

MODERN APPROACHES TO THE SECONDARY PREVENTION OF ISCHEMIC STROKE

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The problem of cerebral stroke remains of extreme social and medical importance throughout the world [1]. According to WHO, stroke is the leading cause of disability in the adult population. Violation of cerebral circulation is a concept that includes not only stroke, but also transitory cerebral circulation disturbances or transient ischemic attacks (TIA). Based on MRI data, it was found that at a TIA duration of more than 1 hour, persistent foci of ischemia appear in the brain. Therefore, at the suggestion of the World Stroke Organization, the diagnosis of TIA can be made only if the duration of symptoms does not exceed 60 minutes and is completely resolved. Otherwise, a diagnosis of stroke is made [2].

TIAs can be repeated several times a day for a long time. A significant proportion of patients with ischemic stroke (20-30%) have previously experienced TIAs, which indicates their important prognostic value [1,3,7]. Atherothrombotic, embolic, hemodynamic and lacunar strokes are distinguished among ischemic strokes [7].

One of the main causes of extracranial artery lesions leading to cerebral ischemia is atherosclerosis. Atherosclerotic lesions of the cerebral arteries are the cause for 40-45% of all cases of ischemic disorders of cerebral circulation [6]. Currently, there is no doubt about the concept of pathogenetic heterogeneity of ischemic stroke, and the most frequent (more than a third of cases) is the atherothrombotic type associated with lesion of the extracranial arteries, primarily the carotid arteries. The hemodynamic mechanism of stroke development plays an important role at severe stenoses and occlusions of the internal carotid artery [6].

Currently existing methods of both primary and secondary prevention of cerebral circulation disorders can be divided into conservative and surgical ones. In numerous multicenter randomized trials, the efficiency of carotid artery stenosis surgical correction for the secondary prevention of cerebral circulation disorders in patients with severe (more than 60-70%) carotid stenosis who have suffered transient ischemic attacks and minor stroke has been convincingly proven [7,6]. This is especially relevant, since the risk of recurrent ischemic stroke is 10-15% during the first year, then the frequency of recurrent strokes is 5% annually, exceeding 15 times the frequency of stroke in the general population.

To date, few studies have been conducted in which a comprehensive clinical, neurological, neuropsychological examination of patients with various pathogenetic variants of TIA, namely with occlusive lesions of the brachiocephalic arteries, taking into account the localization, degree of prevalence and structural features of atherosclerotic lesions, as well as other risk factors for the development of ischemic brain disease, have been performed.

All surgeries are aimed on the elimination of cerebral artery stenosis and are divided into 2 types: carotid endarterectomy (CE) and an alternative to CE is a minimally invasive endovascular intervention with the installation of a stent (Smout J., 2010).

Thus, low awareness of the population about the symptoms of TIA may be the reason for late hospitalization of patients with its development and thereby promotes the occurrence of stroke and to a decrease in the effectiveness of treatment. It is necessary to start secondary prevention of stroke as early as possible, because most ischemic strokes in patients who have undergone TIA occur in the first days after the disease. Further study of risk factors for each of the methods is relevant. Considering that such measures are an effective alternative to drug therapy, a comparative dynamic study of the condition of patients undergoing stenting of the internal carotid artery, CE and patients receiving drug therapy is of undoubted interest. It is necessary to study short-term and long-term effects. The aim of treating patients with TIA is to prevent subsequent TIA and the development of stroke.

The study of this problem can provide more accurate criteria for the optimal choice of modern methods for diagnostics, prevention and treatment of patients with transient ischemic attacks.

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