

The role of tonsilogenic infection in the development of readiness for ischemic violation of cerebral circulation according to autonomic resonance test

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Introduction

The leading cause of death among the population of Russia is cardiovascular diseases. Over the past 5 years, 6.4 million people have died from cardiovascular diseases in the Russian Federation. This figure indicates a significant contribution of mortality from cardiovascular diseases to the decrease in the population of the Russian Federation, which is 700 thousand people a year. The overall mortality rate of the population of the Russian Federation has increased since 1990, when it was 11.2 per 1000 people, to 16.4 per 1000 in 2006 [1, 3, 8-13].

Thus, ischemic disorders of cerebral circulation (IICI) and myocardial infarction are the most important medical and social problem. INMC is one of the leading causes of morbidity, mortality, significant disability, social maladjustment of patients [1, 3, 8-13]. According to the WHO, for the period from 2005 to 2015, the loss of gross domestic product (GDP) in Russia due to premature death from cardiovascular diseases will amount to 8.2 trillion. rubles is 35% of the total GDP of the Russian Federation [8-13].

Recent epidemiological studies indicate an increase in the "epidemic" of stroke, despite the increase in the number of medications used for both prevention and therapy [1, 3, 8-13]. This indicates the ineffectiveness of the means used, no effect on etiopathogenetic causes of IUD. Moreover, we observe a rejuvenation and an increase in the incidence of IUD, including in children and adolescents.

INMK is a polyetiological disease, pathogenetic processes occurring in the body are not fully understood. One of the pathogenetic aspects of development is the neuroimmunological process, the development of which has been going on for decades [2, 7].

Materials and research methods

The study was carried out in the conditions of the department of rehabilitation treatment of the MLPU GKB No. 1, Novokuznetsk.

A random sample was used to examine 253 patients with IUD. Study inclusion criteria: ischemic stroke, discirculatory encephalopathy (according to the classification of N.N. Yakhno, what corresponds to chronic cerebral ischemia according to ICD 10).

Exclusion criteria: hemorrhagic stroke; subarachnoid new hemorrhage; inflammatory and autoimmune diseases of blood vessels, traumatic head disease brain, allergic diseases, tonsilogenic encephalopathy.

We examined: the main group of 253 patients with IUD. The number of men - 120 and women - 133. The average age of men was 56.92 ± 4.52 years, women - 59.24 ± 4.26 years. The proportion of nosological

forms in them were: with discirculatory encephalopathy was $23.52 \pm 3.63\%$, cerebral infarction - $76.46 \pm 3.64\%$; by the degree of clinical manifestations: 2.55 ± 0.32 degrees; by duration after suffering an acute disorder - 5.61 ± 0.52 months.

Control group - 80 patients. The number of men - 11 and women - 69. Inclusion criteria: cervical osteochondrosis, chronically relapsing course, stage of incomplete remission, cervicalgia syndrome, compression of C5.6 roots, interscapular pain syndrome, cervicocranialgia.

Exclusion criteria: hemorrhagic stroke; subarachnoid hemorrhage; inflammatory and autoimmune vascular diseases, brain disease, traumatic allergic diseases, tonsilogenic encephalopathy, ischemic stroke, discirculatory encephalopathy (according to the classification of N.N. Yakhno, which corresponds to chronic cerebral ischemia according to ICD 10).

The average age of men was 36.52 ± 15.22 years, women - 38.46 ± 5.85

of the year.

The following instrumental and clinical research methods were used, carried out to all patients according to a single scheme: clinical neurological examination, statistical research methods. To confirm the diagnoses, the data of laboratory and paraclinical research methods (EEG, USDG, REG, CT, MRI, X-ray examination, ART) were taken into account [4–6].

Research results

In the study, the patients of the main and control groups did not complain of diseases of the ENT organs. In the anamnesis of life in the main and control groups, patients did not notice tonsilogenic diseases.

Patients of the main group had focal neurological symptoms in the form of the following syndromes: vestibulo-atactic, asthenoneurotic, dyssomnic, pyramidal hemiparesis, psychoorganic, cerebellar hemisindrome, epileptiform, there was a slight decrease in mechanical auditory speech memory, a decrease in cognitive functions of mild and moderate degrees.

Magnetic resonance imaging (computed tomography) of the brain in 67 patients with cerebrovascular disease revealed:

- single foci of discirculation in the frontal, parietal lobes, basal, subcortical nuclei in $11.94 \pm 3.96\%$ of patients;
- foci of discirculation in the basal, subcortical nuclei in $20.89 \pm 4.96\%$ of patients;
- post-stroke cysts, post-stroke cysts in the white matter of the frontal and parietal lobes, periventricularly in $20.89 \pm 4.96\%$ of patients;
- lacunar infarctions in $10.44 \pm 3.73\%$ of patients;
- subacute periods of stroke in $4.47 \pm 2.52\%$ of patients;
- foci of ischemia in $19.40 \pm 4.83\%$ of patients;
- forming post-stroke cysts in $10.44 \pm 3.73\%$ of patients;
- general communicating hydrocephalus replacement; diffuse atrophy was observed in the overwhelming number of patients - $97.01 \pm 2.08\%$;
- foci of calcification of the apical sections of both parietal lobes in 1.49 ± 1.48

% of patients.

In $64.19 \pm 5.85\%$ of the patients of the main group examined on MRI of the brain, cysts of the maxillary sinuses, thickening of the mucous membrane, and inflammatory processes were found as a finding.

In 11 patients of the control group, MRI of the cervical spine and the brain revealed the following as a finding:

- general communicating hydrocephalus replacement; diffuse atrophy was observed in the overwhelming majority of patients in $81.81 \pm 12.19\%$ of patients;
- single foci of discirculation in the frontal, parietal lobes, basal, subcortical nuclei, gliosis foci located diffusely in the basal structures (pallidum, inferolateral fibers of the inner capsule) and paravasally (linear-dotted form) in the white matter of the right and left hemispheres, more in the occipital lobes, intragastric vascular plexuses: coarse - microcystic altered, in $63.63 \pm 15.21\%$ of patients;
- cysts in the white matter of the frontal and parietal lobes, periventricular in $9,09 \pm 9.09\%$ of patients;
- cysts of the maxillary sinuses, thickening of the mucous membrane, inflammatory processes in $90.9 \pm 9.09\%$.

Patients of the control group in neurological status had no focal neurological symptoms from the hemispheres, midbrain, and deep structures of the brain. There were no abnormalities when testing the mechanical auditory-speech memory.

When researching through Cu met. D400 and in the main and control groups, the leading organs were the following: tonsils, nasopharynx, maxillary sinuses, Eustachian tubes, middle ear. The violation of the immune system was determined in the form of depletion in the cellular and humoral types, the presence of a toxic load, bacterial, viral and mycotic.

Summary

Thus, the foci of discirculation described on MRI of the brain are not uniquely vascular.

The presence of foci of discirculation, cysts in the brain may not manifest itself with focal neurological symptoms for a long time and be asymptomatic.

The causes of foci of discirculation in the brain may be neuroimmunological in nature, as evidenced by the presence of foci of chronic infection.

The presence of foci tonsilogenic chronic infections is an a manifestation of a general decrease in cellular and humoral immunity, as well as one of the neuroimmunological mechanisms of the emergence and triggering of apoptosis of the nervous tissue and violations of the regulatory function of the immune and endocrine systems, which form the pathological state of the brain. ART plays a leading role in the diagnosis and treatment of neuroimmunological tonsilogenic disorders of the brain.

Literature

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