

FEATURES OF PREVENTION OF ACUTE CARDIOVASCULAR COMPLICATIONS IN THE PATIENTS WITH MULTIFOCAL ATHEROSCLEROSIS

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Introduction: The problem of multifocal atherosclerosis (combined atherosclerotic lesion of the carotid and coronary arteries) is currently extremely actual. Patients with multifocal atherosclerosis (MFA) are at a very high risk of cardiovascular complications development. Such dangerous complications of MFA as myocardial infarction (MI) and cerebral stroke, account for almost 70% of all deaths in the world. The results of the international multicenter REACH register showed an almost triple increase in the risk of MI, stroke or death in patients with MFA. It is well known that a stroke is easier to prevent than to achieve full recovery of lost functions, and even more so of complete cure of the patient. Encouraging is the fact that 80% of premature myocardial infarction and strokes can be prevented, which predetermines necessity of their pathogenetically grounded prevention. **The aim:** to substantiate the feasibility of prescriptive carotid arteries (CA) screening ultrasound examination with the purpose of timely diagnosis of atherosclerosis and prevention of acute vascular accidents development.

Materials and methods: We examined 38 patients with arterial hypertension and concomitant IHD and cerebrovascular diseases aged 40 to 75 years who were on treatment in the neurological department of the 5th city clinical hospital. The presence of carotid atherosclerosis was determined using the CA duplex scanning (DS) method with measurement of the "intima-media" complex and with an assessment of the atherosclerotic plaques presence in the CA.

Results: According to the DS CA, carotid atherosclerosis was detected in 36 patients (94.7% of cases). Asymptomatic stenosis of CA was noted in 34 examined patients. It is noted that the development of asymptomatic carotid stenosis in men begins after 40 years, and in women - after 50 years, and often even earlier. Therefore, early diagnosis and timely correction of combined atherosclerotic lesions as a basis for secondary prevention of MFA and acute ischemic vascular complications is very important.

Conclusions: MFA is a pathology with a potentially significant risk of death, which causes timely early diagnosis. Therefore, carrying out prescriptive screening DS CA (in men after 40 years, and in women after 50 years) will allow early detection of atherosclerotic lesions of the CA at the preclinical stage or precursors of the disease in people who consider themselves healthy, which gives reason to intervene during the disease in early its stages or before the acute clinical manifestation of atherosclerosis.

KEY WORDS: multifocal atherosclerosis, asymptomatic carotid stenosis, prevention of acute cardiovascular complications.