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И.Б. Комарова, В.П. Зыков

РОЛЬ ИНФЕКЦИИ В РАЗВИТИИ ЦЕРЕБРАЛЬНОГО АРТЕРИАЛЬНОГО ИШЕМИЧЕСКОГО ИНСУЛЬТА У ДЕТЕЙ

ГБОУ ДПО РМАПО, Москва

Цель – изучить значимость инфекции в развитии артериального ишемического инсульта (АИИ) у детей. Обследовали 36 больных (27 мальчиков), средний возраст $4,99 \pm 4,15$ лет с диагнозом АИИ. У всех больных изучали «инфекционный» анамнез, клинические симптомы, данные магнитно-резонансной томографии головного мозга и клинического анализа крови в остром периоде АИИ. То или иное инфекционное заболевание предшествовало АИИ в 25 (69,4%) случаях. Обнаружена корреляция положительного «инфекционного» анамнеза с гипертермией, лейкоцитозом, ускорением СОЭ, корковой локализацией ишемических очагов и многоочаговым поражением мозга в дебюте инсульта ($F=11,25$; $p=0,0019$). Инфекция может рассматриваться как ведущий этиопатогенетический фактор АИИ у детей в случаях многоочагового поражения мозга преимущественно корковой локализации, протекающих с гипертермией, ускорением СОЭ и лейкоцитозом в дебюте заболевания.

Ключевые слова: артериальный ишемический инсульт, инфекция, дети.

The goal was to estimate the role of infection in development of arterial ischemic stroke (AIS) in children. Authors examined 36 children patients with AIS. The following parameters were examined: history of infectious diseases, clinical symptoms, brain MPT data, and complete blood count in acute period of AIS. Any of several infection diseases preceded AIS in 25 patients (69,4% of cases). Positive correlation of «positive history of infection» with hyperthermia, increased WBC count, increased ESR, cortical localization of ischemic foci and multifocal brain lesion in manifestation of stroke was discovered ($F=11,25$; $h=0,0019$). Infection can be estimated as main etiopathogenetic factor of AIS in children in cases of multifocal brain lesion with cortical localization in prevalence with hyperthermia, increased ESR and hyperleukocytosis in the beginning phase of disease.

Key words: arterial ischemic stroke, infection, children.

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