CLINICAL FEATURES OF THE SYNDROME, ITS RELATIONSHIP WITH CEREBROVASCULAR AND SOMATIC FACTORS. DIAGNOSTIC CRITERIA.

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Relevance. Dizziness is one of the most common symptoms encountered in both outpatient and inpatient practice, and it is a clinical syndrome arising from dysfunction of the central, peripheral, and systemic mechanisms of balance regulation. According to epidemiological observations, at least 20–30% of the population experiences at least one episode of dizziness during their lifetime, and this condition increases significantly with age. This is associated with the growing prevalence of cerebrovascular, metabolic, degenerative, and anxiety-depressive disorders.

It should be emphasized that dizziness is not an independent disease but a symptom that may accompany more than 80 different clinical presentations, ranging from peripheral vestibular disorders to severe cerebral vascular and cardiac diseases. In clinical practice, particular difficulty is posed by the multifactorial nature of the syndrome, as well as its close association with hypertension, diabetes, anemia, thyroid disease, and cardiovascular disorders.

Modern methods of neuroimaging and vascular diagnostics make it possible to identify the structural and hemodynamic changes underlying dizziness, including vertebrobasilar insufficiency, atherosclerotic lesions, signs of intracranial hypertension, hypoplasia of the vertebral arteries, and vascular compression in cervical spine pathology.

Objective. To thoroughly study the clinical features of dizziness syndrome and the examination methods used in patients presenting with dizziness.

Methods and Results. The study included 27 patients complaining of dizziness

of varying intensity and duration. The age of the study participants ranged from 20 to 75 years. Women predominated (66.7%), while men accounted for 33.3%.

Patients were divided into age groups: 20–39 years — 19%, 40–59 years — 48%, 60–75 years — 33%.

To establish the diagnosis, MRI or CT examination of the brain was performed. Assessment of blood vessels was carried out using duplex scanning of extracranial and intracranial arteries.

The results show that the most common cause of dizziness was chronic cerebral circulatory disturbance (25%). Patients in this category were characterized by recurrent episodes of dizziness accompanied by headache and changes in blood pressure. Astheno-vegetative syndrome was identified in 17.9% of patients and was characterized by a feeling of instability, anxiety, sleep disturbance, and emotional lability. Vertebrobasilar insufficiency was detected in 14.3% of those examined and was accompanied by balance disturbance and nausea.

Among the concomitant symptoms, the most frequently recorded were headache (52%), elevated blood pressure (24%), nausea and insomnia (20% each), anxiety attacks (16%), balance disturbance (12%), weakness in the limbs (12%), and impairment of consciousness (12%).

The study of etiological factors included arterial hypertension (28%), diabetes mellitus (12%), anemia (8%), goiter (8%), and ventricular extrasystole of the heart (8%).

Neuroimaging (paraclinical examinations) revealed signs of intracranial hypertension (11%), atherosclerosis of the vertebral artery (11%), hypoplasia of the vertebral artery (4%), cervical disc herniation (7%), dilatation of the cervical artery (7%), and calcification of the basal ganglia (4%).

Conclusion. The obtained data confirm the dominant role of vascular mechanisms in the development of vertigo syndrome. Impairment of perfusion in the

vertebrobasilar system can lead to dysfunction of brainstem-cerebellar structures and central vestibular pathways. Among instrumental examinations, MRI/MRCT and duplex scanning of the cervical vessels are the most effective and play an important role in differential diagnosis. A comprehensive neurological and vascular examination approach is essential for accurate diagnosis and effective treatment.