International Journal of Research
Available at https://pen2print.org/index.php/ijr/
e-ISSN: 2348-6848
p-ISSN: 2348-795X
Volume 06 Issue 2
February 2019

Retrospective Analysis Of Case Histories Of Stroke Patients.

Usmanova Durdona Jurabaevna, Vafoyeva Gulchiroyxon Rustamovna.
Tashkent Pediatric Medical Institute

Summary,

In this article, we present the results of a retrospective analysis of case histories of stroke patients. Clinical studies on stroke were conducted for the period from January 2017 to November 2018 in the neurology department of the adult clinic of the Tashkent Pediatric Medical Institute. A retrospective study of a total of 1117 case histories (2017 - 605 patients; 2018 patients - 512 patients), including 135 stroke patients, was carried out.

Keywords: stroke, analysis, paresis, medical history, plegia

Relevance

Currently, stroke is a major public health problem [1].

The incidence of various types of acute cerebrovascular accident (ABBCD) varies widely, in particular, cerebral infarctions account for 65-75%, hemorrhages (including subarachnoid) – 15-20 %, the proportion of transient cerebral circulation is 10-15%. The frequency of cerebral strokes in a population of people older than 50-55 years increases 1,8-2 times in each subsequent decade of life [3]. Up to 87% the global burden of stroke is associated with ischemic stroke, which is a heterogeneous disease with more than 100 pathologies involved in its pathogen [2].

The socio-economic consequences of the stroke are extremely high, in particular: the death rate in the acute period of stroke occurs in 34,6 %, and in the first year after the end of the acute period – in 13,4 %; severe disability with the need for constant care is available in 20,0% of stroke patients; 56,0% are able – bodied and only 8,0% are returning to their previous employment. Disability due to stroke, ranks first among all causes of primary disability, amounting to 3,2 per 10 000 population. Disability after a stroke on average in the country is 56-81% [4, 5, 6].

Objective: to conduct a retrospective analysis of case histories of stroke patients.

Material and methods:

Clinical studies on stroke were conducted for the period from January 2017 to November 2018 in the neurology department of the adult clinic of the Tashkent Pediatric Medical Institute. A retrospective study of a total of 1117 case histories (605patients in 2017; 512 patients in 2018) was conducted, of which 605 patients had a stroke. Methods of analysis of the stroke of the history disease of stroke patients.

Results and discussion

International Journal of Research
Available at https://pen2print.org/index.php/ijr/
e-ISSN: 2348-6848
p-ISSN: 2348-795X
Volume 06 Issue 2
February 2019

In 2017, 605 case histories were studied, of which (11,4%) patients with stroke. Of these, 60 (87%) patients who had ischemic stroke (IS), 9 (3%) patients - hemorrhagic stroke (HS). Of them: 45 (75%) men, 15 (15%) women.

Patients who underwent HS turned out to be - 9. Of these, 8 (88%) men, 1 (12%) women.

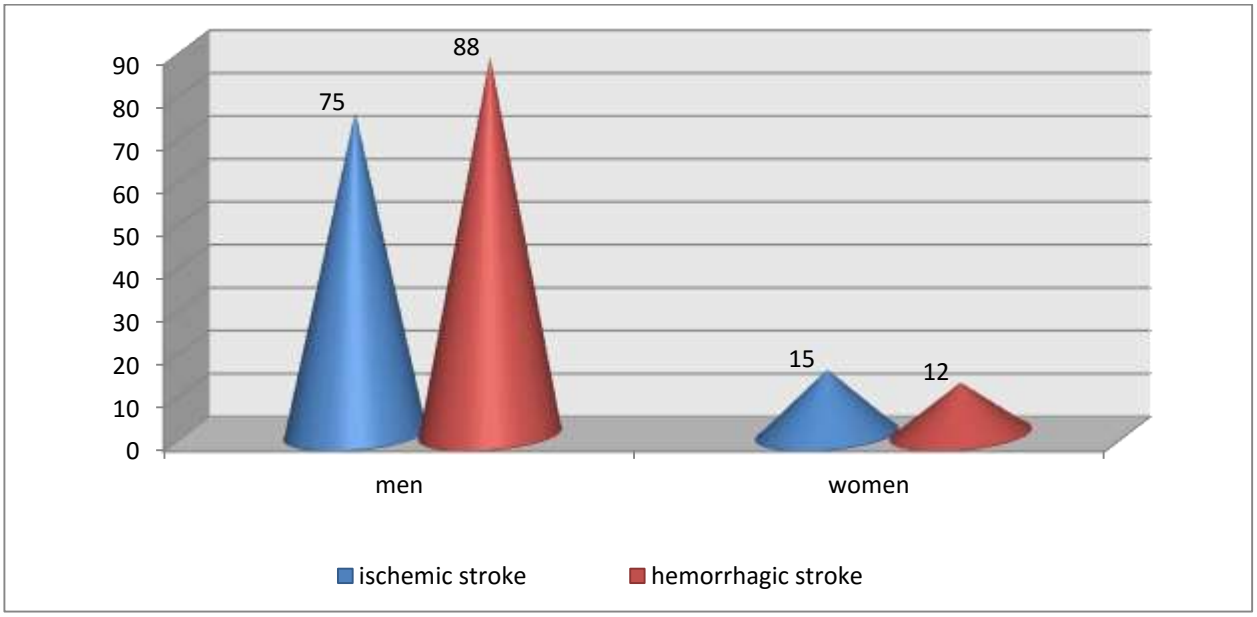


Fig.1. The distribution of patients by sex.

Further, the distribution was carried out by age, adhering to new WHO age classification from 2015.

With IS aged 25-44years – 3 patients (5%); 44-60 years - 25 patients (42%); 60-75years - 22 patients (37%); 75-90years - 10 patients (16%); after 90years – no.

With HS aged 25-44years – 2 patients (22%); 44-60 years - 5 patients (56%); 60-75years - 2 patients (22%); 75-90years - no; after 90years – no.

International Journal of Research
Available at https://pen2print.org/index.php/ijr/
e-ISSN: 2348-6848
p-ISSN: 2348-795X
Volume 06 Issue 2
February 2019

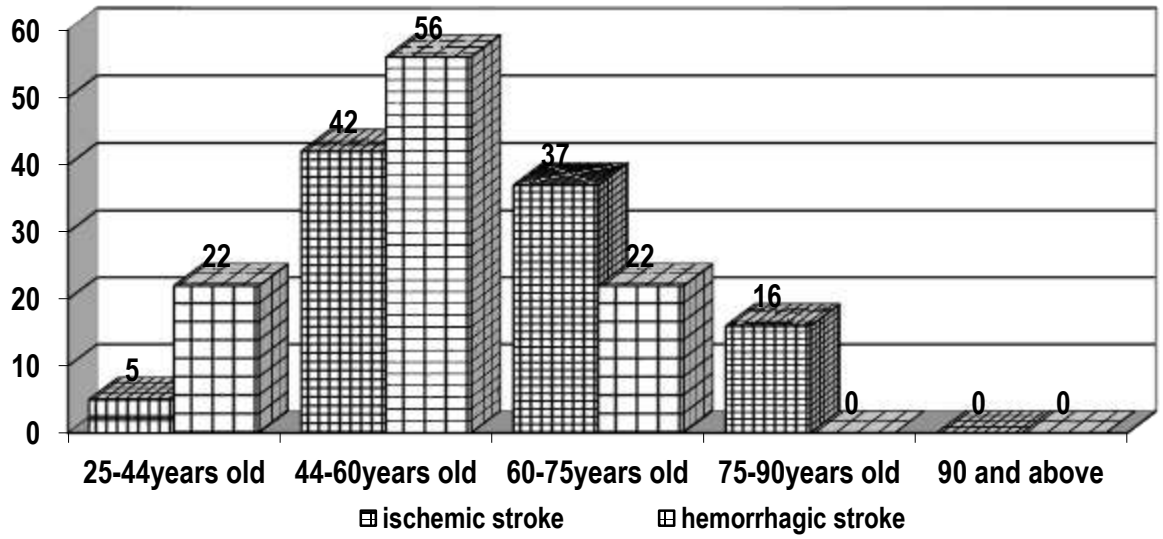
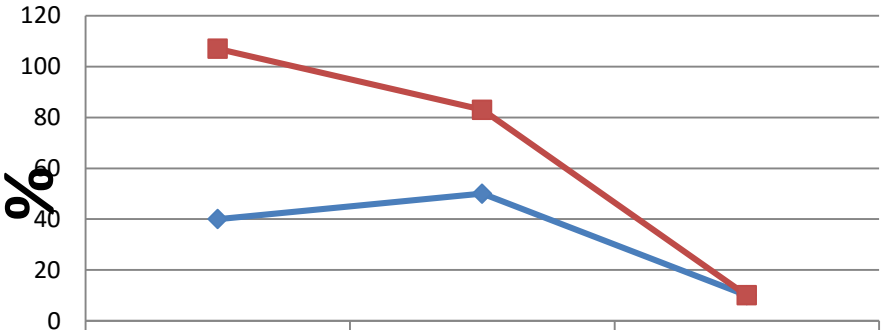


Fig.2. The distribution of patients by age.

In the basin of the middle cerebral artery (MCA) with IS, there were 24 (40%) patients on the right, 30 (50%)on the left, and 6 (10%) in the VBP.

In the MCA pool, 6 (67%) patients were on the right with HI, 3 (33%) were on the left, and no VBP.

Fig .6. The distribution of patients in the pools.



	MCA on the right	MCA on the left	VBP
hemorrhagic stroke	67	33	0
ischemic stroke	40	50	10

e-ISSN: 2348-6848
p-ISSN: 2348-795X
Volume 06 Issue 2
February 2019

In 2018, 512 case histories were stedied retrospectively, of which 66 (13%) patients with stroke. Of these, 58 (88%) patients with IS, 8 (12%) patients with HS. Of these, 43 (74%) are men, 15 (26%) women with IS.

Patients who underwent HS turned out to be – 8. Of these, 7 (88%) men, 1 (12%) women.

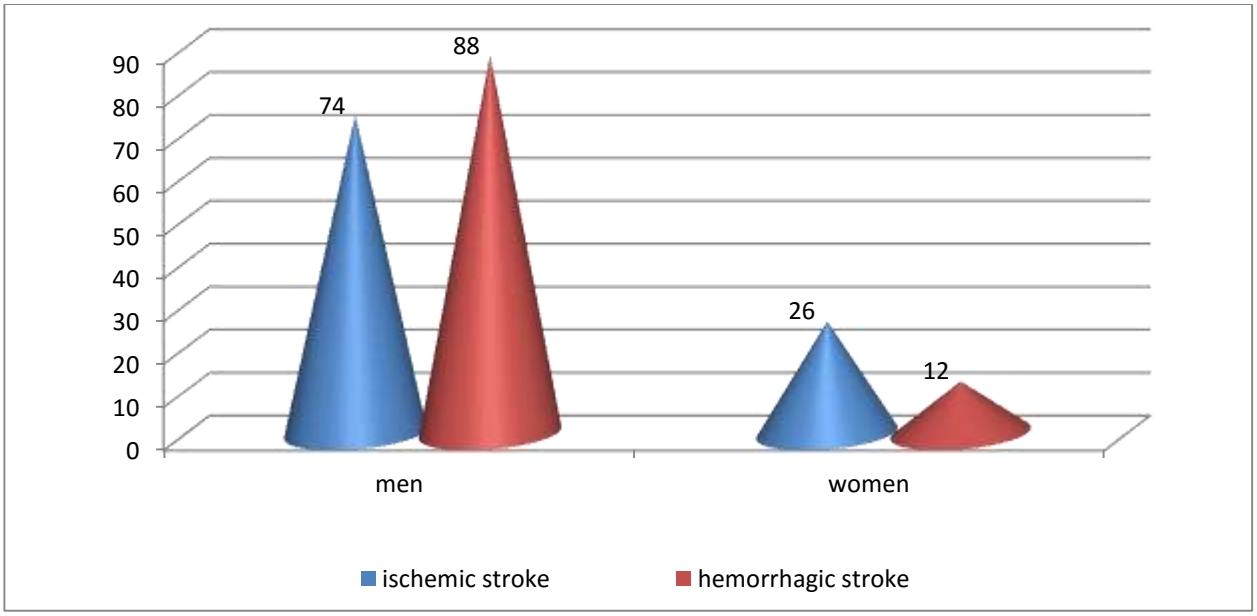


Fig.4. The distribution of patients by sex.

The distribution by age showed that one hundred patients with IS aged between 25-44years – 4 patients (7%); 44-60 years - 33 patients (57%); 60-75years – 14 patients (24%); 75-90years - 7 patients (12%); after 90 years – no.

With HS at the age of 25-44years – 2 patients (26%); 44-60 years - 3 patients (7%); 60-75years - 3 patients (37%); 75-90years - no; after 90years – no.

International Journal of Research
Available at https://pen2print.org/index.php/ijr/
e-ISSN: 2348-6848
p-ISSN: 2348-795X
Volume 06 Issue 2
February 2019

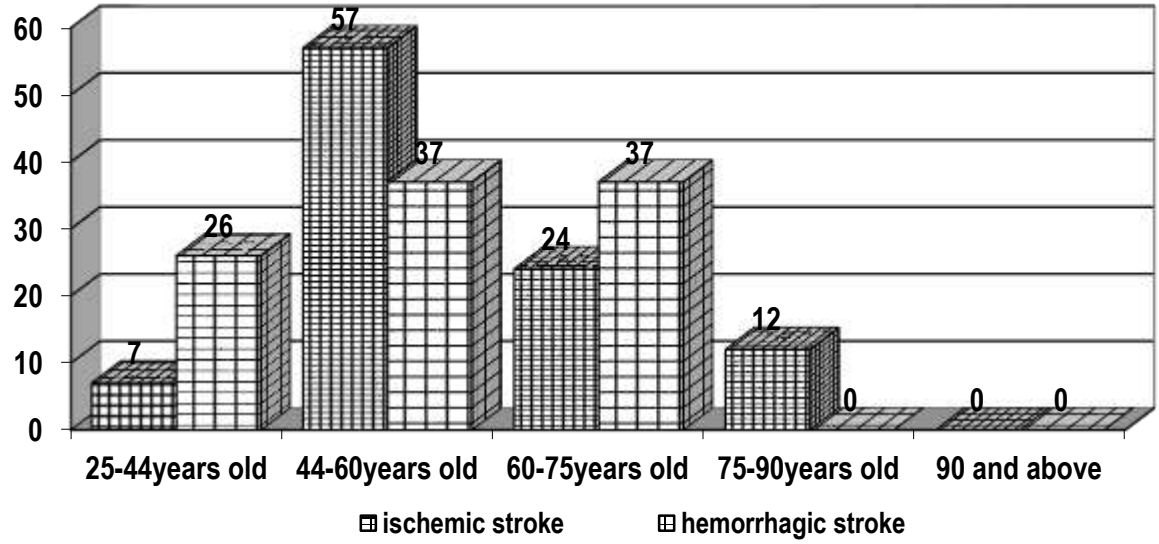
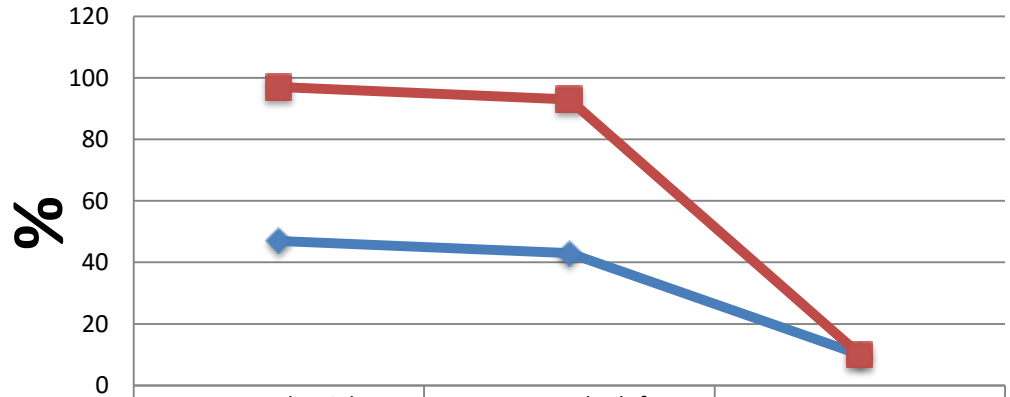


Fig.5. The distribution of patients by age.

In the MCA pool, 27 patients (47%) of the patient turned out to be on the right with IS, 25 (43%) on the left, and 6 (10%) in the VBP.

With HI, there were 4 (50%) patients in the MCA pool on the right, 4 (50%) on the left, and not in the VBP.

Fig.6. The distribution of patients in the pools.



	MCA on the right	MCA on the left	VBP
hrmorrhagic stroke	50	50	0
ischemic stroke	47	43	10

Findings:

1. As a result of a retrospective analysis of case histories of stroke

patients, it turned out that for the period January 2017 to November 2018, 605 patients with stroke were identified.

2. During the observation, it was revealed that IS was more often met, which coincides with the literature data.

3. Summarizing the findings, we came to the conclusion that it necessary to carry out primary prevention of stroke.

BIBLIOGRAPHY:

1. Suslina Z.A., Piradov M.A.. Stroke: diagnosis, treatment, prevention. Edited – M.: MEDpress – Inform, 2008. – 288 p.

2. Amarenco P., Bogousslavsky J., Caplan L.R., Donnan G.A., Wolf M.E., Hennerici M.G. The ASCOD phenotyping of ischemic stroke (Updated ASCO phenotyping), Cerebrovasc. Dis. 36 (2013) 1–5, http://dx.doi.org/10.1159/ 000352050.

3. Caplan L.R. Stroke classification: a personal view, Stroke 42 (2011) S3–S6, http:// dx.doi.org/10.1161/STROKEAHA.110.594630.

4. Feigin V.L., Krishnamurthi R.V., Parmar P. et al. Update on the global burden of ischemic and hemorrhagic stroke in 1990–2013: the GBD 2013 study, Neuroepidemiology 45 (2015) (2013) 161–176, http://dx.doi.org/10.1159/ 000441085.

5. Lloyd-Jones D., Adams R.J., Brown T.M. et al. Heart disease and stroke statistics - 2010 update: a report from the AHA // Circulation. – 2010. – Vol. 121. – P. 215–246.

6. Mohr J.P., Caplan L.R., Melski J.W., Goldstein R.J., Duncan G.W., Kistler J.P., Pessin M.S., Bleich H.L. The Harvard cooperative stroke registry: a prospective registry, Neurology 28 (1978) 754–762.