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ANALYSIS OF THE EFFECTIVENESS OF TLT IN ISCHEMIC STROKE

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Introduction. Stroke ranks 2-3 among the causes of death in the population and remains the leading cause of disability. Approximately 2,400 strokes per 1 million population are registered annually in the world. In our country, the incidence of stroke and mortality from it are among the highest in the world, about 400 thousand cases of stroke are registered annually, mainly ischemic stroke (IS). In most patients, IS is accompanied by the development of not only a physical defect in the form of motor and sensory disorders, but also a violation of cognitive (cognitive) functions, which may be the cause disability, complicate the rehabilitation process, significantly reduce the quality of life of the patient and his relatives. With an increase in the time that has elapsed since the development of stroke, the role of cognitive disorders (CD) as a cause of disability increases. Often of great importance in the development of post-stroke CD (PSCD) has a syndrome of disconnection of various parts of the brain due to widespread vascular damage to the brain [1, 2]. Approximately 20% of patients develop severe CD, leading to a violation of professional, social or household adaptation — post-stroke dementia [3]. Mild and moderate CD (MCD) are found much more often, which in some patients gradually increase to the degree of dementia, while in others they may remain stable for a long time and even regress [4-6]. The detection of CD allows you to clarify the prognosis of the disease, change the rehabilitation system, prescribe therapy that prevents or at least slows down their progression.

Thrombolytic therapy is currently the only possibility of highly effective care for ischemic stroke, which allows restoring blood flow in the affected vessel and preventing irreversible changes in brain tissue. However, the complexity of the widespread implementation of this method lies in the fact that it requires significant reform of the entire system of care for stroke patients: revision of approaches to the speed of transportation, examination and treatment of the patient, reorganization of pre-hospital and inpatient care with the development of clear algorithms and protocols, creation, development and expansion of a network of specialized centers, retraining and continuous professional development personnel, etc. In addition, it is necessary to change the attitude of doctors themselves, the health service as a whole and the population to strokes, because today it is not a sentence condemning the majority of patients to death or severe disability. Thrombolytic therapy makes it possible to witness a truly dramatic improvement in the patient's condition, when the grossest neurological disorders disappear literally "on the needle", and he not only survives, but also recovers, which was previously almost impossible. Therefore, it is necessary to make every effort to ensure that thrombolytic therapy becomes a routine practice of stroke treatment.

The purpose of the study. To analyze the effectiveness of TLT in ischemic stroke. **Material and methods.** The analysis of the case histories of 27 patients aged 48 to 79 years with ischemic stroke who underwent TLT was carried out. In 25 patients with primary AI: positive dynamics according to NIHSS in 13 people (8 men - 62%; 5 women - 38%). Lack of NIHSS dynamics in 4 people. (2 husbands and 2 wives). Negative dynamics according to NIHSS in 8 people . (6 husband. 75%; 2 wives. 25%). Patients with hemorrhagic transformation – 7 (6 male and 1 female) of them died 4 (3 male and 1women.). In 2 b - x with repeated AI: positive dynamics - in one, without dynamics - in the other. Fatal outcome – 6 people . (3 husbands and 3 wives) during

the day. The evaluation took into account the data of neurological examination before, after and after a day of its use on the NIHSS score scale. Nonparametric criteria Q-Rosenbaum and r–Wald 0 - Wolfowitz were used in data processing.

Results of the study: we conducted a clinical assessment of the dynamics of patients on the NIHSS scale before TLT and immediately after TLT, i.e. after 104 hours: before TLT: 13.5 ± 4.0 points; after TLT: 11.7 ± 4.6 points. $p \geq 0.05$ (i.e. no significant difference was found). And assessment of dynamics before TLT and a day later: before TLT: 13.5 ± 4.0 points; a day after TLT: 9.3 ± 5.3 points. $p < 0.01$(i.e. the difference is significant).

Conclusions: during the year, a small number of TLT - 27 was performed in the clinic, which amounted to 1.89% of the total number of patients with ischemic stroke (1,460 people). Standards – 4%. The effectiveness of TLT with alteplase turned out to be only in half of the patients.A significant positive trend was observed a day after the

TLT ($p < 0.01$); immediately after TLT, i.e. an hour later - not reliable ($p > 0.05$). In 7

patients, TLT was complicated by hemorrhagic transformation (6 men and 1 women),

4 of them died (3 men and 1 women) Fatal outcome as a result of TLT made up 6.5% (6 people). Mortality in AI without TLT was 6.3% (93 people).

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