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Modern Approaches to the Treatment of Ischemic Stroke

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Abstract: In cases of acute circulatory disorders in the brain, the tactics of nodifferential and differential treatment are fundamentally different. Nodifferential (bazis) therapy is used in all types of acute circulatory disorders in the brain, above all when the results of CT or MRI have not yet fully confirmed the diagnosis.

Basal treatment is the correction of the activity of vital organs. Base treatment includes measures that are carried out in all forms of stroke. Their main principle is to prevent the development of complications that lead to secondary brain damage. Adequate base, maintained in intensive care or special units, affects the course of the stroke and the condition of the result of treatment.

Nodifferential (basal) treatment is carried out according to the basic principles mentioned below:

1. Ensuring breathing is the Prevention of aspiration and adequate oxygenation recovery. Respiratory care is aimed at measures to facilitate breathing, cleanse the respiratory tract of mucous substances, remnants of vomit, which include changing the posture of the body, sending air from the mouth and nose, intubation is carried out if necessary. For this, the breath tube is fixed, the tongue prevents backwardness, dental prostheses are taken from the oral cavity, the oral cavity and upper respiratory tract are cleaned of mucus and mucus, oxygen soaked through a nasal catheter or mask is regularly given. According to the instruction, intubation, a dating of the Broncho-tracheal segments, can be transferred to an artificial breathing apparatus.
2. Ensuring the stability of hemodynamics blood pressure and cardiac activity are controlled. Blood pressure in ischemic strokes, if 200/120 mm.sim.who.from, when Thrombolytics are used 185/110 mm.sim.who.from, AT estimated times of hemorrhagic stroke 170/100 mm.sim.who.in cases where it does not exceed, it is not proposed to release blood pressure.

The indication for lowering blood pressure includes not only its absolute level, but also a tendency to an increase in blood pressure, signs of an increase in brain edema, pulmonary edema, infarction myocardium, nephropathy, poor-quality arterial hypertension (retinopathy), violation of the integrity of the walls of a vascular aneurysm [2.4.6.8.10].

It should always be borne in mind that the manifestation of myocardial infarction or another Cardiological pathology is possible, since they are the main causes of destruction in the acute period of a stroke, often requiring special treatment. When the blood pressure drops (below 80/60), it should always be borne in mind the possibility of myocardial infarction. By using cardiac glycosides, antiarrhythmic drug priparates, sometimes by installing a pacemaker, an early elimination of Cardiological pathology is achieved (heart failure, cardiac arrhythmias), which reduces blood circulation to tserebrovasculae, exacerbating the state of ischemia.

3. Cerebral edema and intra-cerebral pressure increase brain damage in the event of a stroke.
4. One of the important components of quality stroke treatment is water-electrolyte balance correction. One of the main laws of infusion treatment in stroke is the provision of normovolemia, due to which the control of the exact ratio of the amount of poured and separated liquids, the moisture and turgidity of the skin, the moisture of the tongue, the indicator of hemotacritis is required.

5. Hypoglycemia and hyperglycemia are sad for the brain in both cases, so normoglycemia should be ensured. If the blood sugar content is more than 200 mg% for 6 hours, it is advisable to use a temporary small amount of insulin (4-8 ED subcutaneous, 2-3 maxal per day under the control of blood sugar levels, for 2-4 days).
6. An increase in body harorat by more than 38 S0 increases brain trauma, therefore, in such cases, it is necessary to wipe the body with an alcohol-water solution through external cooling pathways (rubbing the body with alcohol-water solution, put an ice bag on the trunk vessels (armpits and bladder) and apply analgesics or YAQDV(diclofenac, aspizol), in combination with antihistamine drugs, sometimes vasodilators or droperidol.
7. In psychomotor excitations, relanium is used 10-20 mg, oxybutyrate sodium, 30-50 mg/kg per vein, magnesium sulfate 2-4 mg/hour per vein, galoperidol, 5-10 mg intravenously or intramuscularly.
8. In the paralyzed legs of patients with ischemic stroke, in order to prevent thrombosis of deep veins, a small dose of nephractional heparin (2.5-5 thousand ED subcutaneous, 2 times per day), small molecular heparin (fracsiparin, 0.3 ml subcutaneous, 2 times per day) is used.
9. Methoclopromide (cerucal), domperidone (motilium), torecan, etaperazine, vitamin V6 are made when nausea and vomiting occur.

Differential treatment will depend on the form of acute circulatory disorders in the brain. On the recommendation of the WHO organization, it should not be carried out if the diagnosis is not confirmed by CT and MRI data.

The result of the treatment and the goals set forward depend on the period of the course of the disease. In the first 3-6 hours, neurons that cause ischemia and functional impairment, but retain their survival, have the opportunity to maintain their life, if they appear ischemic "pnembra" around the foci of necrosis (therapeutic "window").

The basic principles of theoretical groundbreaking treatment will be based on the following goals:

1) ensure adequate blood circulation as quickly as possible in ischemic Sox (recirculation as well as reperfusion);
2) Ensure adequate metabolism of brain tissue observed in ischemia and carry out neuroprotective measures.

Ensuring as much blood circulation as possible in the ischemic area makes it possible to stabilize all hemodynamics and apply Thrombolytics to improve the permeability of occlusive blood vessels.

In patients observed in strokes in special centers, if the large skull is caused by thrombosis or embolism of blood vessels, in the first hours, when the first symptoms of the disease appear on the surface, Thrombolytics are injected. The most effective and safe method is tissue plasminogen recombinant activator – alteplase (0.9 MK/kg intravenous, Mac. Up to 90 mg; 10% of the amount is administered in the BOL'yus method, and the rest of the dose - for 1 hour-is administered). According to the results of new data, alteplaza, as a drug that improves the final course of a stroke, is the only drug approved in evidence-based medical examinations [1.3.5.7.9.11.13.15.17].

Alteplaza medication can be used in the following basic guidelines:

if the first symptoms of a stroke appear no more than -3 hours or so, then the risk of hemorrhagic complications increases(if the time interval in which the first signs appear is not used if there is a numbness), when the hemorrhagic stroke is indicated by CT, arterial blood pressure is 185/100 mm.sim.who. when not higher than, when there are no contraindications: coagulopathy, newly occurring stomach and 12-finger intestinal ulcers, the practice of jarroxism carried out around, in severe somatic diseases.

The importance of the use of anticoagulants in the treatment of strokes has not been resolved to date. Medical examinations did not directly prove the effectiveness of the use of anticoagulants (heparin) at 12 hours after the occurrence of the first signs and Quechua. Nevertheless, in practice, heparin is used in the following cases: in TIA and developing strokes (especially in occlusion or stenotic narrowing of large internal or external cranial arteries).

Antiagregants are specifically used when aspirin,100-325 mg/milk anticoagulants, and Thrombolytics are prescribed. Simultaneously with aspirin, blockers of the N2-receptor, omeprazole, sucralfate and other gastroprotectors are given.

Sa + Channel antogonists in particular nimodipine, 30-60 mg has the effect of neuroprotective effect when administered 3-4 times a day or 2 times a day at a rate of 2 mg/hour by intravenous drip or nicardipine, 20 mg 2 times a day for the first 6-12 hours of ischemia in early periods.

To improve the hematological condition of the blood: reopoliglyukin, reomacrodex 400.0 ml drip into the vein of the vein 1-2 times a day for 5 days), hemodylation using albumin, freshly cooled plasma or crystalloid solutions.

In order to protect the brain's nutrition, brain metabolism is given drugs that have exactly the selective lambing effect.

Hypoxic protectors (antitipoxants) are agents that reduce the jaroxifying effect of hypoxia on the brain structure. It is advisable to use actovegin as an antihypoxant. This tool increases the demand of living cells for oxygen and glucose in hypoxia and ischemia conditions, thereby increasing microcirculation and metabolism in nerve tissues [10.12.14.16].

L-carnitine drugs, mexidol, 200-400 mg drip into the vein of the vein No. 10 2 times a day.

Glycine amino acid-2 tablets are given 3 times a day in the acute course of a stroke under the tongue, glycine greatly reduces the overall brain and focal signs, accelerates the regression of consciousness disorders.

Conclusion. The use of cortexin gives an effective result at the expense of endothelial exposure to the vascular wall and reducing the autoimmune process to neurons, allowing them to be stored in areas of the penumbre that have suffered ischemia. Because of this, antiapoptosis of the cortex is evaluated as an effect. Instenon is a highly combined activator of blood Realogy and cranial trophic. It is given intravenously in a 5% solution of glucose in an acute period of ischemic stroke 2.0 times a day 2 times a day for 5-7 days until clinical improvement.

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