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Dissirculatory Encephalopathy

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Annotation: Vestibular dysfunction accompanied by dizziness symptom is observed in many populations. Scientific research in this regard shows that acute and chronic circulatory disorders in the brain are increasing day by day for various etiological reasons.

Keywords: Dissirculatory encephalopathy, ataxia, atherosclerosis, arterial hypertension, headache, dizziness.

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Dissirculatory encephalopathy is a condition of chronic cerebrovascular insufficiency, changes associated with impaired blood supply to the cerebellum and cranial brain, resulting in a lack of oxygen and nutrients in neurons. This leads to the gradual death of neurons in different parts of the brain. When dissirculatory encephalopathy is observed, headaches, dizziness, fatigue, decreased ability to think, nausea xissi. The most severe consequence of dissirculatory encephalopathy is stroke. Dissirculatory encephalopathy, as well as early manifestations of cerebral blood supply deficiency, belongs to chronic cerebrovascular diseases.

Dissirculatory encephalopathy is progressive multifocal or diffuse vascular ischemia of the brain. This is a consequence of various diseases for various reasons. Especially after the covid 19 pandemic, changes in blood coagulation have further increased this process to microangiopathies.

Acute cranial circulatory disorders are brain lesions that are caused by the effects of vascular changes, expressed by Focal signs, general brain signs, meningial signs, or the concomitant course of these signs. Depending on how long the neurological defects in the patient persist, there is a discrepancy in the circulation of the passing brain and strokes. Patients with frequent emotional tension, low mobility, smoking, high body weight, hereditary predisposition to diabetes mellitus, arterial hypertension, dyslipoproteinemia, diseases of the cardiovascular system are considered patients with a high probability of this disease. The main symptoms of dissirculatory encephalopathy are divided into the following groups: disorders of cognitive functions (memory, attention, thinking, late stages of Dissirculatory encephalopathy are characterized by the development of dementia — vascular dementia), Affective Disorders, movement disorders: pyramidal (spasticity), extrapyramidal (Parkinsonism, hypokinesia), pseudobulbar disorders (eating difficulties: slowing of chewing, swallowing; voice change - "rudeness",

slowness of speech; forced laughter and forced crying), cerebellar diseases (gait and stability disorders, subtle sequential movement disorders (ataxia), including speech fluency disorders (dysarthria), vestibular and vegetative disorders (dizziness, nausea, changes in blood pressure). In the later stages, patients develop diseases of the pelvic organs: inability to keep urine and feces.The course of the disease is usually divided into three stages (according to the presence and course of the main symptoms). The first signs of discirculatory encephalopathy are manifested mainly in the form of asthenia, which often makes it difficult to diagnose at this stage of the development of the disease, since such symptoms often accompany the initial stage of mental disorders, the prodromal stage of some diseases . infectious diseases are also a signal about the presence of somatic diseases or overwork.

Stage I (mild) is manifested by increased fatigue from mental work, an average decrease in working memory and volume of perception. Subjective symptoms prevail (headache, dizziness, noise in the head, increased fatigue, decreased attention, instability during walking, irritability, sleep disorders). After examination, only mild pseudobulbar manifestations, revitalization of tendon reflexes, anisoreflexia, decreased postural stability, and slower gait may be noted. Neuropsychological research identifies moderate cognitive disorders of a frontal-subcortical nature (memory, attention, cognitive dysfunction) or neurosis-like disorders, mainly of the asthenic type. Some patients experience decreased performance.The formation of clinical syndromes that significantly reduce the functionality of the stage I(average) patient-cognitive disorders and memory loss associated with dysfunction of the frontal lobes, slowing down of mental processes, attention, thinking, the ability to plan and control their own actions, pronounced vestibulo cerebral disorders, pseudobulbar syndrome and gait disorders are possible. The clinical picture is called mild cognitive impairment syndrome.Stage III (severe) severe cognitive impairment (euphemism used by local neurologists to refer to dementia). Cognitive disorders reach moderate to severe dementia levels and are accompanied by severe affective and behavioral disorders (sharp decline in criticism, apathetic-abulsial syndrome, dysinhibition, irritability). Serious disturbances in walking and postural balance develop with frequent falls, severe cerebellar disturbances, severe Parkinsonism, and urinary incontinence.

Therefore, the diagnosis of" discirculatory encephalopathy " is made on the basis of the long-term (more than 6 months) presence of the main symptoms (dizziness, memory impairment, speech, increased fatigue, coordination disorders, etc.). Objectively identifiable neuropsychological and neurological symptoms (in order of decreasing importance: cognitive and emotional-volitional disorders, gait disorders, Movement Coordination disorders, pyramidal deficiency symptoms). Symptoms of cerebrovascular disease, including risk factors (arterial hypertension, hyperlipidemia, diabetes mellitus, cardiac arrhythmias, etc.) compliance of neuropsychological and neurological deficit dynamics with the characteristics of the course of cerebrovascular diseases (tendency to develop with a sharp deterioration, partial regression and alternation of periods of relative stabilization); vascular origin determined by CT / MRI compliance of changes in the substance of the brain with leading clinical manifestations. Other diseases that could explain the patient's symptom complex were excluded.

In practice, atherosclerosis, arterial hypertension and their combination have the greatest etiological significance in the development of dyssirculatory encephalopathy.

Dissirculatory encephalopathy caused by Arterial hypertension can be treated well. These include the use of B - adrenoblocators, agents acting on the Renin angiotensin system, sartans , diuretics, calcium channel blockers.Nootropes, neuroleptics are used as a simtomatic treatment, there will be the use of drugs such as betaserc, cavinton forte, omaron, cerebrovin, neurovitis, cortexin, ayrolet. Iron preparations, vitamin complexes, protein preparations are also widely used.Non-infected bermors in patients with Covid-19 the fact that relatively cognitive changes occur quickly and deeply determined.

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