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**CLINICAL AND EPIDEMIOLOGICAL ASPECTS OF MOYA-MOYA**  
**SYNDROME**

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**Introduction.** Moya-moya syndrome is an increasingly recognized arteriopathy associated with cerebral ischemia and has been associated with approximately (6%) of the childhood strokes . It is characterized by chronic progressive stenosis at the apices of the intracranial internal carotid arteries (ICA), including the proximal anterior cerebral arteries and middle cerebral arteries.

**Aim .** To study the clinical characteristics and treatment of Moya-moya syndrome

**Materials and methods.** The current researches in the topic moya-moya disease were analyzed, the case history of a 21 years old patient with moya-moya was studied.

**Results.** While studying the case it was found that the clinical features started with the weakness in the left arm which started without any reason, lasting in dizziness and headache. And in the MRI - on series of tomograms in Centrum semiovale of the cerebral hemispheres with 2 sides are determined by isolated small pockets of slightly hyperintense on T2 -weighted images . Median structures are not displaced. The ventricular system is of the correct form, normal size. Subarachnoid space convexital surface of the cerebral hemispheres fronto-parietal regions and in the right occipital region is slightly widened . Conclusion: The signs of encephalopathy (likely residual- organic nature), light external hydrocephalus and the MRI angiography mode - on MR images of the brain performed in angiographic mode , blood flow in the internal carotid and basilar arteries visualized. Marked asymmetry of blood flow in the vertebral arteries (D> S). Blood flow in the anterior cerebral and middle cerebral arteries dramatically reduced (" symptom amputation "). There have been multiple convoluted, "cloud-like " vascular shadows in the basal ganglia and white matter of the brain bilaterally . Patient was treated with drugs such as antiplatelet agents (including aspirin) to prevent clots.

**Conclusion.** The disease Moyamoya is of the rare neurological diseases which can lead to strokes and early diagnosis of the disease can lead to the good result of the treatment and the clinical features are strokes, recurrent transient ischemic attacks (TIAs), sensorimotor paralysis (numbness and paralysis of the extremities), convulsions and/or migraine-like headaches , the recommended treatment is the surgical revascularization for the disease using in-direct procedures EDAS, EMS, and multiple burr holes and the direct procedure STA-MCA .