



TREATMENT OF HYPERHOMOCYSTEINEMIA IN PATIENTS WITH CHRONIC CEREBRAL ISCHEMIA

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Introduction. Vascular diseases of the brain came in second place in Uzbekistan (after cardiovascular diseases) among all causes of death in the population. In addition, these diseases are accompanied by a significant decrease in the quality of life of patients. Chronic ischemia of the brain in terms of prevalence occupies a leading place in the structure of cerebrovascular diseases. According to preventive examinations, CCI is detected in 20-30% of people of working age. In recent years, among the risk factors for the development of cerebrovascular diseases include hyperhomocysteinemia - an increase in the content of the amino acid homocysteine in the blood plasma. Excessive accumulation of homocysteine inside the cell can lead to DNA damage, disruption of cell activity, up to its death. This amino acid is able to activate the aggregation activity of platelets, as well as block endothelial NO-synthase, which is manifested by dysregulation of vascular tone, thickening of the intima / media of arteries and hyperplasia of smooth muscle tissues.

Materials and methods: we determined the level of homocysteine in blood serum by immunoferment method with the help of diagnostic sets of Axis (Norway), content of folic acid by level of methyltetrahydrofolate reductase in blood, content of vitamin B6 was determined by level of its final product 4-pyridoxine acid; the content of B12 in blood was determined by microbiologic method. 40 patients with CCI and 10 healthy people were examined by this method. more 30 $\mu\text{mol/l}$, to 100 $\mu\text{mol/l}$ were in 60% patients, who were treated on reduce of hyperhomocysteinemia.

Results. Content of homocysteine in blood more 30 $\mu\text{mol/l}$, to 100 $\mu\text{mol/l}$ were in 60% patients, who were treated on reduce of hyperhomocysteinemia.

By that, we took into account supply level with vitamins B6, B12 and folic acid. Removing of vitamin deficit made positive influence not only on homocysteine level but on other clinical neurological indices.

Conclusions. 1. In all patients with CCI should be studied homocysteine level in blood and take medical measures on removing of hyperhomocysteinemia.

2. For revealing of hyperhomocysteinemia cause it should be determined the supply of these patients with vitamins B6, B12 and folic acid.

3. With aim of removing hyperhomocysteinemia we administered Angiovit 1 tab 2 times a day for 2 month, having Vitamine B12, folic acid, vitamine B6.

4. Use Angiovit to reduce homocysteine in blood, and, by that it improves clinical neurologic indices.