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**CLINICAL-DIAGNOSTICAL FEATURES OF “CADASIL” SYNDROME**  
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**Introduction:** CADASIL syndrome is the most common form of hereditary stroke disorders and is thought to be caused by mutation of Notch-3 gene of chromosome 19. This condition affects the blood flow in small blood vessels, particularly the cerebral vessels in brain. The muscle cells surrounding these blood vessels (vascular smooth muscle cells) become abnormal and gradually die. In the brain, the resulting blood vessel damage can cause migraines, often with visual sensations or auras or recurrent seizures (epilepsy). The damaged blood vessels reduce the blood flow to brain and cause areas of infarcts in the brain which can lead to stroke

**Aim:** To study the epidemiological, clinical characteristics and treatment of CADASIL syndrome

**Materials and Methods:** 5 patients with diagnosis of CADASIL syndrome was studied and examined to study the characteristics of disease. On examination were used clinic-neurological, instrumental and statistical methods of investigations

**Results:** On account of my studies, CADASIL syndrome on 30% may start with an attack of migraine, with aura or sub cortical transient ischemic attacks or strokes or mood disorders between 35 to 55 years of age. The disease progresses to sub cortical dementia associated with pseudo bulbar palsy and urinary incontinence. 85% of the symptomatic individuals develop transient ischemic attacks or strokes. A classical lacunar syndrome occurs in at least two-thirds of the affected individuals. According to the literature there is no specific treatment for CADASIL syndrome. However, anti-platelet agents such as aspirin, dipyridamole, or clopidogrel might slow down the disease and help prevent strokes. Homocysteine levels are elevated in CADASIL and treatment with folic acid is reasonable. Anti-platelet therapy appears justifiable, whereas anticoagulation may be inadvisable given the propensity for microhemorrhages, and thus warfarin should be avoided. Administering tPA (like actilyse) following onset of stroke is not advised for CADASIL patients, due to increased risk of microhemorrhages

**Conclusion:** Most of the affected families have been identified in Western Europe. Several families with CADASIL have also been reported from Japan and other Asian countries. CADASIL in most cases is characterized by the clinical tetrad of dementia, psychiatric disturbances, migraine, and recurrent strokes. As there is no specific treatment, it is necessary to find a specific treatment for CADASIL syndrome as it is one of the most common form of hereditary stroke disorders seen throughout the world.