

THE RELATIONSHIP BETWEEN LEVEL OF CONSCIOUSNESS AND CLINICAL PROGNOSIS IN HEMORRHAGIC STROKE

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Relevance of the study. Hemorrhagic stroke is one of the most severe forms of cerebrovascular disease and may be associated with high mortality, severe disability, and long-term functional limitations. Rapid and accurate assessment of the patient's clinical condition during the initial hours of the disease is essential for determining the appropriate treatment strategy and establishing an early clinical prognosis.

The level of consciousness is an important clinical indicator reflecting the severity of brain injury in hemorrhagic stroke. Impaired consciousness may be associated with increased intracranial pressure, cerebral edema, a large hematoma volume, or involvement of critical brain structures. Therefore, early and dynamic assessment of consciousness is essential for detecting deterioration in the patient's clinical condition at an early stage.

The Glasgow Coma Scale (GCS) is widely used in clinical practice to provide a standardized assessment of the level of consciousness. A lower GCS score may be associated with more severe stroke, an increased risk of complications, and unfavorable clinical outcomes. However, assessment of the patient's overall prognosis based solely on the level of consciousness is insufficient. Other factors, including hematoma volume and location, the presence of intraventricular hemorrhage, patient age, blood pressure levels, and the severity of neurological deficits, should also be considered comprehensively.

Therefore, investigating the relationship between the level of consciousness and clinical prognosis in patients with hemorrhagic stroke is of significant scientific and practical importance. Such an assessment may contribute to early risk stratification, determination of the need for intensive treatment and neurosurgical intervention, and evaluation of subsequent rehabilitation potential.

Aim of the study. To assess the relationship between the initial level of consciousness and clinical prognosis in patients with hemorrhagic stroke, with particular emphasis on the prognostic value of the Glasgow Coma Scale (GCS) and its association with early clinical outcomes.

Discussion. The level of consciousness is an important prognostic indicator in patients with hemorrhagic stroke. A reduced initial Glasgow Coma Scale (GCS)

score generally reflects greater neurological impairment and is associated with a higher risk of mortality and unfavorable clinical outcomes. The prognostic significance of GCS is influenced by hematoma volume and location, the presence of intraventricular hemorrhage, cerebral edema, and other complications. Dynamic assessment of consciousness is particularly important during the acute phase, as a decrease in GCS may indicate hematoma expansion, increased intracranial pressure, hydrocephalus, or neurological deterioration. Therefore, GCS should be evaluated together with clinical and neuroimaging findings rather than used as an isolated prognostic parameter.

Overall, early and repeated assessment of consciousness may contribute to timely risk stratification, optimization of treatment strategies, and prediction of functional outcomes in patients with hemorrhagic stroke.

Conclusion. The level of consciousness is an important prognostic indicator in patients with hemorrhagic stroke. A lower initial Glasgow Coma Scale (GCS) score is associated with greater neurological severity and a higher risk of unfavorable clinical outcomes. Therefore, early and dynamic assessment of consciousness, combined with neuroimaging and other clinical parameters, is essential for accurate risk stratification, treatment planning, and prediction of functional recovery.

