Commentary

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Biomarkers of Transient Neurological Symptoms

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Description

Ischemic stroke and transient ischemic stroke can be hard to analyze clinically, and both intense and preventive treatments convey some danger. Serum biomarkers could increment analytic conviction by assisting with separating cerebral ischemia from normal mimics like a central seizure, convoluted headache, and psychogenic spells. Biomarkers could likewise distinguish patients at high danger for future vascular occasions, which would support the board choices.

An expanding degree of Blood-Brain Barrier Disruption (BBBD) was related to the advancement of Transient Neurological Events (TNEs), though an expanding number of sores on DWI were fundamentally connected with the improvement of Permanent Neurological Events (PNEs). BBBD imaging utilizing pcFLAIR might fill in as a significant biomarker for distinguishing subtle cerebral ischemia and defining the danger for ischemic events.

Transient Neurological Symptoms (TNS) The clinical manifestations of TNS are unilateral or bilateral hip pain after the disappearance of lumbar anesthesia, most of which are accompanied by back pain, and a few of which are insensitive radiated to the thigh. These symptoms last from a few hours to about a week. There are a lot of clinical reports about TNS. Some patients complained of lumbosacral pain (radiated to lower limbs, aggravated by sitting), some patients have severe pain, mainly in the thigh most patients have pain levels of 6 to 7. In some patients with cesarean section, a small number of people have thigh pain, hip pain and these symptoms last for 12-24 hours, and some lasts for 24-48 hours. The pain was usually relieved or disappeared about a week after surgery. Physical and imaging examinations often show no neurologically positive changes. Although TNS is a complication of anesthesia, it does not damage the nerve and has no serious consequences for the nervous system. Factors associated with TNS include the patient's surgical position, duration of surgery, needle type, the type of anesthetics in spinal anesthesia.

Etiology and pathogenesis

Bupivacaine is highly toxic and its specific local anesthetic pharmacological properties may cause TNS. Numerous studies have reported a significantly higher incidence of TNS when using lidocaine. Spinal needles used in spinal anesthesia may also cause nerve, endorhachis, or nerve root damage, however, the intensity of dural injury does not seem to be an important factor in the development of TNS. The patient's surgical position often leads to the concentration of local anesthetics in one area, for example, the left and right lying positions are the local anesthetic concentration on the unilateral limb. However, few studies have been conducted on this type of muscle, because the abnormal muscle itself could cause TNS. The duration of surgery is also a factor affecting the occurrence of TNS. We know that the longer the surgery, the longer the postural fixation, the longer the stimulation time to the spinal nerve, and therefore the incidence of TNS will increase correspondingly. The type of surgery and the patient's own factors may also be associated with TNS, such as arthroscopic surgery and obesity. Some studies of TNS after muscle disorders such as muscle cramps and myofascial trigger points are associated with a patient's position and anesthesia needle. Although there are many factors related to TNS, most of them focus on spinal anesthesia operation and anesthetic drugs, the puncture position and injection position of lumbar anesthesia needle and the position requiring block in operation are not the etiology of TNS.

For the reasons explained above, personal preference for local anesthetics is more important. As we all know, the mechanism of local anesthetics is the reversible blocking of the neural voltage-gated sodium channel, the binding site of VGSC is the sodium ion channel in the cell, which affects the transmission of nerve impulses and leads to anesthesia. TNS is a kind of complication associated with pain, neurological symptoms caused by certain stimulation the pharmacological toxicity of local anesthetics, namely the central nervous system and cardiovascular toxicity is the most worth TNS research explores factors. Nerve stimulation by local anesthetics can lead to a range of symptoms, most commonly pain and numbness. Therefore, the occurrence of TNS largely related to the toxicity of local anesthetics.