Stroke quality indicators in Balti Clinical Hospital

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Abstract

Background: The cerebrovascular pathologies are among the most important causes of morbidity, mortality and disabilities worldwide and in the Republic of Moldova. The aim of the study was the analysis of the stroke care quality indicators of patients in Balti Clinical Hospital.
Material and methods: We present a retrospective study that included medical records (from January to April, 2021) of 72 patients with stroke, confirmed clinically and by cerebral CT scan.
Results: The mean age of the patients included in our study was 65.8 ± 14.7 years old, 34 men and 38 women. The mean timing from the first symptoms till the admission at the Emergency department was 7.0±3.5 hours. The mean timing spent at the Emergency department was 3.0 ± 1.5 hours. CT-scan examination 24 hours after hospitalization was performed in 63.75% of the patients. Cerebral vessel dopplerography was performed in 6 patients. Thrombolytic therapy was not performed in any of the patients. The mean duration of treatment was 10.0 ± 3.0 days. 65 patients were discharged with an amelioration, while 7 patients died.
Conclusions: The qualitative indices in specialized medical care for cerebral attack patients in Balti Clinical Hospital were influenced by the following factors: patients' presentation out of the therapeutical window as well as the impossibility of performing a cerebral CT-scan in the first 24 hours at the hospital, as well as the Covid-19 pandemic situation.
Key words: cerebrovascular accident, quality indices, thrombolytic therapy.

Phenotypic heterogeneity of amyotrophic lateral sclerosis: a report of three cases

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Abstract

Background: Motor neuron disease (MND) incorporates a spectrum of neurodegenerative syndromes involving both upper and lower motor neurons to a variable degree. Amyotrophic lateral sclerosis (ALS) is the most prevalent MND, but its atypical forms can make ALS a diagnostic challenge.
Material and methods: Ambidirectional analysis of three atypical ALS cases diagnosed on the basis of clinical signs and electromyography results.
Results: We report one case of pseudopolyneuritic ALS: a 60-year-old male with predominantly lower motor neuron lesion signs restricted to the lower limbs for a year, followed by cranial progression, upper motor neuron signs, cognitive deficit, which led to significant motor impairment, dysphagia, breathing difficulties and a fatal outcome within 3 years. Electrophysiological studies showed indirect signs of upper motor neuron damage and diffuse fasciculations. We also report the case of a 44-year-old female presenting with dysarthria, dysphonia and dysphagia followed by a progressive muscle weakness of the right limbs, whose electromyography showed spontaneous motor activity; and the case of a 78-year-old female presenting with isolated bulbar dysfunction and a false-positive edrophonium test, who was ultimately diagnosed with progressive bulbar palsy.
Conclusions: These cases illustrate the diagnostic challenges associated with ALS and the extensive differential diagnosis that is required. Simplified diagnostic criteria (such as the recently proposed Gold Coast Criteria) are more inclusive for heterogeneous phenotypes, a fact that speeds the diagnostic process and the initiation of treatment.
Key words: amyotrophic lateral sclerosis, pseudopolyneuritic, flail leg, bulbar palsy.