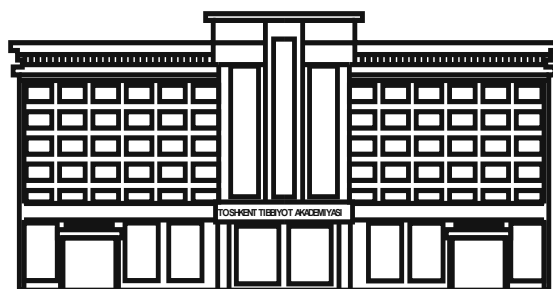


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STUDY OF HIGHER COGNITIVE FUNCTIONS IN PATIENTS WITH GENERALIZED EPILEPSY

Fayziyeva R.H., Azizova R.B.

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Introduction: Generalised epilepsy is one of the most frequent forms of epilepsy in terms of clinical course, ranking 3rd among neurological pathologies and 4th among psychiatric diseases. A comprehensive elucidation of the neuropsychological abnormalities seen in epilepsy is essential for the development of targeted interventions that improve the quality of life of epileptic patients.

The purpose of the study: Evaluation of neuropsychological disorders occurring in generalized epilepsy using neuropsychological tests.

Research materials and methods: 70 patients aged 18 to 60 (average age 36.78) were selected for our research. We studied them in 3 groups. Group 1 included 16 patients with idiopathic generalized epilepsy (7 of them were women (43.75%), 9 of them were men (56.25%)), Group 2 included 24 patients with symptomatic generalized epilepsy (11 of them were women (45.83%), 13 were men (54.16%)), Group 3 consists of 30 patients with cryptogenic generalized epilepsy (15 of them are women (50%), 15 are men (50%)). We used the MMSE scale to examine patients' cognitive functioning, and the SUNG scale to determine anxiety-depressive disorders.

Research results: According to the MMSE scale, 25% of patients in group 1, 33.3% in group 2, and 26.6% in group 3 were found to have no significant cognitive impairment. Mild dementia was observed in 50% of patients in group 1, 66.6% in group 2, and 40% in group 3. Moderate dementia was detected in 12.5% of patients in group 1 and 33.3% in group 3. In the examination according to the SUNG scale, 6.25% of patients in group 1, 8.33% of group 2, and 6.66% of group 3 were prone to depression. Mild depression was observed in 50% of patients in group 1, 50% in group 2, and 43.3% in group 3. 43.75% of patients in the 1st group, 41.6% of the 2nd group, 50% of the 3rd group were diagnosed with moderate depression.

Summary: In conclusion, it can be said that cognitive impairment and depression are regularly observed in generalized epilepsy. In particular, memory loss was evident in idiopathic and symptomatic generalized epilepsy, and depression was evident in all observed groups. In the diagnosis of epilepsy, the complex use of neuropsychological tests together with EEG, MRI, and biochemical analyzes increases the effectiveness of the correct diagnosis and treatment of the disease.

HEMODYNAMICS OF THE INTERNAL JUGULAR VEIN AND INTERNAL JUGULAR VALVE INSUFFICIENCY: AN ULTRASONOGRAPHIC STUDY

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The Urgench Branch of Tashkent Medical Academy, Tashkent, Uzbekistan

Key words. Internal jugular vein, internal jugular valve, hemodynamics, ultrasonographic study, reflux, retrograde-flow

Objective. To establish a simple classification of internal jugular venous flow using ultrasonography. The time it takes for retrograde flow to distinguish between competent and incompetent valves is evident. We offer cutoff values that aid in distinguishing between physiological and inadequate reflux based on our findings. While useful, the variations in peak velocity and morphology criteria cannot be used to reliably forecast valve insufficiency. On the left side, the abnormally reduced jugular venous flow was most pronounced. Usually, there was no symptoms associated with reduced venous flow or even thrombosis on one side of the IJV. In brain hemodynamics, increased jugular flow was linked to a physiological hyperemic condition. Due to a strong link with brain arteriovenous shunting, patients with pulsatile turbulent jugular venous flow should be more alert of their surroundings and undergo angiographic investigations.

Materials and Methods. We retrospectively analyzed the sonographic findings of 100 consecutive patients who were referred to the neurosonographic laboratory of the ULTRA VEDA clinic. Abnormal jugular venous flow was classified into five groups: (A) markedly decreased flow velocity; (B) stasis and/or thrombus formation; (C) reversed flow; (D) increased turbulent flow; and (E) pulsatile turbulent flow. Groups A to C were categorized as slow flow groups and groups D and E as high flow groups.

Results. Venous reflux in the internal jugular vein branches (JB) was found frequently in patients of certain neurologic disorders. We hypothesized that the retrograde-flow in JB is associated with retrograde hypertension transmitted from the internal jugular vein (IJV), which presumably underlies those neurologic disorders. In this study, abnormal jugular venous flow was found in 22 (11%) patients. A slow flow pattern (73%) comprised the majority of abnormalities. Eighty-nine percent of patients in the slow flow groups had abnormalities in the left internal jugular vein (IJV) and 92% of those in the high flow groups had abnormalities in the bilateral IJV. Incompetence of the jugular valve was the most common cause of slow flow in the IJV. Jugular venous valve insufficiency may play a role in different neurological diseases. Most of the increased turbulent flow was found in patients with hyperthyroidism and in pregnant women. Arteriovenous malformation and carotid-cavernous fistula were the causes of pulsatile turbulent jugular venous flow. Associated clinical symptoms occurred in only two (1.5%) patients (with a concomitant left IJV and left subclavian vein thrombosis) in the slow flow groups, and in 34 (68%) patients in the high flow groups.

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