

5-ma'ruza

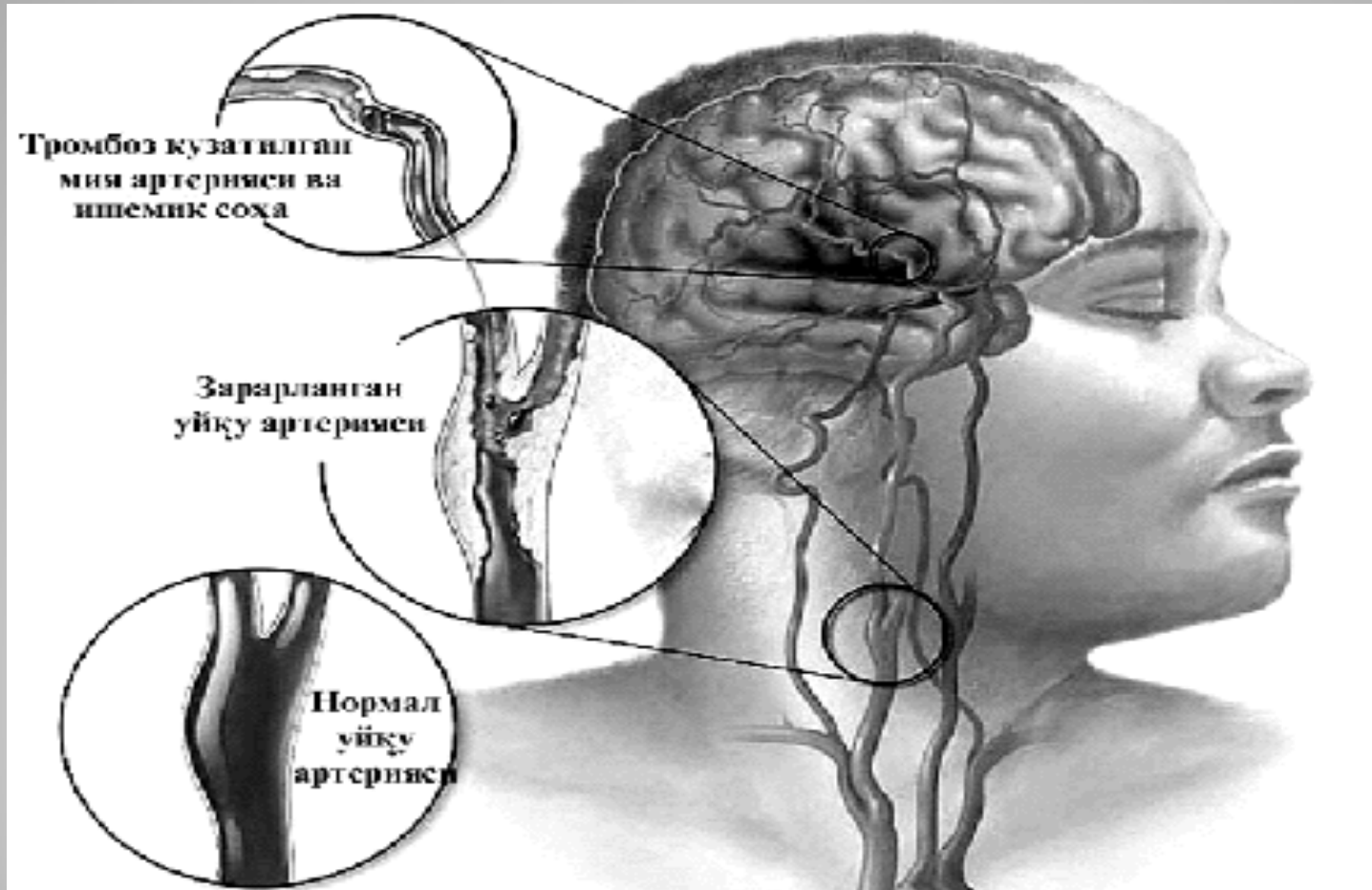
INSULT

(Bu ma'ruza faqat profilaktika haqida)

**Professor
Ibodullayev Zarifboy Rajabovich**

**Toshkent tibbiyot akademiyasi
Nevrologiya kafedrası**

Bosh miyada qon aylanishining o'tkir buzilishiga **INSULT** deb aytiladi.



INSULT

(Bir yilda insultning uchrash darajasi)

Dunyo bo'yicha → **16 mln.**

AQSH → **700 000**

ROSSIYA → **500 000**

Har soatda → **1851**

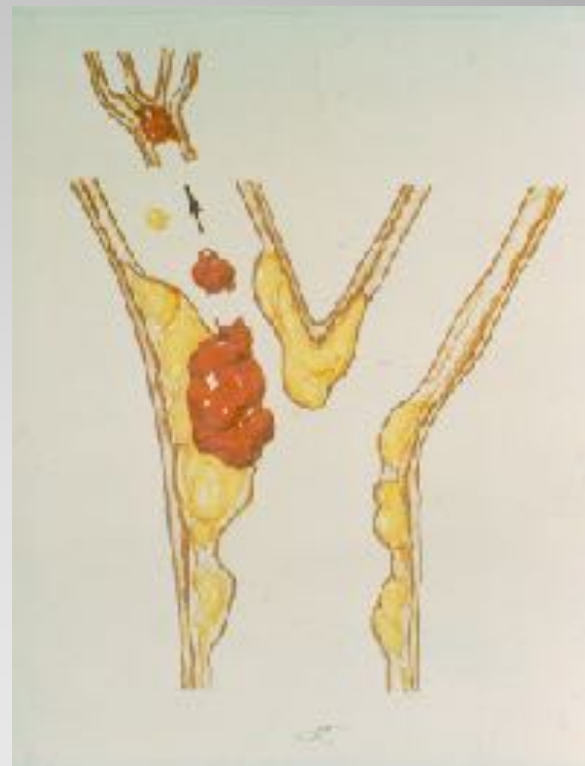
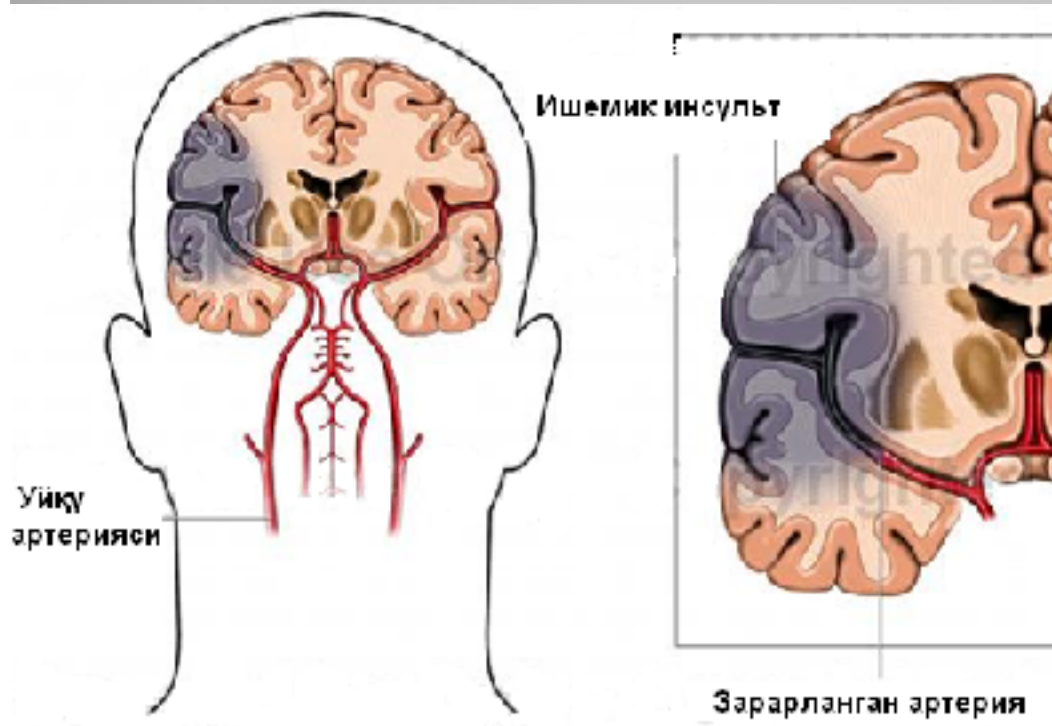


O'zbekiston aholisi – 33 mln.
O'zbekistonda har yili
60 000 kishida insult ro'y beradi

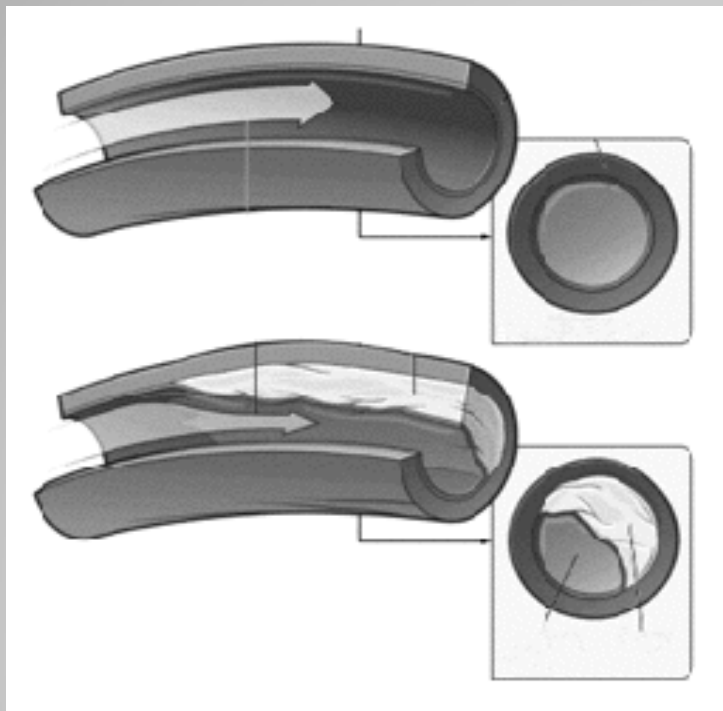


Ishemik insult

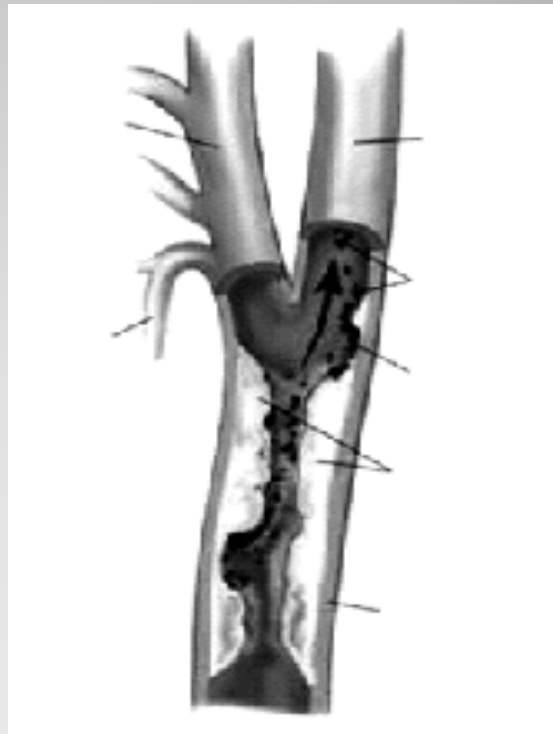
Asosiy sababi

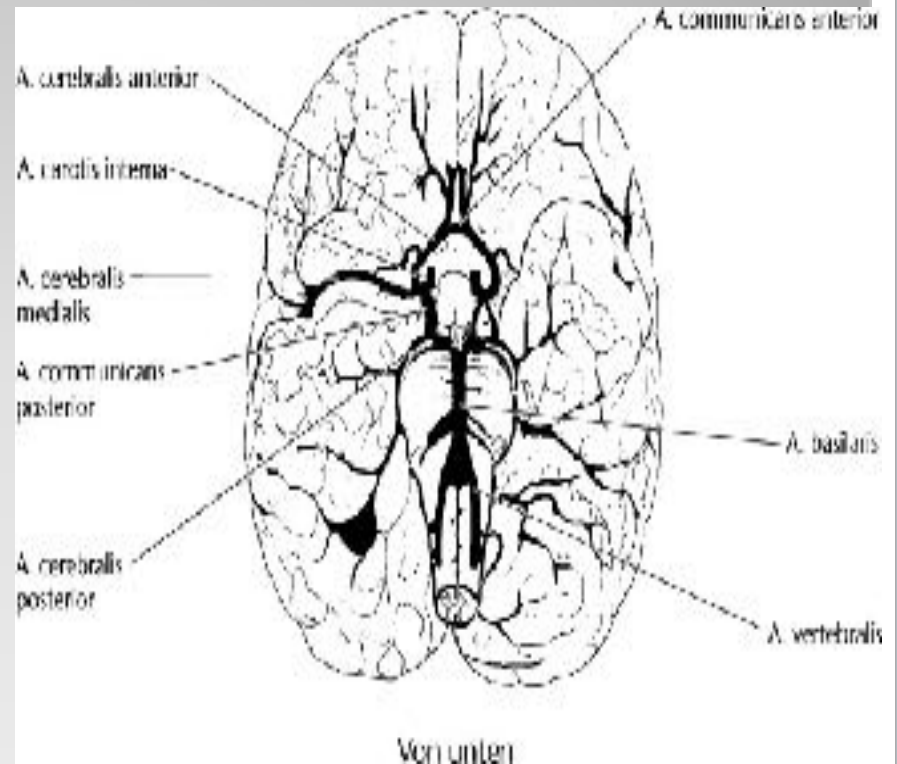
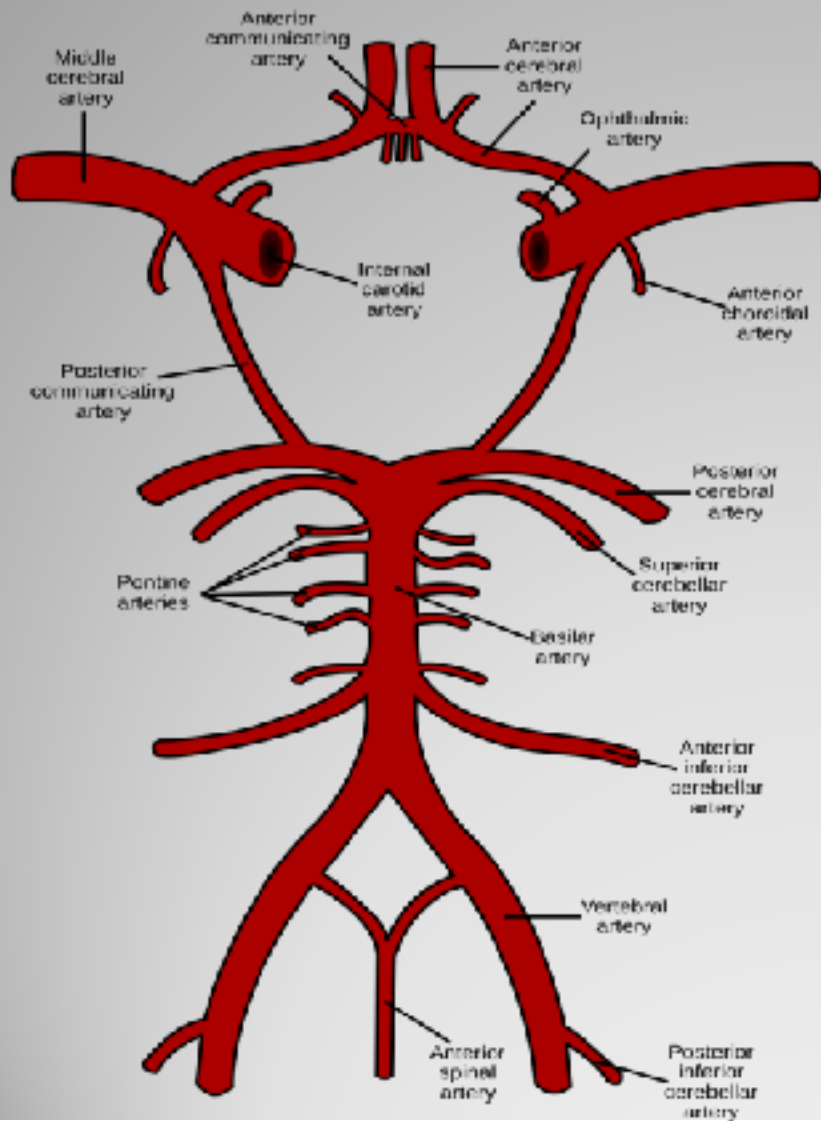


Normal va ateroskleroz aniqlangan tomir

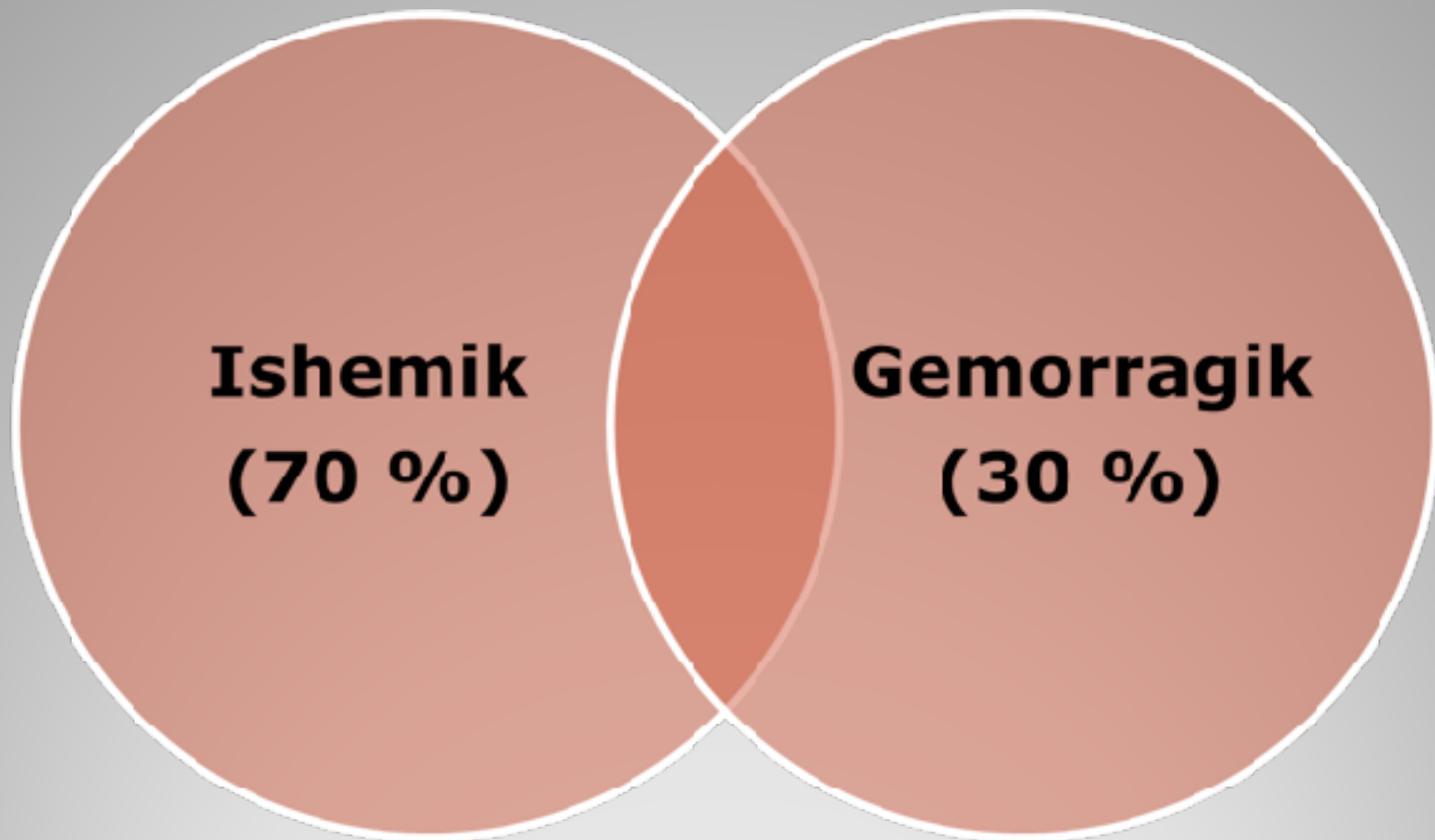


Ateroskleroz sababli bo'yin tomirining torayib qolishi



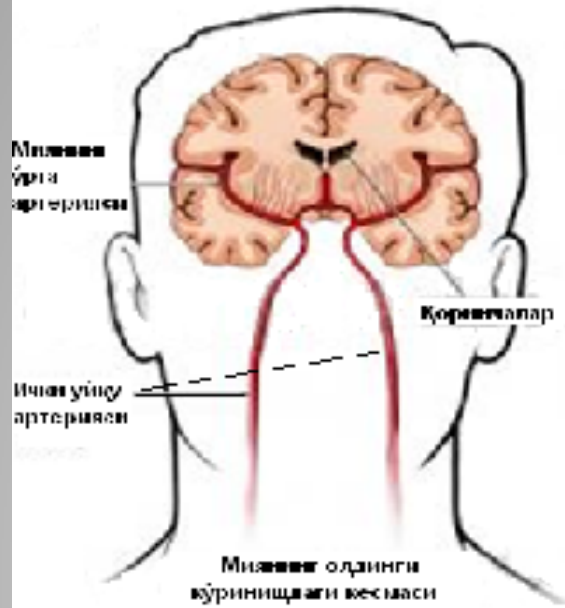


Bosh miyaning qon bilan ta'minlanishi

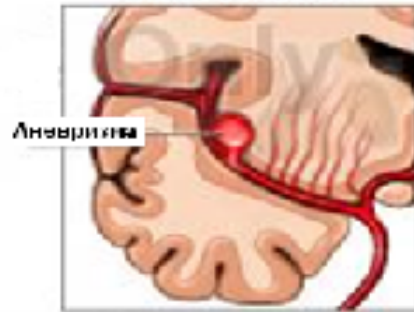


INSULT TURLARI

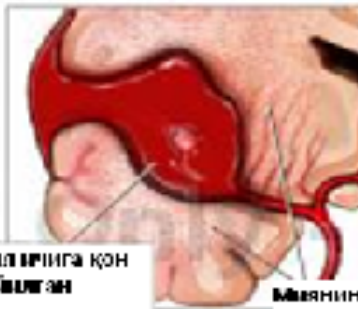
Gemorragik insult va uning sabablari



Ёрилмаган аневризма

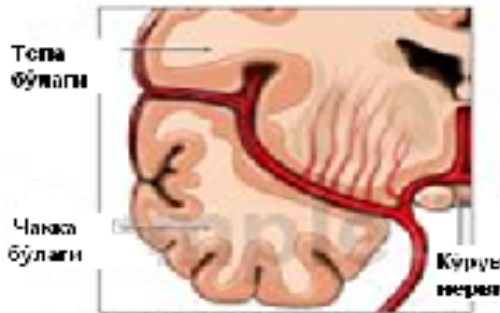
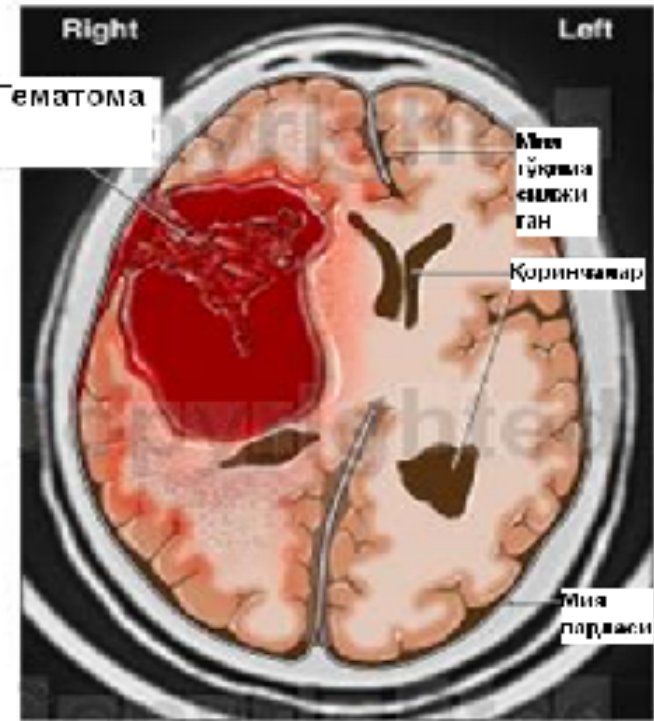


Ёрилган аневризма



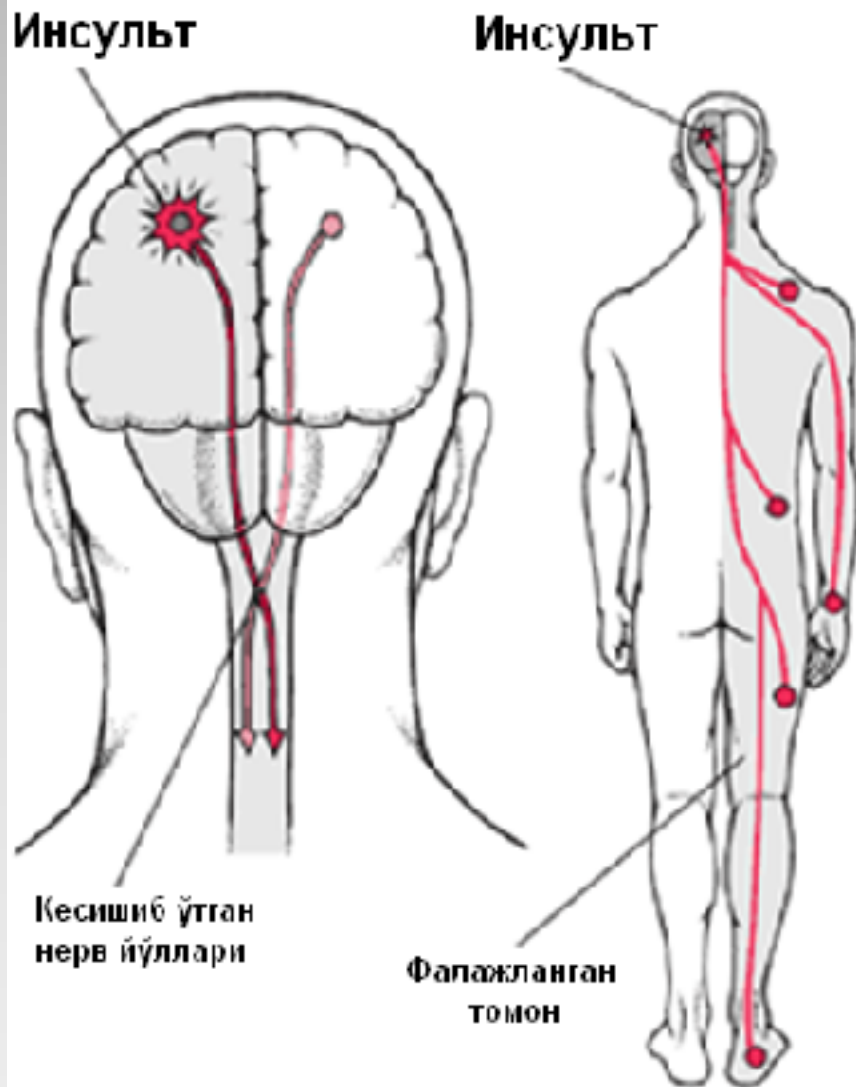
Миданинг соғлом қисми

Мияга қон қуйилиши



Соғлом мия ва артериялар

- Bosh miyaning chap yarim sharida insult ro'y bersa, tananing o'ng tomonida falajlik rivojlanadi.



Dolzarb savollar

1)

• Insult qaysi yoshda rivojlanadi?

2)

• Insultning asosiy sabablari nima?

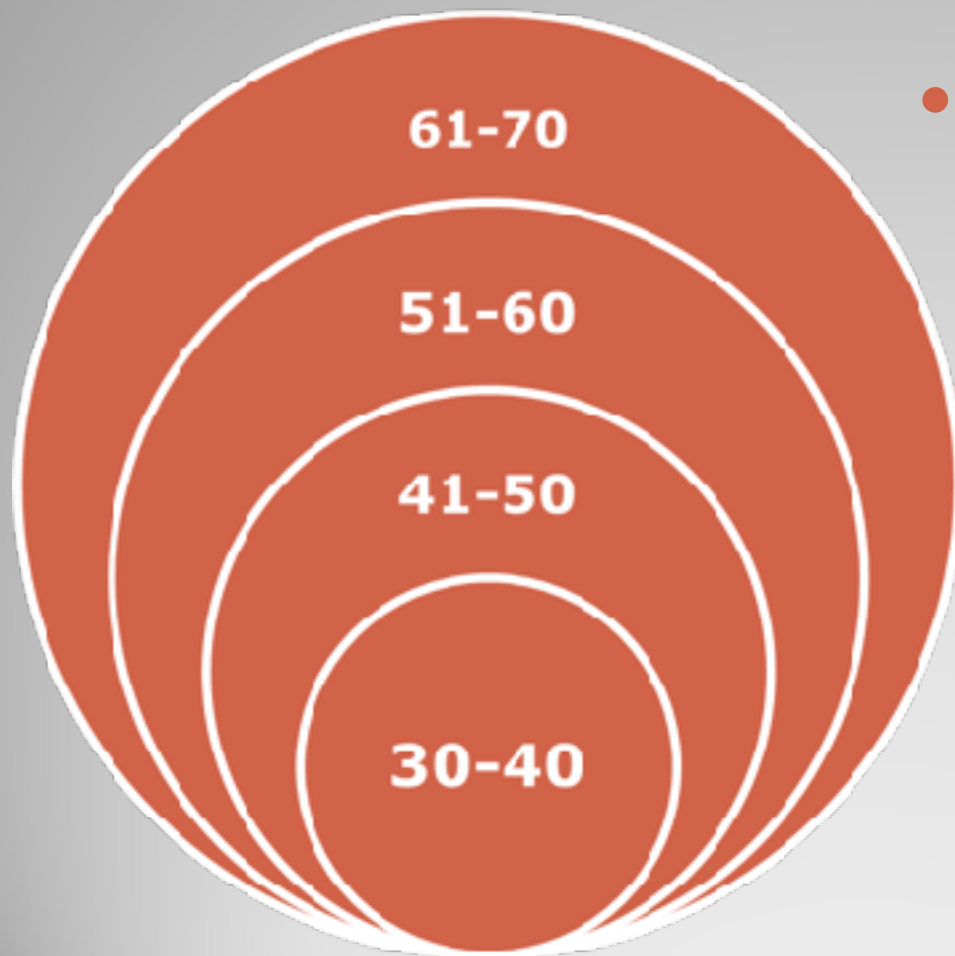
3)

• Insult rivojlansa nima qilish kerak?

4)

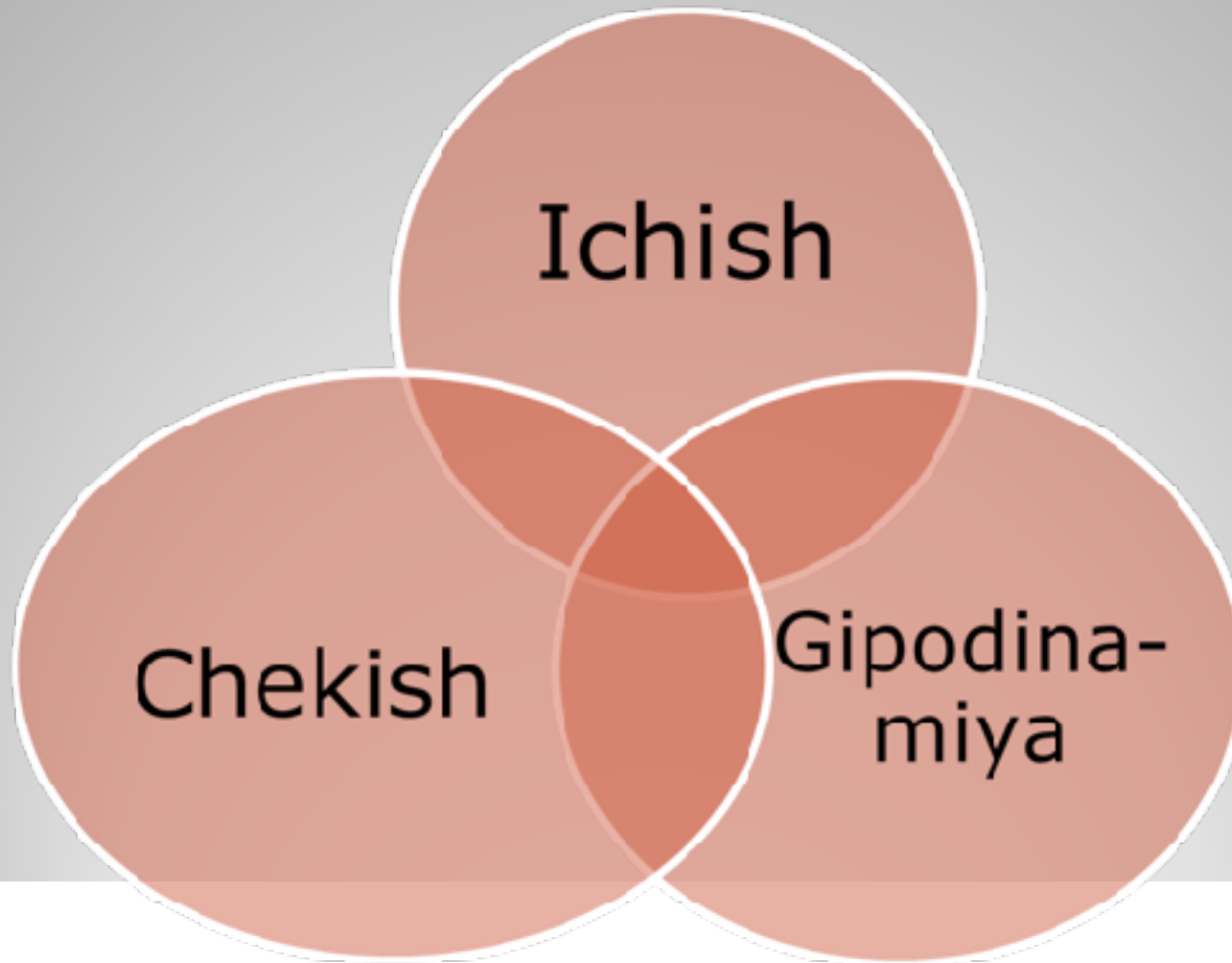
• Insultning oldini olsa bo'ladimi?

Insultning yoshga bog'liqligi



- Yosh oshgan sayin insult bilan kasallanish oshib boradi. Biroq, bu degani – hamma yoshi kattalarda insult bo'ladi degani emas!

**20-30 yoshdagi muammolar:
Insultga birinchi qadam!**



Insultga olib keluvchi asosiy xatarli omillar

**Arterial
gipertoniya**

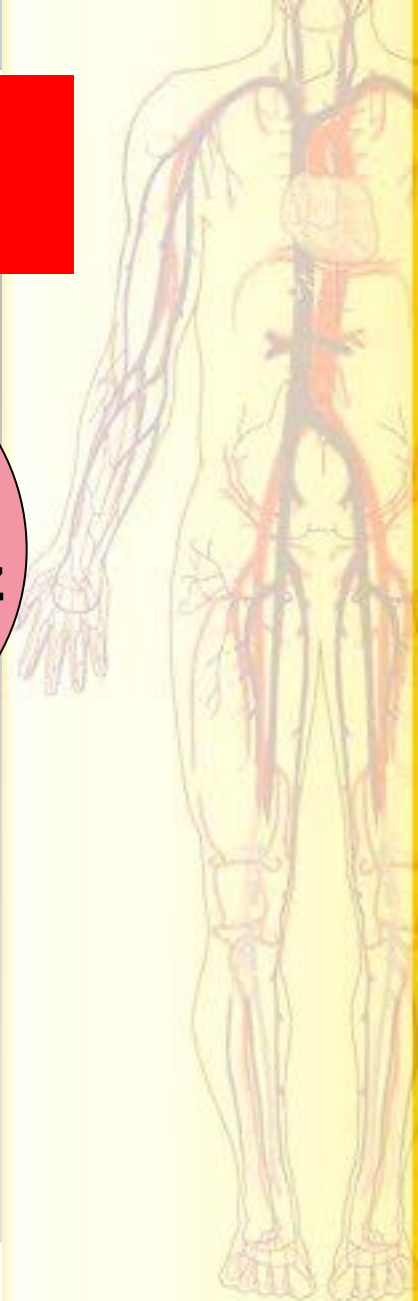
Ichish

Ateroskleroz

Chekish

Semizlik

Gipodinamiya



Insultning patogenetik tiplari

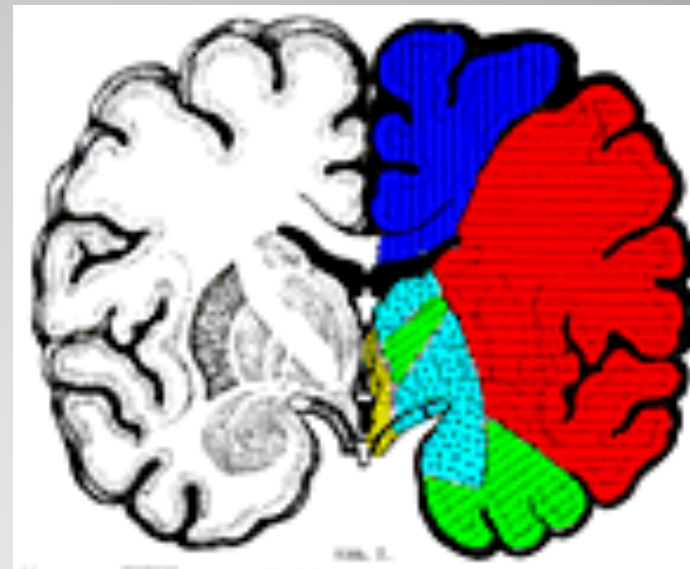
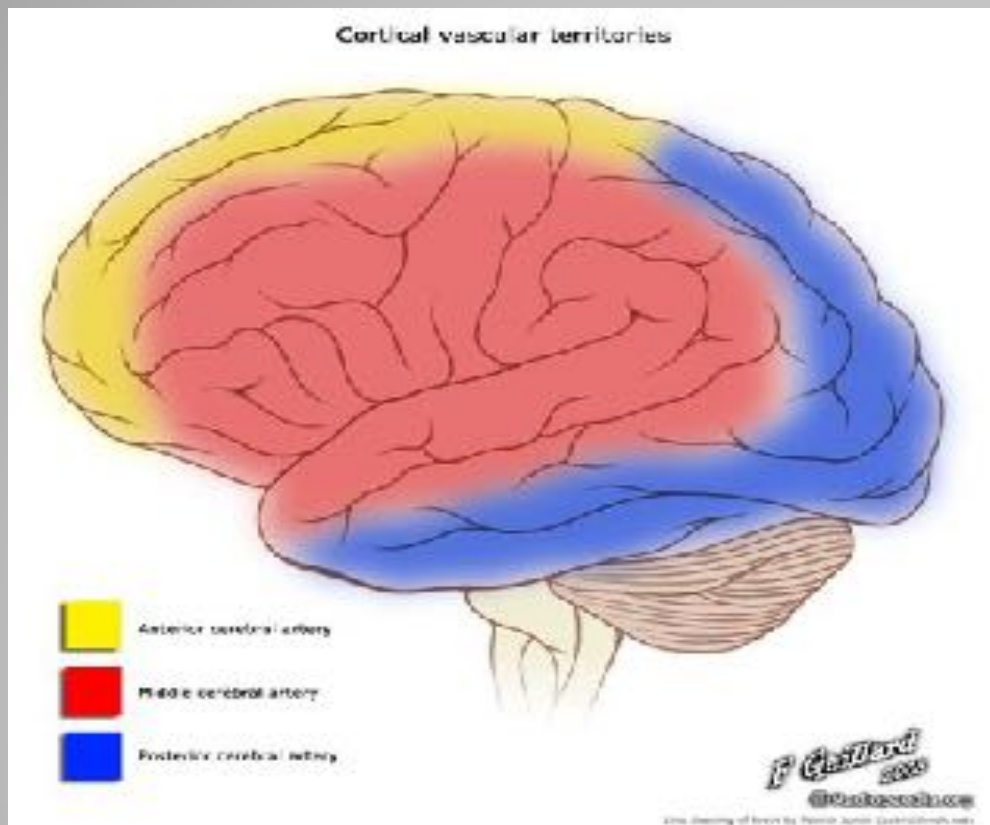
Aterotrombotik

Gemodinamik

Kardioembolik

Lakunar

Gemoreologik



Insult qaysi arteriyalarda ko`p rivojlanadi



- **Oyoqda monoparez, biroq sezgi buzilishlari yengil ifodalangan**




- **Peshona sindromi (apatiya, abuliya, akineziya yoki psixomotor qo'zg'alishlar)**



- **Peshona ataksiyasi**

A.cerebri anterior sohasida insult belgilari

- 
- Gemiparez
 - Gemianesteziya

- Anozognoziya
- Autotopognoziya

- Sensor afaziya
- Motor afaziya

Insultning klinik belgilari (a.cerebri media sohasida)



**Gomonim
gemianopsiyalar**



**Ko`ruv agnoziyalari,
topografik xotira buzilishi**



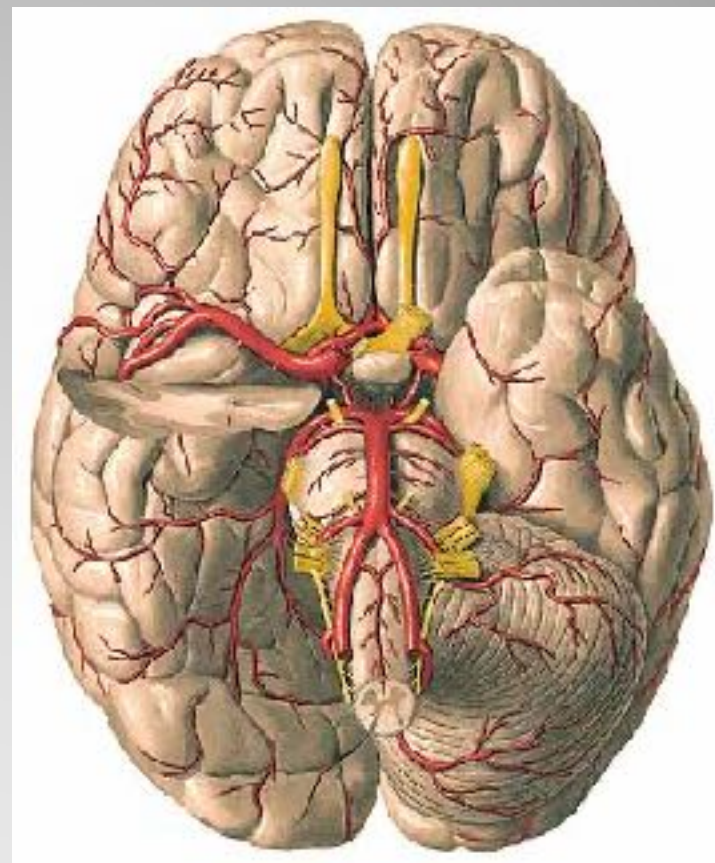
**Optik-fazoviy
buzilishlar**

**A.cerebri posterior sohasida insult
belgilari**

• **Alternirlashgan gemisindromlar**

• **Bulbar sindrom**

• **Ataksiya va bosh aylanishlar**



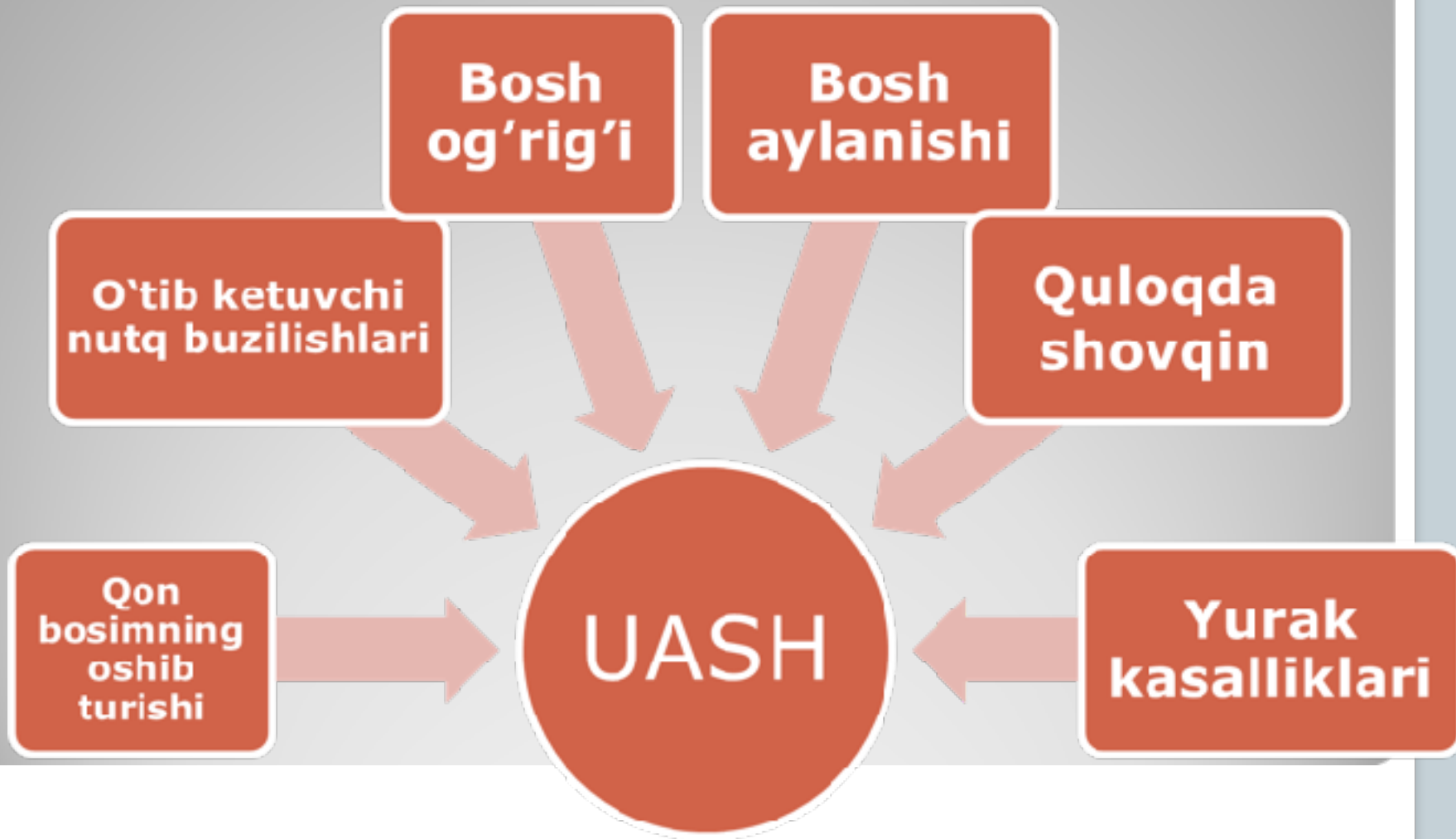
Vertebrobasilyar sohada insult belgilari



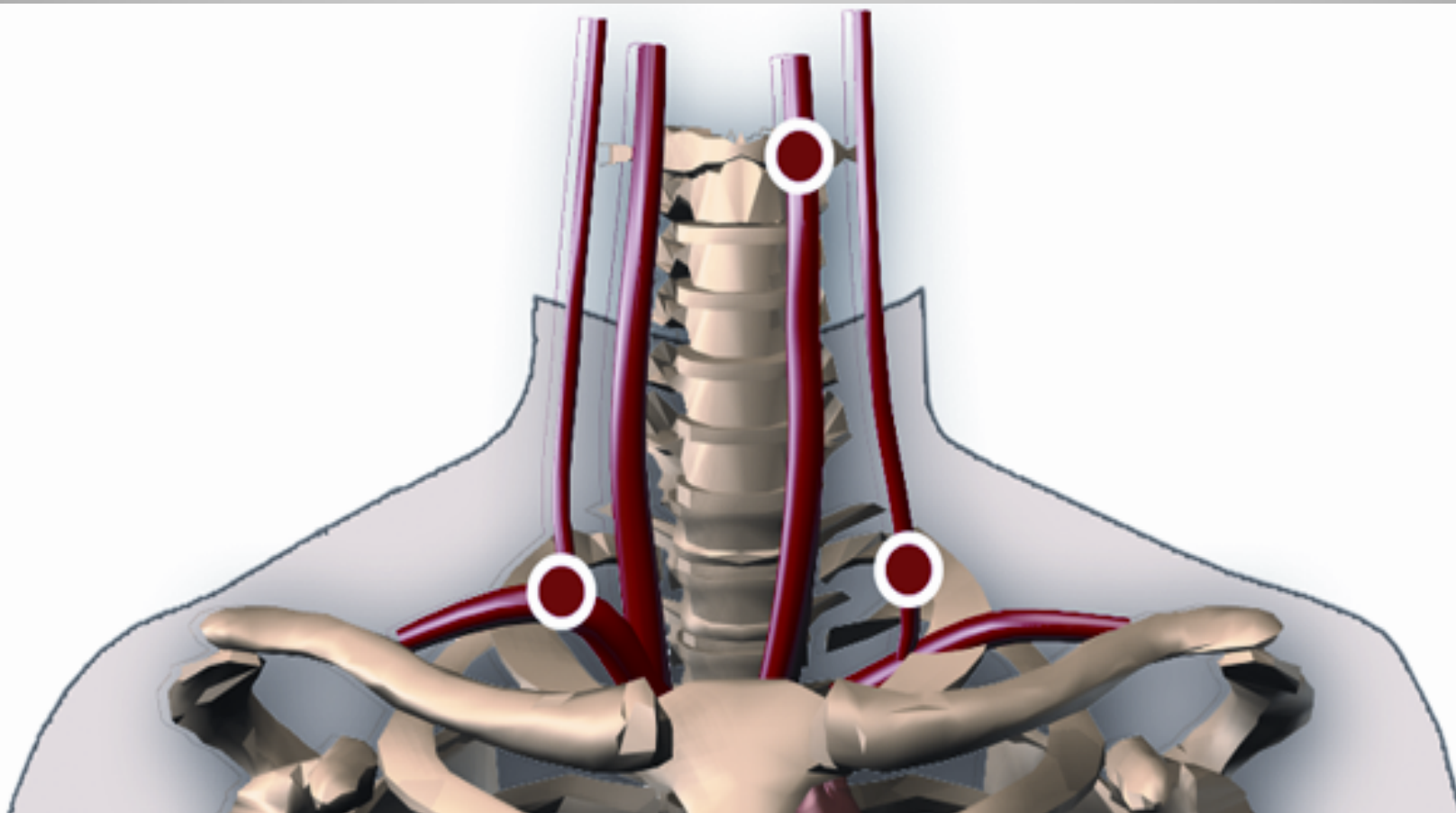
**Insultning oldini olish
mumkinmi?**



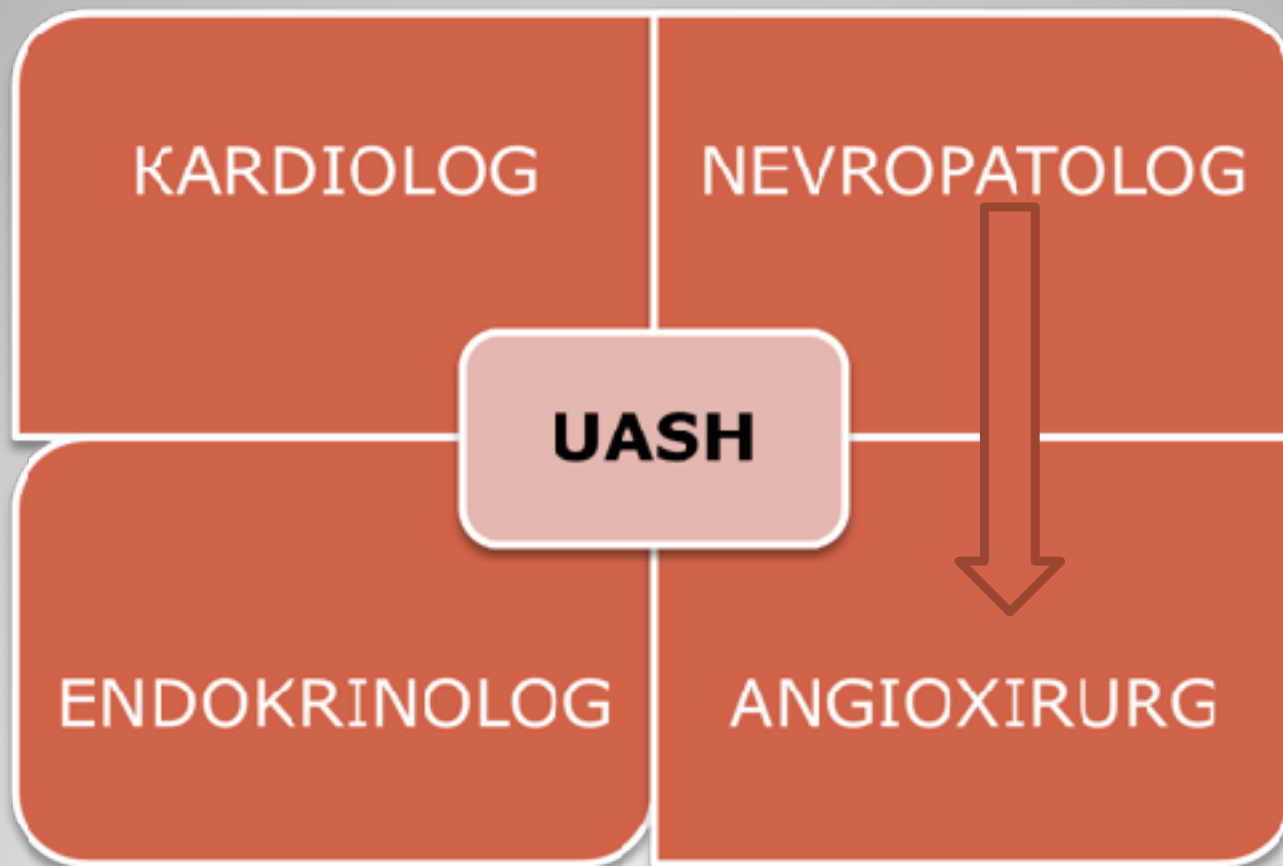
40 yoshdan oshganlarni quyidagi belgilar bezovta qilsa...



**UASh AQBi baland har bir bemorning
bo`yin tomirlarini auskultatsiya qilib
eshitib ko`rishi kerak.**



**UASH BEMORNI DASTLABKI TEKSHIRUVDAN O'TKAZIB,
UNI TOR DOIRADAGI MUTAXASSISLARGA YUBORADI.**



Nima qilish kerak?

Insultoldi belgilar aniqlansa, UASHning o'zi bemorni ultratovush tekshiruviga yuborishi mumkin.

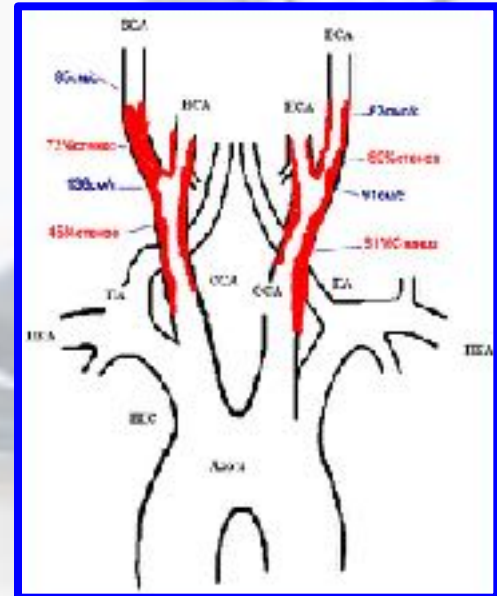
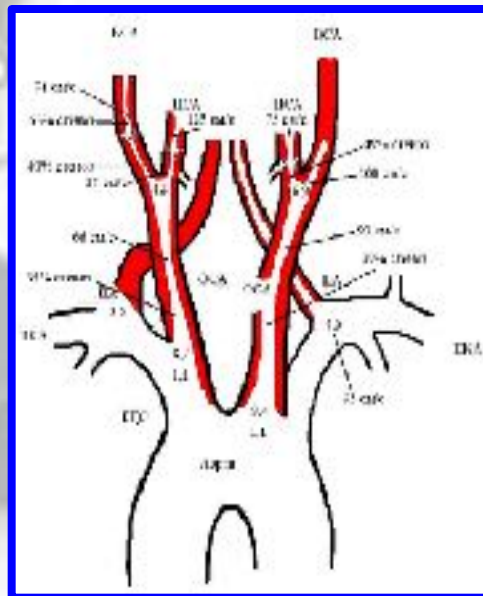
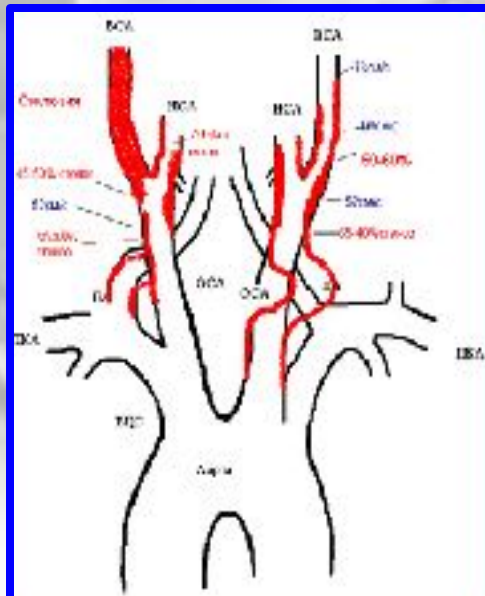
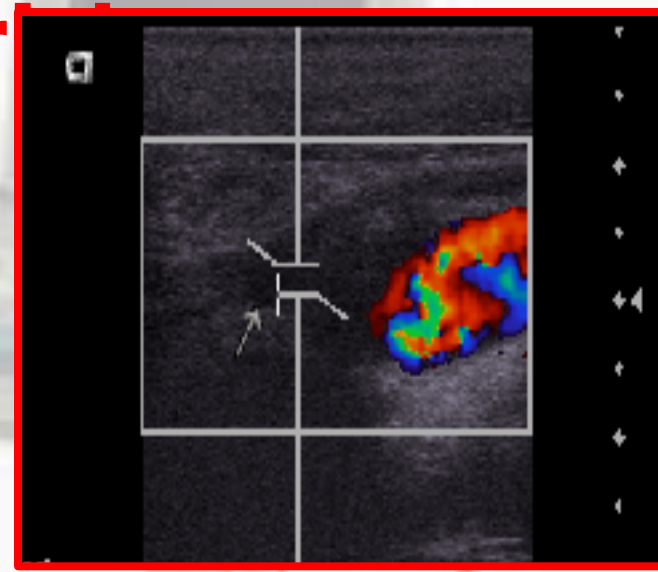


Ultratovush tekshiruvi

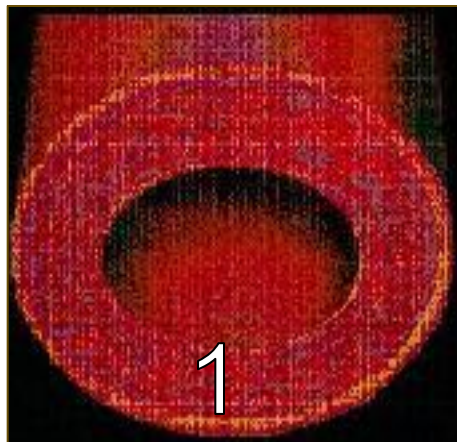


Bo'yindan miyaga boruvchi qon tomirlarni duplex

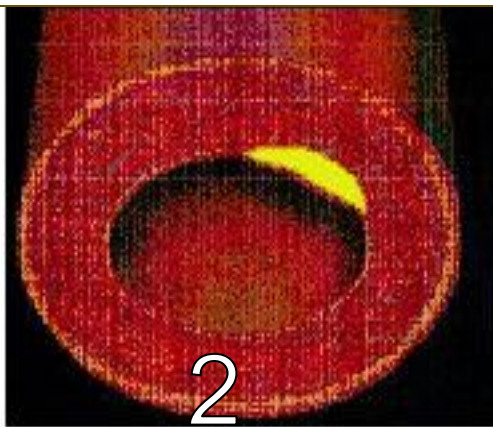
ulida tekshirish



Miya va yurakka boruvchi arteriyalarda aterosklerotik chandiqlar paydo bo'lishi



**Sog'lom tomir
(20-30 yoshlar)**



**Ateroskleroz
belgilari
(31-40 yoshlar)**

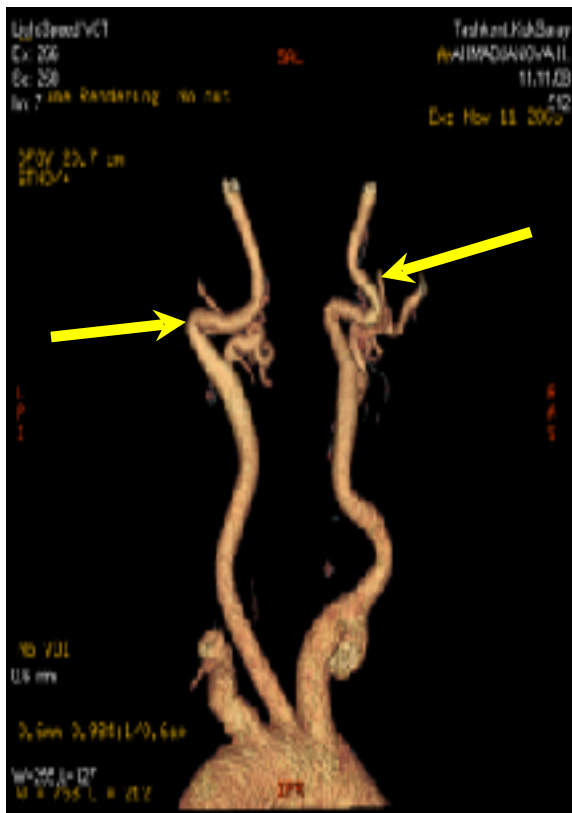


**Tomirning 70%i
tiqilgan**

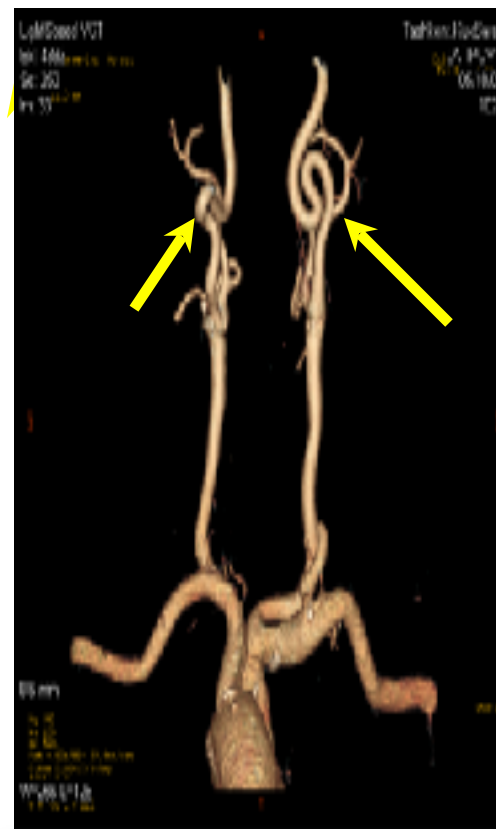


INSULT

Magnitli-rezonans tekshiruvida miyaga boruvchi bo'yn tomirlari holati

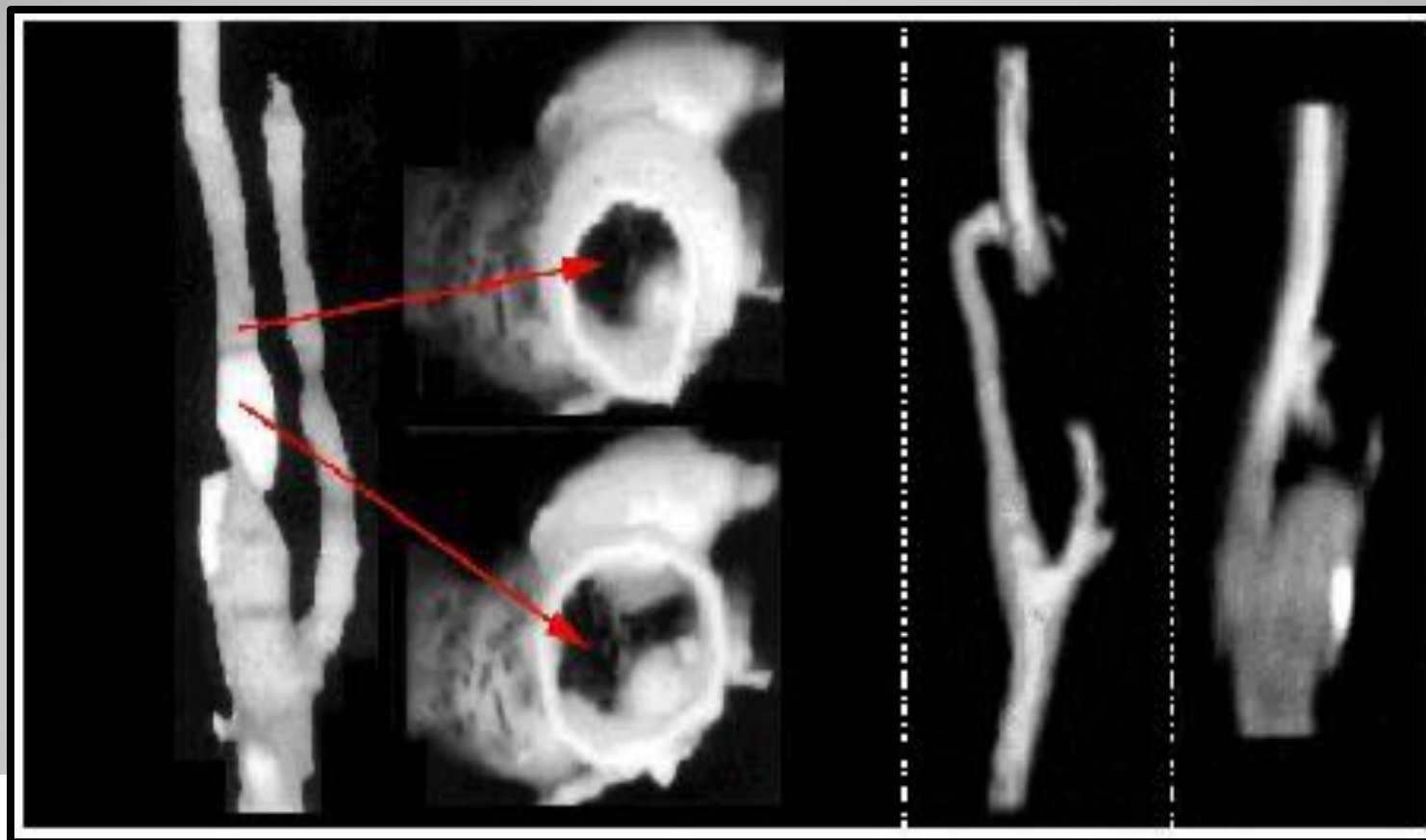


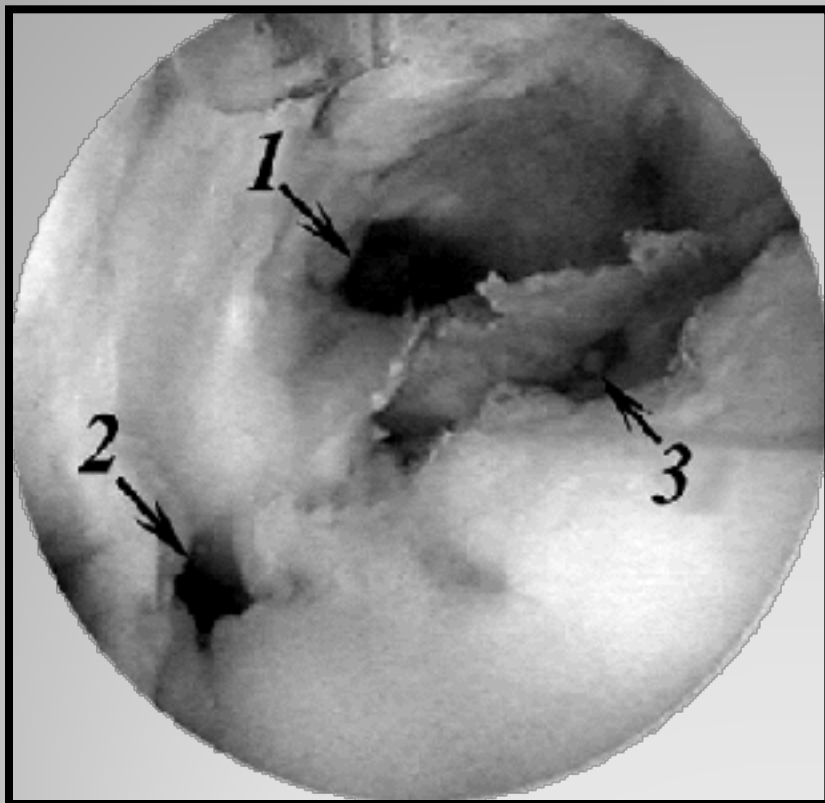
Иккала бўйин томири ҳам **S** шаклида букилган



Spiralsimon bukilishlar

Insult rivojlangan bemorning bo`yin tomirlari (yog` va kalsiy tuzlari)





Aterosklerozda
bosh miyaga
boruvchi qon
tomirning yog'
qatlamlari bilan
bekilib qolishi



Angioxirurg → • Profilaktikaning xirurgik usullarini qoʻllaydi.

Nevrapatolog → • Dorilar bilan profilaktika oʻtkazadi.

UASH → • Insultga olib keluvchi xatarli omillarni faol izlab topadi va ularga qarshi kurashadi.

Aholi → • Sogʻlom turmush tarziga rioya qilishi kerak!

Insult profilaktikasi bilan kim shugʻullanishi kerak?



Insult rivojlandi!

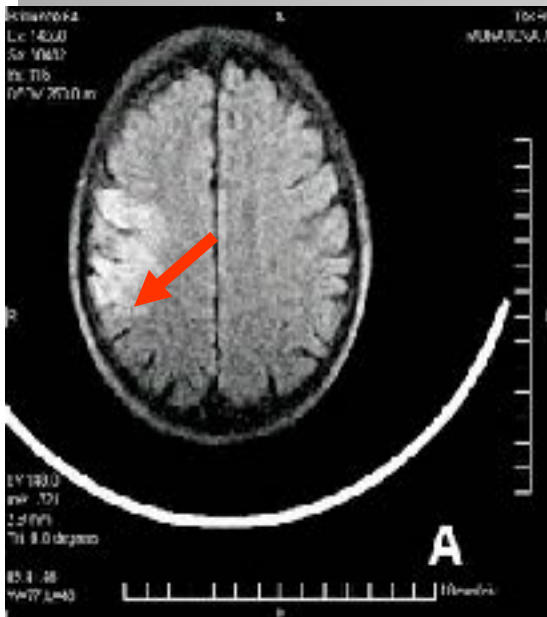
Endi nima qilish kerak?



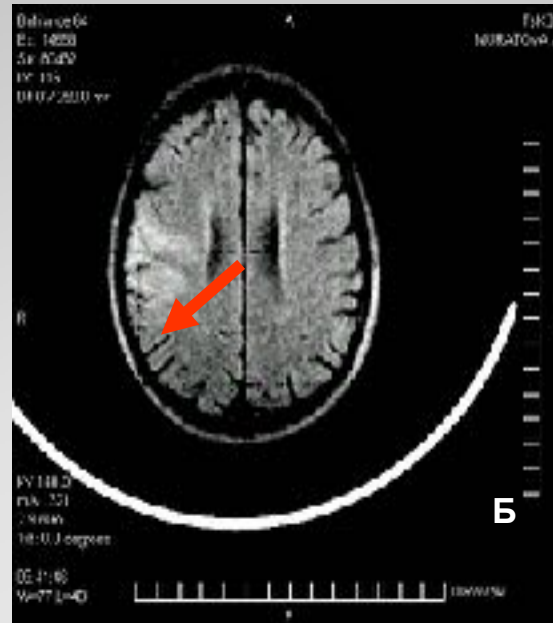


“Terapevtik darcha”

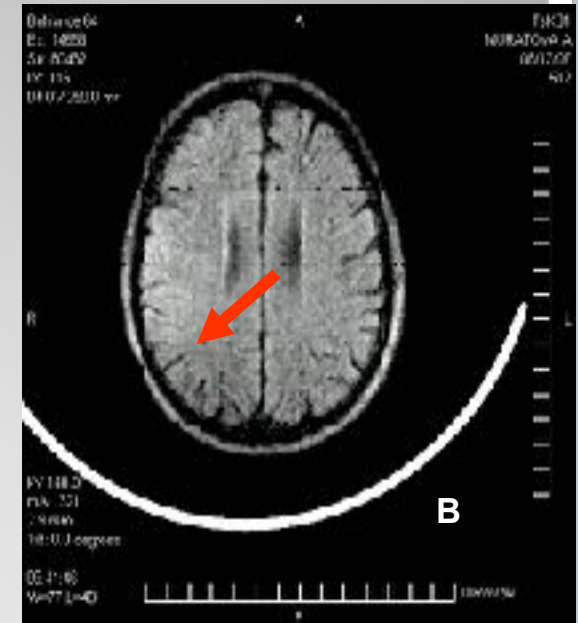
Rivojlangan insultning har soatda o'zgarib borishi



**A) Dastlabki
3 soat**

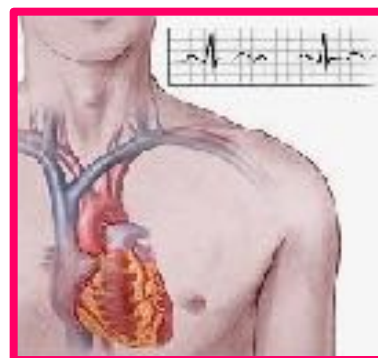


**B) Dastlabki
6 soat**



**C) 12 soatdan
so'ng**

Bosh miya qon tomir kasalliklarini aniqlash uchun diagnostika tekshiruv usullari



Yangi shkala

- Insult o'tkir rivojlanadi va zudlik bilan tashxis qo'yishni taqozo etadi. Chunki "terapevtik darcha" davrida ko'rsatilgan yordam katta ahamiyatga ega. Aksariyat shkalalar katta hajmli bo'lib, urgent holatlarda ulardan foydalanish mushkul. Bir qancha shkalalar esa nevrologik ilmga ega bo'lishni taqozo etadi. Shularni e'tiborga olib, biz insult rivojlanish xavfini aniqlashning oddiy shkalasini ishlab chiqdik (Ibodullaev Z.R., 2013). Bu shkaladan turli toifadagi vrachlar foydalanishlari mumkin.

Insult rivojlanish xavfini aniqlash shkalasi (Ibodullayev Z.R., 2013)

№	SAVOLLAR	Javoblar Ha – 1; Yo`q – 0 ball
1	Arterial qon bosim oshdimi?	
2	Bosh og`rig`i o`tkir paydo bo`ldimi?	
3	Bir tomonlama o`tkir amavroz yoki ambliopiya ro`y berdimi?	
4	O`tkir bosh aylanishi kuzatildimi?	
5	Hushini yo`qotdimi yoki hozirda buzilganmi?	
6	Tananing bir tomonida uvishish yoki holsizlik paydo bo`ldimi?	
7	Nutq to`satdan buzildimi?	
8	Meningeal simptomlar bormi?	
9	Yurak-qon tomir kasalliklari bormi?	
10	Uyqu arteriyalari auskultatsiyasida shovqin	

Z.R. Ibodullayev shkalasi bo'yicha baholash mezonlari

- 0 – 3 ball – insult rivojlanish xavfi past;
- 4 – 6 ball – insult rivojlanish xavfi o'rtacha;
- 7 – 10 ball – insult rivojlanish xavfi yuqori yoki insult ro'y berdi.

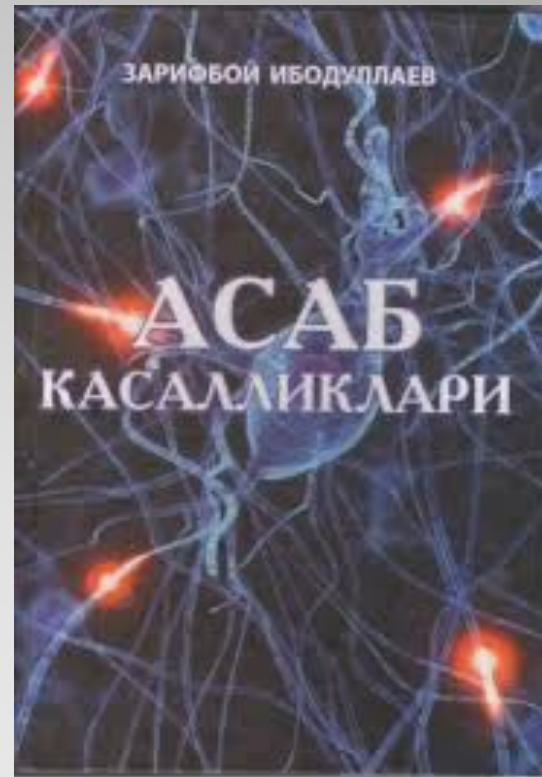
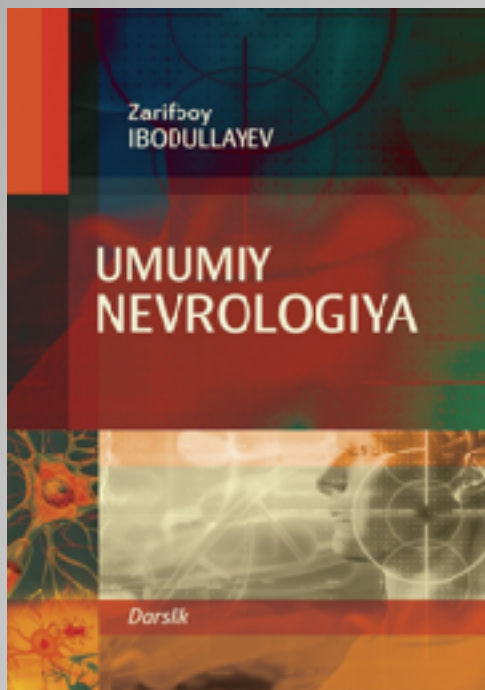
SHKALA INTERPRETATSIYASI

- *"Insult rivojlanish xavfini aniqlash shkalasi"* 10 ta savoldan iborat bo'lib, ularning qay darajada ifodalanishi insult rivojlanish xavfini belgilab beradi. Shkala faqat 2 xil, ya'ni "ha" va "yo`q" javoblaridan iborat. "Ha" - 1 ball, "Yo`q" - 0 ball bilan belgilanadi. "Ha" javoblari soni ko`paygan sayin ballar yig`indisi ham ortib boradi.

SHKALA INTERPRETATSIYASI

- Ballar yig'indisi 7 balldan oshsa, bemorda insult rivojlanish xavfi juda yuqori hisoblanadi yoki insult rivojlangan bo'ladi. Bu shkala yordamida nafaqat insult rivojlanish xavfi, balki ro'y bergan TIA ham aniqlanadi. Demak, ushbu shkala ro'y bergan TIA ni aniqlash va undan statistik maqsadlarda foydalanish imkonini ham yaratadi.

E'tiboringiz uchun rahmat!



Z.Ibodullayev. www.asab.uz

Ma`ruza muallifi



Zarifboy Ibodullayev – tibbiyot fanlari doktori, professor. Toshkent tibbiyot akademiyasida ishlaydi. Olim 150 dan oshiq ilmiy asarlar muallifi. Uning “Asab kasalliklari” va “Tibbiyot psixologiyasi” darsliklari “Yilning eng yaxshi darsligi” sovriniga sazovor boʻlgan. Uning yirik asarlari “Umumiy nevrologiya” darsligi, “Epilepsiya”, “Insult va Koma” nomli vrachlar uchun qoʻllanmalar chop qilingan. Oʻzbekistonda birinchi bor insult neyropsixologiyasi boʻyicha doktorlik dissertatsiyasini yoqlagan va ambidekstrlarda insult modelini ishlab chiqqan.

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