

MYOCARDIAL INFARCTION– CAUSES, TREATMENT

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Abstract: Myocardial infarction is an acute condition, a clinical form of ischemic heart disease, caused by necrosis (death) of heart muscle tissue (myocardium) as a result of complete or partial blood insufficiency. This leads to disruption of the entire cardiovascular system and puts the patient's life at risk.

The main and most common cause of myocardial infarction is a violation of blood flow in the coronary arteries, which supply the heart muscle with blood and, accordingly, oxygen. Often, such a disorder occurs against the background of atherosclerosis of the arteries, in which atherosclerotic plaques (plaques) appear on the walls of the vessels. These plaques narrow the space of the coronary arteries and contribute to the damage of the vessel walls, which creates additional conditions for the formation of thrombus and arterial stenosis.

Anatomical model of the heart

RISK FACTORS OF INFARCTION

There are a number of factors that significantly increase the risk of developing this acute disease:

Atherosclerosis. The appearance of atherosclerotic plaques in the walls of blood vessels as a result of a violation of fat metabolism is the main risk factor in the development of myocardial infarction.

Young. The risk of developing the disease increases after 45-50 years.

Sex. According to statistics, this acute situation occurs 1.5-2 times more often in women than in men, especially during the climax, women have a higher risk of myocardial infarction.

Arterial hypertension. People with hypertension (high blood pressure) have a high risk of developing cardiovascular disease, because with an increase in arterial pressure, the demand for oxygen in the myocardium increases.

Previously experienced myocardial infarction, even if it was small.



Smoking. This harmful habit leads to failure of many organs and systems of our body. As a result of chronic nicotine poisoning, the coronary arteries narrow, which leads to a lack of oxygen in the myocardium. And we are talking not only about active smoking, but also about passive smoking.

Obesity and hypodynamia. When fat metabolism is disturbed, the development of atherosclerosis accelerates, and the risk of diabetes increases. Physical deficiency and lack of activity have a negative effect on the metabolism in the body, which causes the accumulation of excess weight.

Diabetes. Patients with diabetes have a high risk of myocardial infarction, because high blood sugar has a negative effect on vessel walls and hemoglobin, as a result of which its ability to transport (carry oxygen) deteriorates.

This acute condition has its own symptoms, and they are usually so obvious that they cannot go unnoticed. Nevertheless, it should be remembered that there are also atypical forms of this disease.

In most cases, patients develop a usually painful form of myocardial infarction, as a result of which the doctor has the opportunity to accurately diagnose the disease and start treatment immediately.

The main symptom of the disease is severe pain. The pain associated with a myocardial infarction is located behind the chest, it feels like a burning sensation and a dagger, some patients describe the pain as "as if it will burst". The pain can spread to the left arm, lower jaw, between the shoulder blades. The development of this condition does not always occur after physical exertion, often the pain syndrome occurs at rest or in the evening. Although the described characteristics of the pain symptom are similar to those of angina attacks, there are clear differences that distinguish them from each other.

Unlike an angina attack, the pain syndrome caused by a myocardial infarction lasts more than 30 minutes and does not stop with rest or repeated administration of nitroglycerin. It should be noted that if a painful attack lasts more than 15 minutes, if the measures taken are ineffective, an emergency medical team should be called immediately.

ATYPICAL FORMS OF MYOCARDIAL INFARCTION

Myocardial infarction in an atypical form can cause difficulties for the doctor during diagnosis.



Gastric variant. The pain syndrome caused by this form of the disease is similar to the pain caused by an attack of gastritis and is located in the epigastric region. During the examination, the muscles of the front wall of the abdomen may be tense. Usually, this form of myocardial infarction is caused by damage to the lower left ventricle close to the diaphragm.

Asthmatic variant. Reminiscent of a severe attack of bronchial asthma. Suffocation, cough with frothy sputum (may be dry) can be observed in the patient, and at the same time pain syndrome is usually absent or weakly expressed. In severe cases, pulmonary edema may develop. During the examination, heart rhythm disturbances, low blood pressure, and wheezing in the lungs can be felt. Often, the asthmatic form of the disease occurs during repeated myocardial infarction, as well as against the background of severe atherosclerosis.

References:

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