

согласно которой различают 4 подтипа геморрагической трансформации ишемического очага: **геморрагический инфаркт 1 типа** - небольшое петехиальное пропитывание вдоль края зоны инфаркта; **геморрагический инфаркт 2 типа** - петехиальное пропитывание сливного характера в пределах зоны инфаркта; **паренхимальная гематома 1 типа** - гематома, занимающая менее 30% от общей площади инфаркта; **паренхимальная гематома 2 типа** - гематома, занимающая более 30% зоны инфаркта [3]. С учетом этих данных можно заключить, что выявленный случай геморрагической трансформации следует отнести к АИК с благоприятным исходом заболевания. В данном случае имела место асимптомная паренхимальная гематома 1 типа.

Таким образом, результаты проведенных исследований свидетельствуют о том, что стратегия ранней реканализации с применением ТЛТ - один из эффективных методов интенсивной терапии ИИ. Геморрагическая трансформация ишемического очага в виде небольших асимптомных кровоизлияний после ТЛТ является следствием реперфузии и служит маркером эффективности ТЛТ.

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#### ТҮЙІН

**Ишемия инсультінің тромболитиялық терапиясы және ишемия ошағының асимптомды геморрагиялық өзгеруінің прогностиялық маңыздылығы**

Мақалада ишемия инсульті кезінде тромболитиялық терапияның тиімділігі көрсетілген. Авторлар тромболитиялық терапияның өткізуінен кейін ишемия ошағының предикторлар және геморрагиялық өзгеруінің клиникалық нәтижелерінің негізгі себептерін қарастырады.

**Түйін сөздер:** ишемия инсульті, тромболизис.

#### РЕЗЮМЕ

**Тромболитическая терапия ишемического инсульта и прогностическая значимость асимптомной геморрагической трансформации ишемического очага**

В статье описывается эффективность тромболитической терапии при ишемическом инсульте. Авторами рассматриваются основные причины, предикторы и клинические исходы геморрагической трансформации ишемического очага после проведения тромболитической терапии.

**Ключевые слова:** ишемический инсульт, тромболизис.

#### SUMMARY

**Thrombolytic therapy in ischemic stroke. Some matters of asymptomatic hemorrhagic transformation of ischemic zone**

In this article efficacy of thrombolytic therapy in ischemic stroke is described. The main reasons, predictors and outcomes after thrombolytic therapy are considered by authors.

**Keywords:** stroke, thrombolysis.

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## CLINICAL AND RENDER CHARACTERISTIC OF EPILEPTIC SEIZURES IN NEURO-ONCOLOGICAL PATIENTS.

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Epilepsy is a serious disease of the central nervous system, often resulting in profound disability of patients. According to WHO, the prevalence of epilepsy reaches 0.7-1.2% of the population in developed countries [3, 4, 7]. This indicates a high medical and social significance of the problem and actuality of searching for methods for early diagnosis of the disease and effective ways of its treatment [1, 5].

In the clinical picture of brain tumors convulsions are the first and only symptoms of the disease in more than one third of observations [2, 4, 5, 6, 7]. Often an epileptic seizure manifests not in classic epileptic attacks or sensory impairments, but in psychopathological changes. It makes it quite difficult to diagnose and treat the disease in such cases [4].

Despite the large amount of research on symptomatic

epilepsy, only a few papers describe correlation of psychopathological structure of attacks with an affected side, and the tumor localization [1, 2, 3, 4]. Herewith, questions about the dependence of the structure and the frequency of attacks on the profile of functional asymmetry has not been completely solved [1, 2, 3].

**Methods and results.** At the Republican Scientific Center of Neurosurgery 125 patients who had surgery because of tumors in the cerebral hemispheres were examined during 2011-2012 years. In the profile of functional asymmetry among the studied patients righties dominated - 95 (76%), signs of left-handedness were detected in 19 (15.5%), left-handers were 4 patients (2.5%). Profile of functional asymmetry was not installed in the remaining 7 patients (6%).

More than half of these patients had meningioma - 50 patients (40%) and astrocytoma - 25 patients (20%) confirmed histologically. Glioblastoma was in 24 patients (18%) sarcomasin 13 patients (11%). Histology was not performed (at the time of the study) in 13 patients (11%).

Tumor was determined in the left hemisphere of the brain in 67 patients (54%), in the right hemisphere - in 58 (46%) patients. The debut of the disease with epileptic seizures was diagnosed in 98 patients (78.5%), in 92 of them it was the only manifestation of the growing tumor of the brain.

Special attention was paid to mental sphere changes and its characterization in patients with tumors of the cerebral hemispheres and symptomatic epilepsy. When considering the dependence of the seizure structure versus intrahemispheric localization of tumors and lesion side in right-handed patients the following patterns were revealed

On the basis of studied material it was confirmed that for theright-handers who had tumors in left hemisphere it was more likely to have generalized seizures, complex partial seizures and verbal attacks with ideational paroxysms. In patients with tumors of the right hemisphere affective and psychosensory attacks were more frequent.

The difference in going out of seizures in patients with left and right hemisphere tumors were determined. Patients with right-brain tumors came to a clear mind and could remain active almost immediately after the attack while the left-side patients remained entangled and disoriented and have not known what had happened to them.

Analysis of patients' individual characteristics and their impact on seizures has helped to determine that seizures occurred 2 times oftener in patients younger than 40 years who had signs of left-handedness. Patients with left-handedness have been described as group with more frequent mental paroxysms and polymorphism of seizures. Disorders of speech and gnosis in left-handers have not been so expressed and have not reached the degree of aphasia, agnosia, having a different structure.

Epileptic personality changes among patients suffering from epilepsy for more than one year have been detected in 11 patients.

As a rule, these were the patients with slow-growing tumors: astrocytomas and oligodendrogliomas - 9 patients and anaplastic gliomas in 2 patients. Epileptic personality traits developed more often in patients with the left hemisphere lesions (19%) than the in right (7%).

## CONCLUSIONS

1. Tumor malignancy degree is the leading factor in determining the frequency of seizures in patients with tumors of the cerebral hemispheres: seizures developed more frequently in patients with malignancy low-grade gliomas - (85%) and anaplastic forms (76%), much less - in patients with glioblastomas (34%).

2. Side of the lesion determines the structure of psychic attacks: a) For right-handers with hemispheric brain lesions affective psychosensory (derealization, depersonalization, visual and olfactory hallucinations) seizures are inherent b) while for the left hemisphere - seizures that occur with impaired consciousness (complex partial seizures, ambulatory automatism) ideatory and verbal paroxysms.

3. Epileptic seizures are 2 times more likely to occur in patients younger than 40 years and patients with signs of left-handedness.

4. For patients with left-handedness more frequent development of psychosensory and psychomotor seizures, and its polymorphism is inherent.

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## ТҰЖЫРЫМ

**Нейроонкологиялық науқастардың эпилептиялық ұстама ауруларының клиникалық және визуализациялық сипаттама**

Жан ұшыра синдромын азап шегуші 125 нейроонкологиялық науқастарға тексеру өткізілген. Зерттеудің нәтижесінде, ісік ұтылуы сол жартышары өршіген және қарапайым парциалды ұстамалы аурулары жиірек бейнеленеді, оң жартышарларға ісіктің дамуы күрделі парциалды ұстамалы аурулары тән. Баса көктеу жасы 40 жастан кіші және емделушілерінде төмен дәрежеде болатын қатерлі ісіктер кезінде жиірек үдетеді.

**Түйін сөздер:** парциалды ұстама аурулар, онкология.

## Резюме

**Клиническая и визуализационная характеристика эпилептических припадков у нейроонкологических больных**

Проведено обследование 125 нейроонкологических больных, страдающих судорожным синдромом. В результате исследования выявлено то, что опухолевое поражение левого полушария чаще характеризуется генерализованными и простыми парциальными припадками, для развития опухоли в правом полушарии характерны сложные парциальные припадки. Приступы развиваются чаще при новообразованиях низкой степени злокачественности и у пациентов моложе 40 лет.

**Ключевые слова:** парциальные припадки, онкология.

## Summary

**Clinical and Render characteristic of epileptic seizures in neuro-oncological patients**

A survey of 125 neuro-oncological patients suffering from convulsions was conduct. The research revealed that the tumor lesion of the left hemisphere often characterized by simple partial and generalized seizures, for the development of a tumor in the right hemisphere is characterized complex partial seizures. Seizures develop more frequently with low-grade malignancy, and in patients younger than 40 years.

**Keywords:** partial seizures, cancer.