

FEATURES OF CLINICAL REJECTION OF VEGETATIVE DYSTONIA SYNDROME IN MILITARY PERSONNEL

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In recent years, the early development of primary insufficiency and chronic forms of Cerebrovascular Diseases has become widespread, and their study is an urgent topic.

Purpose of the study:

Study of the features of clinical rejection of vegetative dystonia syndrome in military personnel.

Examination materials and methods:

For the study of clinical care in servicemen diagnosed with vegeto-vascular dystonia, 36 patients, 40 of whom were 25 years old, were examined (mean age was 29.3 ± 4.9). The control group included 20 healthy military personnel. The patients underwent a medical examination in a military hospital. A clinical-neurological and instrumental examination was carried out (ECG, EEG and brain MRI examinations). Analysis of cardiovascular, respiratory, intestinal diseases, skin and psychological injuries.

Inspection results.

A study of the clinical symptoms of military personnel with vegetative dystonia syndrome gives an idea of the initial vegetative state in various functional systems. The results of the clinical examination show that 41.6% of the patients in the main group had complaints of more psychoemotional disorders, including headaches, dizziness, general weakness, rapid fatigue, irritability, jitteriness, and sleep disturbances. Idi Cardiological disorders were observed in 32% of patients (unpleasant sensations in the heart area, AQB and pulse increase or decrease). Complaints related to the digestive system were found in 8.4% and respiratory system in 19.4% of patients (neurogenic hyperventilation). Sinus arrhythmia was detected in 7 (19.4%) patients, sinus tachycardia in 9 (25%) patients, and sinus bradycardia in 13 (38.9%) patients. In 16.7% of patients, no pathological changes were detected in the ECG. The results of EEG examinations showed that: 30.6% (11 patients) had signs of non-specific dysfunction of the middle brain structure, 25% (9 patients) had

disorganization (type IV according to Ye.A. Zhirmunskaya) and 19.4% In (7) patients, desynchrony (type III) was detected, that is, the reticular formation indicates an increase in the activating effect on the cortex. No gross changes were detected in the brain MRI examinations of the patients. In 25% of cases, medium-expressed atrophic changes (of vascular genesis) of cerebral hemispheres were detected, and in 8 (22.3%) cases, pathological single foci (of vascular genesis) were detected in the white matter of large cerebral hemispheres.

Studying the level of anxiety of patients showed that 94.8% of patients in the main group showed high levels of anxiety about the situation and 88.8% about the person. These indicators show that military personnel have a high emotional sensitivity to stress and a constant state of anxiety.

Thus, when studying the characteristics of the clinical course of VTD syndrome in military personnel, pathological changes in the cerebrovascular system were determined with the help of ECG, EEG and brain MRI examinations from clinical-neurological and instrumental examinations. The level of accuracy and sensitivity of the devices was 80-87%.

REFERENCES:

1. Ibodullayev. Tibbiyot psixologiyasi. Darslik., 3-nashr., T.; 2019., 494b.
2. Z. Ibodullayev. Asab kasalliklari. Darslik., 2-nashr., T.; 2021., 960b.
3. Z. Ibodullayev. Umumiy nevrologiya. Darslik. T.; 2021., 312b.