



BLEEDING IN THE BRAIN, CONSEQUENCES, MAINTENANCE

Burkhanov Farkhod Bohodirovich
Eshpulatov Azizbek Azamatovich
Samarkand State Medical University

Abstract:

Symptoms of cerebral hemorrhage, secondary treatment, rehabilitation and treatment methods.

Keywords: Stroke, types, hemorrhagic stroke, atherosclerosis, toxic symptoms.

Introduction

A stroke is a sudden disruption of blood circulation in the brain. As a result, changes occur in the brain tissue and permanent symptoms appear due to its damage.

Main part:

There are two types of stroke: hemorrhagic (bleeding in the brain) and ischemic (brain infarction). A stroke is an acute disturbance of cerebral blood circulation, which leads to a disease of brain function that lasts for several days. Stroke is a disease that reduces a person's ability to work, requires long-term treatment, decreases the quality of life in his family, and causes economic costs. Stroke is the third leading cause of death after cardiovascular and oncological diseases. Ischemic stroke is 5 times more common than hemorrhagic stroke. In Uzbekistan, the incidence of stroke is from 9 to 14 percent per 1,000 inhabitants. Ischemic stroke occurs as a result of complete or partial cessation of blood supply to the brain. The main cause of ischemic stroke is atherosclerosis of cerebral vessels. The disease occurs in the elderly, often in people with heart disease and increased blood clotting. A stroke sometimes occurs during sleep. When patients wake up, they feel weakness, weakness in arms and legs, dizziness. In this case, he is conscious and the skin is normal in color. Neurological symptoms develop within minutes or hours, depending on the location of the damaged vessel. When the common or internal carotid artery is blocked, vision is impaired on the side with thrombosis, and movement of arms and legs is impaired on the opposite side. Despite the fact that the death rate in ischemic stroke is low compared to cerebral hemorrhage, the disease is often severe. After the hearth signs fall into a ritual, they go into a period of recovery, which lasts for months and years. Acute ischemic stroke is accompanied by repeated strokes and cardiac complications depending on the age of the patient, the size of the pathological focus. Symptoms of





a stroke depend on the affected vessel. Symptoms of the disease depend on the general cerebral and focal clinical signs, character, apparent and relative indicators, factors damaging the vessel basin. A few days before a stroke, patients experience headaches, weakness, dizziness, blurred vision, and tingling in the hands and feet. The symptoms get worse, and within a day, cramps in the arms and legs appear. The patient does not lose consciousness, he feels foggy in the head. Sometimes the course of the disease happens by accident. In moderate ischemic stroke, cerebral edema and focal symptoms are observed without signs of loss of consciousness. In case of severe stroke, loss of consciousness, cerebral swelling, trophic changes, and gross focal defects are distinguished by transient general brain symptoms. Blood flow to the brain mainly takes place in the basin of the middle artery of the brain, in the area of the internal capsule and basal nuclei. The main cause of cerebral hemorrhage is heart disease (blood pressure). Bleeding can occur due to diapedesis or rupture of a blood vessel. Transfused blood destroys brain tissue, affects the meninges, which causes brain and focal symptoms. The appearance of a pathological center in the brain causes an increase in the internal pressure of the brain, loss of consciousness and a violation of vital functions - breathing, vascular system, and thermoregulation. The patient feels a strong headache, faints, collapses. In this case, pulse tension, noisy breathing, loss of reaction of the pupils to light, and vomiting are observed. The face is dark red in color, the patient's head and eyes are facing the opposite direction from the paralyzed area, the nose-lip fold is smoothed on the paralyzed side, the corner of the mouth is lowered, the cheek is sunken, the leg is turned outward. After 10-14 days, the recovery period begins. First, the movements of the legs and then the hands are restored, sensitivity, speech, vision, hearing, and mental activity improve.

Hemorrhagic stroke is an acute disorder of blood circulation in the brain, characterized by bleeding into the brain tissue, into the subretinal space or into the ventricles of the brain. Three periods are distinguished in the course of the disease: acute, recovering and residual.

Treatment: Treatment of strokes should begin quickly. In the first stage, when the nature of the stroke has not yet been determined, medical procedures aimed at saving the patient's life are carried out. The patient is placed on his back, with his head slightly raised. All stroke patients, except patients who cannot be moved in agony, should be admitted to a specialized neurologic unit. Be careful not to shake the patient when moving it. If heart failure occurs along with pulmonary edema, oxygen with alcohol vapor is inhaled. The patient is placed with the head elevated. In order to normalize breathing, the oral cavity, nose and throat are cleaned of mucus with an





electric suction cup. An air tube may be placed in the mouth to prevent tongue retraction and facilitate breathing.

Stroke patients are immediately put to bed, their heads are elevated, and ice packs and hot heating pads are placed on their feet.

Conclusion: bed rest in hemorrhagic stroke lasts 21 days. In ischemic stroke, it depends on the patient's condition. From the first day, it is necessary to prevent pneumonia and bedsores in the patient. It is necessary to turn the patient on his side every 2-3 hours during the day, to ventilate the ward. To prevent bedsores, camphor alcohol is applied to the buttocks, buttocks, and back. Paralyzed limbs are given a physiological position to prevent muscle contractions. If consciousness and swallowing are preserved, sweet tea and fruit juices are given. From the first day, the diet is expanded, the food should be soft and easily digestible. If swallowing is impaired, the patient is fed parenterally through a vein for 2-3 days.

Literature

1. MAMADALIYEV, brain diseases.

