

various functional properties of the vascular system is necessary for adequate diagnostics of disbalanced vascular system as on preclinical patients' examination and during treatment of the cerebral dysgemia.

Presence of a clinical picture of stroke says for expressed disbalance in functioning not only of the blood supply system but also of the blood outflow system in a certain patient that comes into a level of uncontrolled chaos during stroke. Very in these situations patient's vascular system requires constant monitoring of many hemodynamic parameters for the purpose of well-timed dynamic indication and adequate reaction for sanogenic correction of detected changes. Assessment program of quality of the performed medical care during neurorehabilitating courses in Medical Center "Istyna" proved increasing of quality of the performed medical care by criteria of decreasing of psychoneurological deficiency by 40-45% on the background of restoration of scarce and disbalanced blood supply in the cerebral reservoir by 50-60%. Our experience of examination of the vascular system according to logic of functioning of the living system generally and cardiovascular system in particular, shows the urgent necessity in changing priorities in investigation stroke patients – to leave ordinary verification of atherosclerotic plaques, thrombosis in the lumen of vessels. Only analytical approach to multisided investigation of various functions of blood supply, which is based on knowledge of hydrohemodynamic laws, gives essential results in decreasing of number of cardiovascular and cerebrovascular diseases.

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### *Carotid stenting in acute stroke. Reopening of Left Internal Carotid Artery. One case report*

78-years old man with history of diabetes mellitus and coronary heart disease was admitted to hospital because of sudden paresis of right limbs and aphasia. In anamnesis several episodes of transient paresis of the right upper limb in the previous 2 days. On admission 15 points in NIHSS, on CT scan no intracranial haemorrhage, no ischemic lesion related to stroke. Doppler examination - suspicion of Left Internal Carotid Artery (LICA) occlusion and collateral circulation through anterior communicans artery from right to left site. Patient received intravenous Actilyse (SITS - MOST). Neurological examination and doppler examination after intravenous thrombolysis without improvement. Carotid angiography revealed total occlusion of LICA. The occlusion of the LICA was reopened by soft catheter. Nitinol stent was implanted with good result. Patient received antiplatelet treatment Aspirin and Clopidogrel). Control CT scan after 24 hours showed 2 hypodensic areas in the left hemisphere. During hospitalization neurological state improved – patient began to walk with help. Control CT scan after 6 days revealed hemorrhagic transformation of ischemic lesion without clinical deterioration (antiplatelet treatment was continued). After 11 days of hospitalization patient was discharged with improvement (8 points NIHSS) in good general condition and was admitted to rehabilitation department.

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### *Complications of severe cerebral amyloid angiopathy in the course of dementia with Lewy bodies. A clinical and neuropathological case report*

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Cerebral amyloid angiopathy (CAA) is a clinico-pathological condition caused by the deposition of amyloid in the walls of leptomeningeal and brain parenchymal vessels. CAA has a fundamental aspect of pathology of many disorders causing dementia. Brain parenchymal hemorrhage and/or necrosis is common in this condition, but focal pure subarachnoid hemorrhage is rare.

Authors report a case of 67-year-old male who was admitted to the Second Department of Neurology in the Institute of Psychiatry and Neurology. He suffered on dementia from 4 months and was treated by risperidone and donepezil. He was admitted due to vertigo and slight left hand paresis. On CT scan hemorrhagic infarct in the left frontal lobe and multiple ischemic lesions in frontal, temporal and parietal lobes were revealed. Recurrent subarachnoid hemorrhage, intracerebral hemorrhagic and ischemic lesions were observed on repeated CT scans, allowed to diagnose of CAA clinically. He deceased