OPTIMIZATION OF CLINICAL AND INSTRUMENTAL FEATURES OF VERTEBRAL-BASILAR INSUFFICIENCY IN MIDDLE-AGE PATIENTS

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Vertebrobasilar insufficiency is most often caused by atherosclerotic lesions in the vertebrobasilar system, vertebral artery dissection, or (less commonly) other vascular pathology and manifests itself as transient ischemic attacks.

Key words: vertebrobasilar insufficiency, cerebrovascular diseases, actovegin.

Target. Traumatic or spontaneous injuries of the vertebral arteries are based on 2 main reasons: wall dissection (dissection) - spontaneous or traumatic, or direct impact due to fractures, dislocations (especially with the “whiplash” mechanism of injury), rough manual influences, yoga classes. The presence of dysplastic changes suggests a generalized arteriopathy underlying the dissection . Diseases accompanied by joint hypermobility (Marfan syndrome , Ehlers - Danlos syndrome), episodes of development of transient neurological symptoms during manual manipulation, abnormal entry of the vertebral artery into the posterior inferior cerebellar artery or its high entry into the canal of the transverse processes are an absolute contraindication to any manual maneuvers on cervical spine. This is also true with respect to developmental anomalies of the arteries of the vertebrobasilar system (VBS), which may not appear normally, but lead to more severe consequences in case of circulatory disorders due to a decrease in compensatory capabilities.

Instrumental diagnostic methods

To clarify the diagnosis, ultrasound duplex scanning methods of the main arteries of the head are used. When using functional tests and a well-qualified specialist, the information content of this method is very high. X-ray contrast angiography is used only in cases where surgical intervention is intended; with the advent of less invasive methods (multispiral computed tomography angiography and magnetic resonance angiography), the need for it often disappears altogether.

According to studies conducted in the last decade, the risk of developing ischemic stroke with stenosis of the SMA arteries is no less than with carotid stenosis, therefore, assessment of the condition of the SMA arteries is necessary to identify potentially avoidable risk factors for ischemic stroke [12].

The result of the study.

Dizziness and imbalance are two of the most common complaints, the occurrence of which often leads to an erroneous diagnosis of VBI.

An acute attack of vestibular vertigo is one of the most common reasons for seeking outpatient and inpatient medical care. In most cases, disorders are interpreted as vascular (cerebral circulatory disorders in the VBS), although often they are not.

Stereotypical recurrent attacks of systemic vertigo are often caused not by VBI, but by peripheral vestibulopathy or vestibular migraine [8]. Dizziness of a systemic nature (vestibular vertigo) is a sensation of imaginary rotation or movement (circling, falling, swaying) of surrounding objects or the patient himself in space. Peripheral vestibulopathy is more often than VBN, combined with hearing loss or tinnitus in the absence of other neurological complaints and symptoms (except for horizontal or horizontal rotatory nystagmus). In turn, isolated tinnitus or hearing impairment are rarely caused by damage to the VLS; more often they are based on degenerative diseases (otosclerosis) and sensorineural hearing loss. The vascular genesis of the noise may be indicated by its one-sidedness and rhythmic (pulsating) nature, as well as its occurrence in a certain position of the body.

Balance disorder is a feeling of imbalance when standing and walking. Periodic falls can be caused by various neurological diseases (Parkinson's disease, parkinsonism syndrome, hereditary and acquired ataxias, epilepsy, brain tumors and other diseases).

Disorders of statics and coordination of movements, including attacks of falling and sudden immobility (“ drop attack”), as well as syncopal paroxysms (like Unterharnscheidt’s attacks , “Sistine Chapel syndrome”), which are considered typical manifestations of VBI, in many cases remain difficult to explain [11]. In a detailed study of the reasons that could lead to sudden falls, vascular and craniovertebral pathology is not always named as the most likely cause, but much more often orthostatic hypotension and heart disease, manifested by cardiogenic syncope.

Conclusion and treatment. Depending on the location, characteristics of the lesion, and the presence of concomitant pathology of the branches of the aortic arch, various options for surgical treatment of VBI are possible. Indications for surgical treatment and the surgical technique are determined individually, based on the characteristics of combined damage to the arterial basins, clinical manifestations and the patient’s concomitant diseases. Recently, with the improvement of technologies for endovascular interventions (the emergence of new types of stents , improved methods of protecting the brain from arterio-arterial embolism during dilatation and stenting , the possibility of simultaneous interventions in several vascular areas, better tolerability of minimally invasive techniques in weakened patients), they are carried out in all increasing volume. Open operations are preferred for occlusive lesions of 1 segment of the subclavian artery (Fig. 1), the brachiocephalic trunk, when stenting is impossible, as well as if simultaneous endarterectomy from the carotid arteries is necessary (since the long-term results of open operations in this case are better than with stenting) [6]. If there are no indications for surgical treatment or there are contraindications to it, only conservative treatment is performed. It is recommended to correct risk factors: reducing excess body weight, quitting smoking and alcohol abuse, and eating low-fat foods. Of great importance are the treatment of arterial hypertension and heart disease, the use of statins , the use of antiplatelet agents (acetylsalicylic acid, clopidrogel) or indirect

anticoagulants (warfarin) in the cardioembolic pathogenesis of acute cerebrovascular accident, which is most often observed in atrial fibrillation [9].

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