

EVALUATION OF THE EFFICIENCY OF URINARY KALLIDINOGENASE (KALGEN 0,15 PNA) IN COMBINATION WITH EDARAVONE IN PATIENTS WITH BRAIN INFARCTION

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Relevance

Stroke is the second most common cause of death and the leading cause of disability in adults worldwide. Acute cerebral infarction is caused by a sharp decrease in blood and oxygen supply. Treatment strategies currently available time in Western countries for occlusion of large vessels include the rapid restoration of blood flow by removing the problematic blood clot using mechanical or pharmacological means (for example, tissue plasma activator).

Objective:

To study the efficacy of urinary kallidinogenase (Kalgén 0,15 PNA) in combination with edaravone in patients with cerebral infarction.

Materials and methods: In the department of intensive care unit of the clinic of the Urgench branch of the TMA, we examined 36 patients with acute ischemic stroke (26 men and 10 women), whose average age was $55,1 \pm 6,4$ years. We divided all patients into 3 groups: the control group (I), which included 12 patients, received only standard therapy, and the control group (II) consisted of 12 patients who, in addition to the indicated therapy, received Kalgén 0.15 PNA (urinary kallidinogenase) once a day for dilution with saline intravenously, drip, slowly and the study group (III), which included the remaining 12 patients, used standard therapy and Kalgén 0,15 PNA (urinary kallidinogenase) in combination with Edaravone 1,5 mg / ml, 20 ml by intravenous infusion in within 30 minutes.

All patients underwent clinical and biochemical studies, computed tomography, during therapy they monitored blood pressure, mean arterial pressure, blood glucose, thermometry and venous blood saturation. We assessed the neurological status using the Rankin scale and MMSE.

Results: According to the data obtained in patients in the study group (III), Kalgén in combination with Edaravone had a positive effect on the state of cognitive functions at an earlier time. This was confirmed by an increase in the total score when performing the MMSE technique on the 3rd day of treatment and in the control group (I) these changes were observed on the 7-10th day, and in the control group (II) positive results were obtained on the 5th day.

Conclusions: Kalgén 0,15 PNA in combination with Edaravone etiopathogenetically provides an effective and rapid recovery of nervous function in cerebral infarction.

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