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USE OF URINARY KALLIDINOGENASE IN COMBINATION WITH RIVAROXABAN IN PATIENTS WITH BRAIN INFARCTION

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Relevance

Stroke is an extremely common disease throughout the world. Disability from a stroke ranks first among the causes of primary disability, reaching, according to different authors, up to 40%, only 8% of surviving patients are able to return to their previous work after suffering an acute circulatory disorder. To date, the introduction of new methods of treatment contributes to the success of stroke treatment and greater patient survival.

Objective: to evaluate the clinical efficacy of urinary callidinogenase (Kalgen 0.15 PNA) in combination with rivaroxaban in patients with cerebral infarction.

Materials and methods: In the intensive care unit of the clinic of the Urgench branch of TMA, we examined 32 patients with acute ischemic stroke (20 men and 12 women), whose average age was 56,1±6,4 years. We divided all patients into 2 groups: the control group (retrospective), which included 16 patients, received standard therapy, where we studied archival data, and the study group, which included the remaining 16, who, in addition to the indicated therapy, received Kalgen 0.15 PNA (urinary kallidinogenase) once a day in dilution with physiological saline intravenously, drip, slowly. For the purpose of anticoagulant therapy in patients of the study group, we used Rivaroxaban 20 mg tablets once a day for 20 days. We measured ICP non-invasively using the Komplexmed 1.2 apparatus by m-Echo of the pulsation of the 3rd ventricle of the brain (normal, moderate and pronounced increase in ICP). All patients underwent clinical and biochemical studies, computed tomography, during therapy, coagulogram (APTT, fibrinogen, PTI), blood pressure, mean arterial pressure, blood glucose, thermometry and venous blood saturation were monitored. We assessed neurostatus using the Glasgow scale and NIHSS.

Results: According to the data obtained in patients in the study group, Kalgen 0,15 PNA in combination with Rivaroxaban 20 mg had a positive effect on the recovery of cognitive functions on days 3-6, and in the control group, positive dynamics according to the Glasgow and NIHSS scales were noted on days 6-8. In the study group, a decrease in plasma fibrinogen and PTI was observed in dynamics by 48,1% and 15,4%, respectively, and an increase in the time of APT by 21,9% on days 3-4 of treatment, while in the control group these changes were noted on days 5-6.

Conclusions:

1. Kalgen 0.15 PNA has a positive effect on the recovery of cognitive functions at an earlier time in patients with cerebral infarction.
2. The use of Rivaroxaban 20 mg in combination with Kalgen 0.15 PNA improves hemostasis at an earlier stage of treatment.

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