

THE ONSET OF COMPLICATIONS OF LABOR DISEASE

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Abstract:

This article provides opinions that the complication of ischemic disease can be caused by heart failure, its tariffs, signs, types and partially therapeutic routes.

Keywords: heart failure, myocardium, acute myocardial infarction, acute appearance, chronic appearance.

Introduction

Heart failure is an acute or chronic condition called by dimming events within the myocardial contraction capacity and large or small circulation. In a calm state or some activity, it is manifested by wheezing, rapid fatigue, edema, cyanosis (bruises) of the nails and lip-nasal triangle. Acute heart failure is dangerous with the development of pulmonary edema and cardiogenic shock, while chronic heart failure leads to the development of organ hypoxia. Heart failure is one of the most common causes of human death. In heart failure, a decrease in the contractile (pumping) function of the heart leads to an imbalance between the body's hemodynamic requirements and the heart's ability to meet this need. This dysbalance is manifested by the venous flow to the heart from the ability to transfer blood to the arterial system and the predominance of resistance that the myocardium must overcome to drive blood into the vessels. Heart failure is not considered an independent heart disease



and develops as a complication of various pathologies of the vessels and heart: valve pores of the heart, ischemic disease, cardiomyopathy, arterial hypertension, etc.

In some diseases (for example, arterial hypertension), the growth of the manifestation of heart failure gradually increases over many years, but in other cases (in acute myocardial infarction), in cases where part of the functional cells passes with death, this time is reduced to days and hours. The sharp development of heart failure (minutes, hours, days) tells about its acute form. In other cases, heart failure is considered chronic. Chronic heart failure affects 0.5% to 2% of the population, at the age of 75, its prevalence is about 10%. The relevance of the problem of heart failure is determined only by the increase in the number of patients suffering from it, high mortality and disability rates.

MAIN PART

Heart failure (Латин: insuffientia cordis) is a syndrome caused by decompensated myocardial dysfunction. This is manifested by an increase in the volume of intercellular fluid, a decrease in perfusion of organs and tissues. The pathophysiological basis of this syndrome is that the heart cannot provide the body's metabolic needs due to impaired pumping function, or it does so by increasing the final diastolic pressure in the ventricles. When pumping function is impaired in some patients with Heart Failure, clinical manifestations are caused by impaired filling or emptying of the heart chambers. Myocardial dysfunction (systolic or diastolic) is initially asymptomatic and only then begins to manifest heart failure.

Left ventricular type heart failure (YY) is a heart failure that occurs when the left heart is damaged and overloaded, characterized by clinical signs of venous congestion that develops in pulmonary circulation. Left ventricular insufficiency is manifested by a decrease in cerebral circulation (dizziness, darkening of the eye, fainting) and a decrease in coronary circulation (stenocardia), which is characteristic



of aortic malformation, coronary heart disease, arterial hypertension, obstructive cardiomyopathy.

In the case of the right ventricle type, however, YY is a type characterized by insufficient blood release from the right ventricle into the pulmonary artery and stagnation of blood in the systemic circulation.

Depending on how quickly heart failure develops, it is divided into acute and chronic type. Acute heart failure can be associated with trauma, toxins, heart disease, and can quickly lead to death if left untreated.

Chronic heart failure develops over a long period of time and is manifested by a complex of characteristic signs (shortness of breath, fatigue and decreased physical activity, edema, etc.), associated with adequate perfusion of organs and tissues during rest or exercise, and often associated with fluid retention in the body.

Currently, there are more than 25 million people in the world with heart failure syndrome. Death from heart failure in the United States accounted for 9.3 percent of all cardiovascular deaths in 2016[1]. The prevalence of heart failure in Russia increased from 4.9% in 1998 to 10.2% in 2014



Conclusion

The main non-drug therapy of heart failure consists of a number of general measures aimed at reducing the workload on the heart and preventing further damage to the myocardium: limiting fluid intake (no more than 2 liters per day); losing weight; reducing the amount of salt (no more than 6 grams per day and no more than 3 grams with decompensation);); Limit or abstain from alcohol and tobacco consumption; Exercise tailored to the level of heart failure; control of cardiovascular risk factors. Treatment of acute heart failure. Acute heart failure requires emergency measures to stabilize blood circulation (hemodynamics). Depending on the cause of circulatory disorders, measures are taken to increase blood pressure (stabilize), normalize heart

rhythm and relieve pain (in the case of heart attacks). The next strategy involves treating a disease that causes deficiency.

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