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**CEREBRAL MICRO EMBOLISM IN PATIENTS WITH COMBINATION OF NON-VALVE ATRIAL FIBRILLATION AND ATHEROSCLEROSIS OF BRACHIOCEPHAL ARTERIES AS INSULT RISK FACTOR**

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52  
( 70 %)  
  
(10  
14 –  
71,4 %),  
38 – 13,2 %).  
(5

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The study presented data of trans cranial dopplerography of medial brain arteries with micro-embolodetection in 52 patients with non-valve atrial fibrillation and evident stenosis of carotid artery ( 70 %). Micro-embolic signals were registered statistically reliable more frequently in patients with cerebral thromboembolism in anamnesis (10 cases from 14 – 71,4 %) combined with the patients without thromboembolism in anamnesis (5 cases from 38 – 13,2 %). The cerebral microembolism registration allowed selecting the number of patients with unfavorable prognosis of ischemic stroke development.

Key words: TRANSCRANIAL DOPPLEROGRAPHY, MICROEMBOLIC SIGNALS, ATRIAL FIBRILLATION, STENOSIS OF INTERNAL CAROTID ARTERY, ATHEROSCLEROTIC PLAQUES, ISHEMIC INSULT

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( 70 %)

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(Consensus Committee of the Ninth International Cerebral Hemodynamic Symposium, , 1998).

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[4].

SPSS 12.0.

&lt; 0,05.

14 ) 51 80 . 52 (38  
 38 , -14 .  
 (10 14 - 71,4 %),  
 (5 38 - 13,2 %)  
 ( < 0,05).

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	(+)	(-)
(n = 38)	5 (13,2 %)	33 (86,8 %)
(n = 14)	10* (71,4 %)	4 (28,6 %)
	15	37

: \* - &lt; 0,05

1, 2, 3, 4, 5 6 )  
 15 (28,8 %) 23 (44,2 %) 4-  
 4- - . 6 8 (75 %)  
 ( ) ,  
 (12,5 %) 2 3

4-

30

(57,7 %)

: 25

(48,1 %) – 75–150 / , 4 (5,8 %) – 75

/ , 1 (1,9 %) –

22

(42,3 %).

54,5 % (12 22 ) 10,0 % (3 30 ) ( &lt; 0,05 ) ( . 2).

2 –

	(+)	(-)
( )	12 (80 %)	10 (27 %)
/ ( )	3 (20 %)	27 (73 %)
	15	37

( . 3).

3 -

	(+)	(-)
	(n = 15)	(n = 37)
- . / .	10/5	28/9
(%)	80,2 ± 9,4	79,1 ± 9,3
(%):		
-	55	54
-	33	32
-	12	14
, %	78	76
, %	34	32
2- , %	23	19
, %:		
- II NYHA	72	70
- III NYHA	30	29
, %	53	47
, %	35	33

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H. Marcus . [6], 467

7,13 %

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J.D. Spence . [7] ,

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1. *Fuster V., Rydén L.E., Cannom D.S. et al.* 2011 ACCF/AHA/HRS focused updates incorporated into the ACC/AHA/ESC 2006 Guidelines for the management of patients with atrial fibrillation: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines developed in partnership with the European Society of Cardiology and in collaboration with the European Heart Rhythm Association and the Heart Rhythm Society // *J. Am. Coll. Cardiol.* – 2011; 57:e101–e198.
2. *Censori B., Partziguian T., Casto L. et al.* Doppler microembolic signals predict ischemic recurrences in symptomatic carotid stenosis // *Acta Neurol. Scand.* – 2000. – V. 101. – P. 327–331.
3. . . . . ( ) . – . : - , 2006. – 272 .
4. Basic identification criteria of Doppler microembolic signals. Consensus Committee of the Ninth International Cerebral Hemodynamic Symposium // *Stroke.* – 1995. – V. 26, 6. – P. 1123.
5. *Hilton T.C., Menke D., Blackshear J.L.* Variable effect of anticoagulation in the treatment of severe protruding atherosclerotic aortic debris // *Am. Heart. J.* – 1994. – V. 127. – P. 1645–1647.
6. *Marcus H.S., King A., Shipley M. et al.* Asymptomatic embolisation for prediction of stroke in the Asymptomatic Carotid Emboli Study (ACES): a prospective observational study // *Lanset. Neurol.* – 2010. – V. 9. – P. 663–671.
7. *Spence J.D., Coates V., Li H. et al.* Effects intensive medical therapy on microemboli and cardiovascular risk in asymptomatic carotid stenosis // *Arch. Neurol.* – 2010. – V. 67. – P. 180–186.
8. *Brott T.G., Hobson R.W., Howard G. et al.* CREST Investigators. Stenting versus endarterectomy for treatment of carotid-artery stenosis // *N. Engl. J. Med.* – 2010. – V. 362. – P. 11–23.
9. . . . . // IV - : » . – , 2012. – . 77–78.