

the ratio observed in 34 patients.

With a total amplitude of the ERG a-wave was  $16,3 \pm 1,7$  mKA, b-wave -  $87,4 \pm 8,4$  mKA. After a course of treatment of common indicators ERG increased significantly: a-wave up to  $27,1 \pm 3,3$  mKA, b-wave up to  $137,3 \pm 9,2$  mKA ( $p < 0,05$ ).

When the local ERG before treatment, the amplitude of a-wave to red stimulus was  $1,4 \pm 0,5$  mKA, b-wave -  $13,2 \pm 0,4$  mKA. Upon completion of the course of treatment also observed a significant increase in the a-wave up to  $3,6 \pm 0,8$  mKA, and less significant b-wave up to  $15,2 \pm 1,3$  mKA. After treatment, the amplitude of a-wave under the influence of green stimulus increased by 3.1 uA, b-wave - 13.9 mKA ( $p < 0,05$ ).

**Discussion.** In contrast to the visual function index improved blood flow is registered in more patients. In our view, improvement of blood circulation in back department structures of the eye and is the most important pathogenetic confirms the effectiveness of histochrome.

The resulting increase in the local ERG parameters in 28 patients shows a significant improvement of metabolic and metabolic processes in the retina and the pigment epithelium. Fundus examination, we observed a positive trend in the form of absorption of point hemorrhages, increasing the caliber of the arteries, reducing the amount of soft drusen, in 2 patients had complete absence of macular edema. Thus, the use of peptide bioregulators Retinalamin in the treatment of central atherosclerotic-related macular degeneration is pathogenetically substantiated. Achieved significant improvement in visual function (visual acuity, expanding the field of view, improving the electrical performance, rheographic factor). In our opinion, this is due to the pharmacological action of the drug, as well as the manner of its introduction. With the introduction of the drug through a burr hole in the sclera it becomes possible to enhance the degree of penetration in the internal structure eyeball and to maximize the Retinalamin.

#### Literature

1. Use Retinalamin drug leads to significant improvement in visual function in 86% of patients with advanced stage central chorioretinal dystrophy.
2. 65% of the patients received a significant improvement in visual acuity by an average of 0.1 to 0.3.
3. Improving rheographic factor in the majority of patients (34 patients) objective evidence of the degree of improvement of hemodynamics and microcirculation in the posterior eye structures.

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### VARIANTS OF CLINICAL COURSE AND DIFFERENTIATED TACTICS OF MANAGEMENT OF PATIENTS WITH INTRACRANIAL HEMATOMAS

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**Abstracts.** The research was based on a comprehensive clinical and neurological examination of patients with traumatic intracranial hemorrhages and hematomas. The peculiarities of clinical manifestations depending on the compression rate and the factors affecting the unfavorable outcome of postoperative period were analyzed. The concept that witnessed the including of some hematomas, as a secondary brain damage, to

complications of brain injury was formulated. Neuroimaging techniques using with the assessment of the sanogenetic brain opportunities in intracranial hematomas and contusion foci allowed to expand the statements to conservative treatment using antioxidants - antiaggregants, and to achieve more satisfactory outcome.

**Key words:** intracranial hematomas, variants of clinical course, treatment.

Intracranial hemorrhages as one of the most severe brain damage variants significantly deteriorate the outlook and outcome of injury, particularly in cases of the brain compression. The introduction of modern neuroimaging techniques significantly improved the diagnosis of intracranial hematomas, but had no significant effect on the reduction of operative mortality.

Evaluation of adaptation sanogenetic reactions occurring in the brain and its vessels, the systems of liquorodynamics and regulation of blood aggregation along with neuroimaging was important to select the optimal treatment strategy in cases of intracranial hemorrhage and hematomas. In this connection, recent years the statements for medical treatment of intracranial hematomas without dislocation symptoms are practiced under the dynamic CT control (1,2 3,4).

**Materials and methods.** The analysis of treatment of 841 patients with intracranial hematomas were carried out in the neurosurgical clinic of the Amur regional clinical hospital in the past three decades. Mostly, surgical removal of the hematomas was performed by osteoplastic trepanation. Decompressive craniotomy was carried out in case of comatose state, and all chronic hematomas were removed through burr holes. Conservative drug treatment strategy was chosen in 120 patients with intracranial hematomas. Monitoring, including dynamic CT, control of hemostasis system and the degree of oxidative stress, doppler assessment of blood flow velocity and the reactivity of cerebral vessels were carried out along to the neurologic status analysis during the diagnostics, the choice of treatment tactics and the extent of the pathological process compensation. In complex conservative treatment antioxidant therapy was carried out with the help of Emoxipine, administered intravenously, 2 times a day in dose of 300-600mg during 10-12 days. The statements to the conservative medical tactics were: compensated condition of patients with the absence of quantitative disorders of consciousness, a volume of 50 ml of hematomas and lateral dislocation not more than 5 mm according to CT.

**Results and discussions.** Recently, hematomas made up 19.04 per cent in the structure of traumatic brain injury. Among the patients age group of 30 to 40 years old prevailed, by gender men accounted for 85 %, women – 15 %. In relation to the membranes and brain subdural hematomas (76.82 %) were most often in our observations, much rarer – epidural (17.58 %) and intracerebral (6.5 %). In 3.5 per cent of cases multiple intracranial hematomas - floor or double-sided were detected.

By the type of course there was a clear trend towards an increase of the number of subacute and chronic hematomas (59.3%) and a decrease of the number of acute, accounted for only 40.7%. In case of acute type hematomas flow 95% of patients had quantitative disturbances of consciousness. Anisocoria was detected in 58.3%, paresis of the extremities – in 53.3%, bradycardia – in 50% among neurological disorders, hypertension – 46.7%, lucid interval – in 33.3%. The number of patients with impaired consciousness, anisocoria and bradycardia decreased, but lucid interval became the most common symptom in subacute and chronic types of hematomas flow.

Arterial hypertension was a rather stable symptom in all flow types of hematomas, observed in a half of the patients. Hypotension was observed in acute hematomas on the stage of decompensation during axial dislocation (20%) and was a poor prognostic sign.

Flow variants without light interval in cases of acute subdural hematomas on the background of severe contusions of the brain were dominated (75%). Coma combined with the growing syndrome of a lesion of the brain stem. The classic version of the flow on the background of a slight brain injury with the short-term loss of consciousness, lucid intervals, which quickly gave way to increase of neurological symptoms and quantitative disorders of consciousness was observed in 25% of cases. The classic version of the flow on the background of a slight brain injury (66%) and rarely of a severe brain injury (34%) in the cases of acute epidural hematomas was observed. Sub acute and chronic hematomas flow appeared on the background of light and moderate contusions. In these types of hematomas flows the syndrome of local compression and irritation of the dura mater and the cerebral cortex predominated in clinics: the local character of headache, the pain during percussion of the skull on the side of the hematoma, the occurrence of focal symptoms after a trauma and an increase of their dynamics, focal spasms, hypertension.

Applied clinical, instrumental and laboratory diagnostic complex allowed to formulate the concept that the majority of hematomas were the complications of intracranial hemorrhage in case of the brain injuries. The main sanogenetic mechanisms in hemorrhages were local vasoconstriction and edema, hypercoagulation. Among the main factors of hematomas formation there were initial hydrocephalus, cerebrovascular reactivity disorders, aggregant state of the blood system disorders, unjustified appointment of decongestants therapy.

The statements to the conservative treatment, terms and options of surgery treatment of different intracranial hematomas were substantiated. Antioxidant-antiaggregant therapy with emoxipine using significantly

reduced the severity, primarily focal and stem symptoms, accelerated sanogenetic processes in contusion foci and positive impacted on the CT dynamics. The most rapid regression of neurological disorders and restoration of structural changes in the brain have been reported in cases of intracerebral hemorrhage. The effect was worse in case of subdural hematomas. Epidural hematomas had a longer resorption period.

Dynamic imaging using with the sanogenetic brain capabilities evaluation in cases of intracranial hematomas and contusion foci allowed to expand the statements to conservative methods using antioxidant-antiaggregant agents and to achieve satisfactory outcome in traumatic injuries complicated with hematomas.

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#### DEBUT FEATURES OF MULTIPLE SCLEROSIS IN THE AMUR REGION

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**Abstracts.** The features of the onset of multiple sclerosis were analyzed. A greater frequency of visual, motor, sensory disorders was revealed. There was more favorable course of the disease with visual and sensory disorders in the onset and more severe course - with coordination and motor disorders onset.

**Key words:** multiple sclerosis, primary symptoms, the Amur region.

Multiple sclerosis (MS) is an autoimmune, demyelinating disease of the central nervous system, with the steady progression, leading to disability of patients. Early diagnosis of MS is relevant because of new methods of treatment, which allow influencing on the disease course. According to the literature data, MS debuts from one isolated symptom in a half of cases that hampers diagnostics [1, 2, 3, 4].

The purpose of the research was to study the debut symptoms in patients with MS and their prognostic value.

**Materials and methods.** The out-patient's cards and the case histories of patients with MS being on the dispensary in the Amur regional polyclinics were analyzed. The frequency of debut symptoms of patients with remittent and primary progressive course of MS and the further course of the disease were analyzed.

**Results and discussion:** There was a high frequency of monosemeiotic debut - 58% in case of remittent course, and this debut was often observed in patients with earlier onset of the disease.

Visual impairment was identified in 19.6% of patients, it was often retrobulbar neuritis, repeated – in 5 patients, and with a gradual reduction of vision of one or both eyes – in 4 ones. The last one was not typical for MS. There were pyramid symptoms on the second place (13.4%) as a transient paresis of limbs, often developed subacute, gradually at least. In two patients there was an acute hemiparesis with speech impairments. Sensory symptoms were identified in 10.7% of cases as a transient numbness in the extremities. Paresthesia, hyperesthesia, pain were observed rarely.

The debut with stem violations was detected in 8.9% of patients. The abducens nerve was affected in the majority (7.1%), the facial nerve – in two patients (1.8%). Dizziness was noted in 6% of cases, sometimes with slow regression and with a tendency to recur. Cerebellar violations in the form of unsteadiness in walking were observed in 2% of patients. Isolated pelvic disorders were one of the rarest debut symptoms retrospectively detected in 3 patients.

In our experience, there were cases of atypical onset of the MS. For example, in one case, the MS debuted from the intolerance to heat - the feet weakness developed on the background of sun exposure. A woman of 22 years old had the MS onset from the vegetative crisis; the pyramid symptoms and ataxia were appeared during the second attack. Two patients had epileptic seizures in the MS debut, on one occasion - transient hearing loss and speech disturbances. The involvement of the peripheral nervous system manifested in the form of facial nerve neuropathy, trigeminal neuralgia (2 cases), peroneal nerve neuropathy – in one and brachial plexopathy in other case.

The remittent MS with the vision and sensory disorders had relatively favorable course in our region. In these patients, there were a slower progression of the disease, long first remission and late transition to sec-