KENTRON IN RESTORATION OF MOTOR FUNCTIONS AFTER ISCHEMIC STROKE

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More than 50% of stroke patients have motor impairments of varying severity, 30% become severely disabled and cannot move without assistance.

The aim of this study is to study the effectiveness of using kentron in the treatment of movement disorders after ischemic stroke (IS).

Material and methods: The study included 60 patients with IS, 35 men and 25 women, aged 45 to 75 years.

The inclusion criteria for patients in the study were: infarction in the left cerebral hemisphere with the development of hemiparesis of varying severity and gait disturbances; acute (7-21 days) and early recovery (1-3 months) periods of stroke; assessment of movement disorders on the NIHSS stroke severity scale of at least 2 points. The localization and nature of focal changes in the brain were confirmed by X-ray computed tomography (CT) or magnetic resonance imaging (MRI) imaging of the brain. The patients were prescribed basic drug therapy aimed at correcting blood pressure and disorders of cardiovascular activity. The main (1st) group consisted of 30 patients, to whom Kentron was prescribed in the acute period of IS (7-21 days); the comparison group (2nd) - 30 patients, who were prescribed kentron in the early recovery period (1-3 months after the underwent IS).

Results: In 20 patients of the 2nd group, infarctions were detected in the basin of the left middle cerebral artery of cortical - subcortical localization, and in 11 - deep localization. The severity of neurological disorders according to the NIHSS was 11 points. When assessing the ability to move independently, it turned out that 5 patients could move only within the ward with the help of two people (o points), 12 patients could move within the ward only with the constant support of their attendants (1 point). In both groups, after the course of Kentron treatment, a decrease in movement disorders in the arm and leg was observed. The degree of improvement was statistically more significant when prescribing kentron in the acute period of IS in patients with both more and less severe motor impairments. Moderate recovery of motor functions was noted in 86% of cases when starting treatment with Kentron in the acute period and in 50% when starting treatment in the early recovery period.

Conclusion. The study showed that in the acute period of IS, after a course of treatment with Kentron, there is a decrease in the degree of neurological disorders on the NIHSS scale, an increase in the Bartel index. In the acute period of IS, after a course of treatment with kentron, there is a decrease in movement disorders with a significantly pronounced and moderate paresis in the leg.

In the acute and early recovery periods of IS after the course of treatment with Kentron, a decrease in the degree of movement disorders in the arm was revealed.

