

which may indicate specific vascular syndromes, including lateral medullary infarction (Wallenberg syndrome) or anterior inferior cerebellar artery (AICA) involvement. Ischemic lesions detected on brain MRI, localized in pontine or cerebellar regions, may explain the symptom variability. Detailed imaging analysis and correlation with clinical manifestations will clarify pathological mechanisms and guide therapeutic strategies to optimize prognosis. **Conclusion(s).** Ischemic stroke in the vertebrobasilar territory has a variable prognosis. Early recognition of suggestive clinical signs and proper use of imaging are essential for accurate diagnosis and optimal treatment. MRI is superior to CT in detecting brainstem lesions.

Keywords: ischemic stroke, vertebrobasilar territory, MRI.

EVOLUTIONARY PECULIARITIES OF DIABETES MELLITUS IN LIVER CIRRHOSIS

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Background. Diabetes mellitus is a common comorbidity in patients with liver cirrhosis, negatively influencing the evolution and prognosis of the disease. Its evolutionary forms, especially hepatogenic diabetes, have specific mechanisms and clinical features, which require early recognition and selective treatment.

Objective(s). Analysis of the evolutionary and clinico-pathogenetic characteristics of diabetes mellitus in liver cirrhosis, highlighting the differences from type 2 diabetes and the therapeutic implications.

Materials and methods. A study of the scientific literature published in 2013-2024 was conducted, using PubMed, ScienceDirect, MEDLINE and Wiley data. Terms used: "hepatogenic diabetes", "liver cirrhosis", "insulin resistance". From the articles, 10 relevant studies were selected according to the criteria of topicality, clinical validity, and scientific value.

Results. Diabetes in cirrhosis may be pre-existing or acquired later in the form of hepatogenic diabetes. It is characterized by hepatic insulin resistance, β -cell dysfunction, and frequently falsely low HbA1c values. The most recommended diagnostic method is the oral glucose tolerance test. Glucose metabolism disorders can reach 80%, and clinical diabetes occurs in about 30% of patients. Its evolution is associated with an increased risk of hepatic encephalopathy, infections, hemorrhages, and post-transplant mortality. Treatment requires individualized adjustments, and therapeutic options are limited by the remaining liver function.

Conclusion(s). Diabetes mellitus in liver cirrhosis has a particular evolution, being often underdiagnosed and difficult to treat. Early diagnosis and personalized therapeutic approach are essential for preventing complications and reducing mortality; achieving these goals requires multidisciplinary collaboration.

Keywords: hepatogenic diabetes, liver cirrhosis, insulin resistance

FIRST SEIZURE IN THE ELDERLY: CAUSES, IMPACT AND PERSPECTIVES

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Background. In recent years, epilepsy in the elderly has emerged as a growing public health concern. The first epileptic seizure in an older adult often represents a critical juncture, both