148. THE INFLUENCE OF PEYCHOGENIC PAIN DISORDER

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Introduction. Psychogenic pain is a therm used to describe pain attributed to psychological elements. These elements may include certain feelings, anxieties or affections that lead to the worsening of pain. Patients with psychogenic pain usually have a history of unresolved problems that throws in an unconscious way in symptoms of pain. Usually pain is recognized to be physical, but the psychological aspect of this condition should be in the center of the overall management plan. It is proved that stressful factors may be associated with the changes that appear in the nervous system. Though, there is a combination of elements and facts that contribute together to the pathology of psychogenic pain. This type of pain can have many different psychological aspects that can exacerbate or trigger the pain: anxieties, emotions, beliefs or depression.
Aim of the study. This study focuses on the psychological difficulties causing psychogenic pain. The objective is to analyse the level of comorbidity between psychological difiiculties and the psychogenic pain.
Materials and methods. Place of study: Moldova's Institute of Neurology and Neurosurgery Period of study: September 2019 - february 2020 (6months). Inclusion Category: Patients who reffered by doctors for pains and behaviour problems. Exclusion Category: Patients who complain pains for more than two months. Sample Size: Patients who complains pain for more than 6 months. Study Design: Cross sectional study.
Results. The study showed statistically that there are significant differences in all areas of psychological difficulties, statistically not significant in somatization of all the patients.
Conclusions. The study showed that the pshychological difficulties are the most important stressors elements in triggering psychogenic pain among the patients.
Key words: Psychogenic pain, psychological difficulties, nervous system.

149. THE PARTICULARITIES OF EVOLUTION OF ISCHEMIC STROKE IN PATIENTS WITH CAROTID ARTERY OCCLUSION (REVIEW)

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Introduction. Worldwide, stroke is the third leading cause of death and the most common cause of disability. According to WHO, 20 million people are affected annually and mortality rate is 5.5 million people. Ischemic stroke accounts for 87% of all strokes. Ischemic stroke in 15-20% is caused by atherosclerosis of large extracranial arteries and in 75% is caused by the occlusion of the cervical internal carotid artery and has an incidence rate of approximately 6 per 100000 people.

Aim of the study. To analyze the bibliographic data with reference to the epidemiology, the causes, the risk factors, the clinical presentation and the evolution of the ischemic stroke determined by the occlusion of the carotid artery.
Materials and methods. Were analyzed 40 bibliographic sources from the Hinari, PubMed, Medline database.
Results. Atherosclerosis is the leading cause of carotid artery occlusion. Since the 1950s it has been shown that the predominant localization of atherosclerosis is the origin of cervical internal carotid artery. In young patients, the occlusion is often caused by carotid artery dissection. Carotid artery atherosclerosis is more common in men and the prevalence increases with age. The non-modifiable risk factors are: age, gender, genetic predisposition, and modifiable risk factors are: high blood pressure, smocking, hypercholesterolemia, diabetes. Atherothrombosis with thromboembolism is considered the major pathological determinant of ischemic stroke. The atheroma progressively deteriorates, due to the growth of atherosclerotic plaque and the formation of thrombi above the plaque. Eventually, the thrombi migrate, occluding the distal cerebral vessels. Atheromatous or cholesterol embolism is less common. Thrombosis in situ causes occlusion by adhesion, activation and aggregation of platelets. Clinically we determine the disorder of consciousness; homonymous hemianopia; contralateral motor deficit-hemiparesis, hemiplegia; disorders of language- motor, sensitive aphasia and dysarthria. We can determine the carotid occlusion by Doppler examination. Cerebral angiography is the gold standard for the determination of atherosclerotic stenosis, and presents risks of arterial injury, embolism. Treatment options are drugs, endarterectomy and carotid stenting.
Conclusions. Carotid occlusion is responsible for an imposing number of ischemic strokes in both the elderly, predominantly caused by atherosclerosis and in young people, being caused by carotid dissection, and the basic risk factors are male sex, high blood pressure, smocking and dyslipidemia. It can be prevented by managing risk factors.
Key words: internal carotid artery, occlusion, ischemic stroke

150. POSTURAL DISORDERS IN PARKINSON'S DISEASE AND THEIR RESPONSE TO INTERVENTIONS

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Introduction. Postural disorders are typical in Parkinson's disease (PD) and are increasing with progression of the disease. Although many studies concentrate on posture and gait, postural alignment is seldom studied.
Aim of the study. The aim of this study was to investigate the reliability of a standardized postural rating tool and to examine the immediate and long-term effects of medication and deep brain stimulation (DBS) in the subthalamic nucleus on postural alignment in PD.
Materials and methods. Two independent raters assessed three angles: total camptocormia (TCC), upper camptocormia (UCC) and Pisa angle of 192 PD patients and 78 HC with the free downloadable NeuroPostureApp. The photos of PD patients were made before and after the DBS surgery. The patients were tested with and without medication pre-surgical and retested