FEATURES OF THE CLINICAL COURSE OF AUTONOMIC DYSTONIA SYNDROME IN MILITARY PERSONNEL

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In recent years, the early development of primary insufficiency and chronic forms of tserebrovascular 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 materiala Riva methods:

36 patients between the ages of 25 and 40 were examined for clinical features in servicemen with Vegeto-vascular dystonia diagnosis (average age was 29.3 ± 4.9).The control group included 20 healthy military personnel.Patients were examined at the military hospital.All patients underwent clinical-neurology and instrumental examination (ECG, EEG and cranial MRI examinations). Cardiovascular, respiratory, gastrointestinal, skin and psychoemotional autonomic disorders were analyzed.

Results of the examination.

The study of clinical signs of military personnel with vegetative dystonia syndrome provides an idea of the initial vegetative state in various functional systems. The results of the clinical examination show that 41.6% of patients in the main group had complaints consisting of more psychoemotional disorders, including headaches, dizziness, general weakness, rapid fatigue, irritability, irritability, sleep disorders. Cardiogenic disorders were observed in 32% of patients (abnormal sensation in the heart socket, elevated or depressed AQB and pulse). Digestive system 8.4% and respiratory complaints were found in 19.4% of patients (neurogenic hyperventilation). ECG tests showed signs of sinus arrhythmia 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 tests showed: 30.6% (11) of patients showed signs of nonspecific dysfunction of the midbrain structure, while 25% (9) of Examiners showed that they had a disorganized (E.A. Type IV in Jirmunskaya) and 19.4% (7ta) patients were diagnosed with desynchronous (Type III), meaning that reticular formation indicates increased activating effects on the trunk. Cranial MRI examinations did not reveal any rough changes in patients. In 25% of cases, atrophic changes (vascular Genesis) with intermediate expression of cranial hemisphere fragments, 8 (22.3%) pathological single foci (vascular Genesis) were found in the white matter of the cranial large hemispheres.

A study of patient anxiety levels found that in mainstream patients, 94.8% of patients showed higher levels of vulnerability to the situation and 88.8% of individuals. These indicators indicate a high emotional impact on stress disorder in military personnel and a constant state of anxiety.

Thus, in the study of the features of clinical rejection of VTD syndrome in military personnel, pathological changes in the tserebrovascular system were detected using ECG, EEG and cranial MRI examinations from clinical-neurological and instrumental examinations. The degree of accuracy and sensitivity of the apparatus was 80-87%.