

INFLUENCE OF ANTIHYPERTENSIVE THERAPY ON VESTIBULAR FUNCTION IN PATIENTS WITH ARTERIAL HYPERTENSION

U.S. Khasanov

Doctor Of Medical Sciences, Professor, Head Of The Department Of Otorhinolaryngology And Dentistry, Tashkent Medical Academy, Uzbekistan

N.A. Akhundjanov

Doctor Of Medical Sciences, Tashkent Medical Academy, Uzbekistan

J.A. Djuraev

Doctor Of Medical Sciences, Associate Professor Of The Department Of Otorhinolaryngology And Dentistry, Uzbekistan

ABSTRACT: The aim of this work was to study the vestibular function of hypertensive patients (AH) during treatment with modern antihypertensive drugs.

110 AH patients with pre-stroke cerebrovascular disorders were examined. According to the structure of the LCVR, the patients were distributed as follows: with initial manifestations of inferiority of the cerebral blood supply - 28 (25.5%) patients, with hypertensive encephalopathy (HE) - stage I. - 37 (33.6%), with GE-IIst. – 26 (23.6%) patients. In 19 (17.3%) patients with HE, episodes of transient cerebrovascular accidents were noted.

KEYWORDS: Electronystagmography, hypertensive encephalopathy, positive dynamics, pathology.

INTRODUCTION

All patients were examined by a cardiologist, a neuropathologist and an otorhinolaryngologist. The state of the vestibular analyzer, along with other methods, was assessed by the results of caloric tests and electronystagmography. Patients with LCVR underwent echoencephalography (EchoES) and electroencephalography (EEG) according to generally accepted methods.

The instability was more firmly held in the Romberg position. So, in patients with NPLMC, instability in the simple Romberg position after treatment persisted in 1 of 3 patients, in sensitized in 2 of 6 patients, flank gait disturbance persisted in 1 of 3 examined. With GE-I Art. instability in the simple Romberg position after treatment remained in 3 out of 6 patients, in sensitized in 5 out of 9 examined. Violation of the flank gait remained in 3 out of 6 patients. In patients with GE-II Art

instability in the simple Romberg position continued to remain in 5 out of 8 examined patients, and in the sensitized position in 6 out of 8 patients. In patients with HE with PNMK, instability after treatment remained in 6 out of 8, and in sensitized patients in 7 out of 12 patients.

THE MAIN FINDINGS AND RESULTS

The results of the study of the excitability of the vestibular analyzer according to the caloric test showed its positive dynamics in 2/3 of the examined, regardless of the nature of the pathology. So, in 26 (out of 65) patients with positive dynamics, initially 6 had increased excitability, 7 had decreased excitability, 4 patients had no responses, and 9 had asymmetric reactions. In 39 patients, there was a tendency to improve the state of excitability of the vestibular analyzer, but it was statistically unreliable. The percentage of positive dynamics also depended on the severity of LCVR. So, in cases with NPNKM, excitability recovered to normal in 57.1% of patients, with GE-I st. - in 42.8%, GE-II st. - in 33.3%, and in HE with PNMK - in 21.1% of patients ($P>0.05$).

CONCLUSION

Thus, we can conclude that ACE inhibitors and calcium antagonists have, along with a high hypotensive and a certain, mediated cerebrovasoactive effect, which is confirmed by the literature data and the results of our previous studies.

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