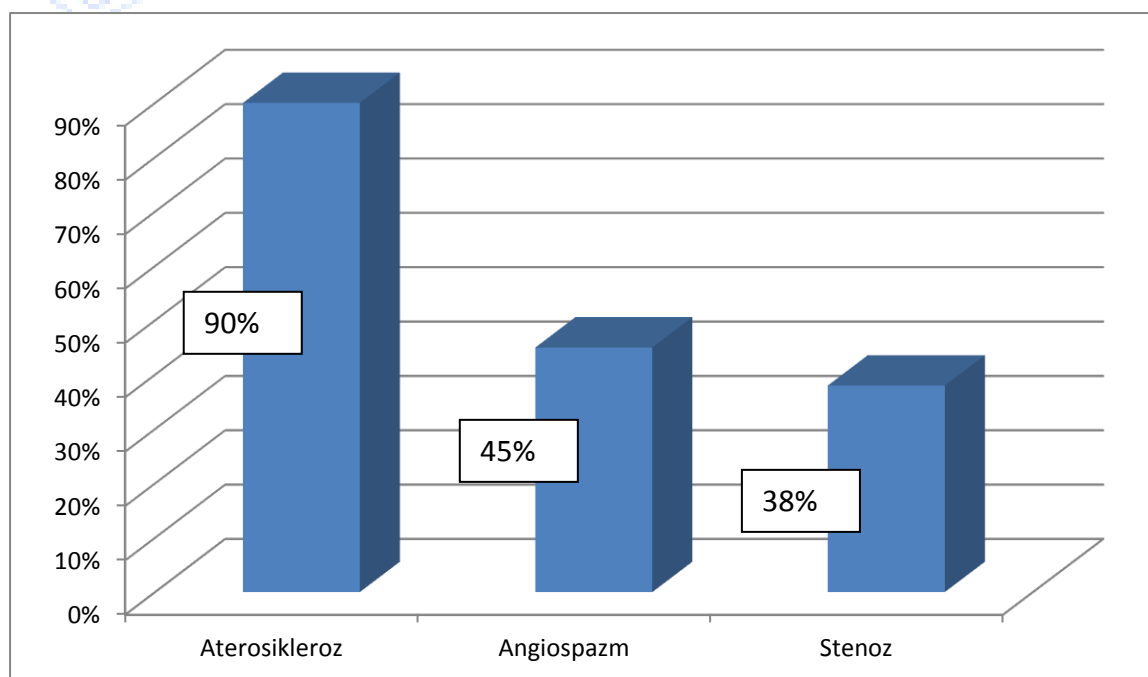
As a result of examinations, clinical and neurological symptoms were clearly manifested in 15 patients with acute VBI, that is, severe dizziness in 14 patients (95), nausea in 15 patients (100), vomiting in 13 patients (85 %), inability to stand in 11 cases (75%), inability to walk in 10 cases (60%), headache in 14 cases (98%). In 45 patients with chronic VBI, dizziness occurred in 36 cases (80%), nausea in 38 cases (85%), vomiting in 25 cases (55%), inability to stand in 4 cases (10%), inability to walk in 3 cases (5%), headache It was observed in 44 (90%) patients.

symptoms in patients with vertebrobasilar insufficiency:

Neurological symptoms:	Nystagmus	Swinging in the Romberg position	Increased reflexes	Nose-finger test
Sharp VBY	95%	85%	70%	50%
Chronic VBY	45%	45%	42%	28%

In 15 patients with acute VBI, 14 (95) of neurological symptoms included nystagmus, 13 (85) Romberg's swaying, 12 (70) changes in tendon reflexes, 12 (78) autonomic disorders, finger-nose test o Changes were observed in 8 (50%) patients. Among the 45 patients with chronic VBI, 20 (45) of neurological symptoms were nystagmus, 20 (45) Romberg swaying, 19 (42) changes in tendon reflexes, 26 (55) autonomic disorders, finger-nose test changes were observed in 13 (28%) patients.

Results of dopplerographic examinations in patients with vertebrobasilar insufficiency:



Extracranial arteries were observed in 90% of our patients with acute VBI, vertebral artery spasm (mainly in patients under 40 years) in 45% and stenosis (in patients over 50 years) in 38 %. In the doppler examination of our patients with chronic VBY, atherosclerosis of extracranial arteries, including the vertebral artery, was detected in 90% of patients.

Conclusion. Clinical-neurological and dopplerographic indicators of acute and chronic types of VBY are fundamentally different from each other. Manifestation of such a clinic requires specific treatment in each type of VBI.

