

Causes of Myocardial Infarction. Types of Myocardial Infarction. Diagnostic and Treatment Methods

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Abstract:

Myocardial infarction (MI), colloquially known as "heart attack," is caused by decreased or complete cessation of blood flow to a portion of the myocardium. Myocardial infarction may be "silent," and go undetected, or it could be a catastrophic event leading to hemodynamic deterioration and sudden death

Keywords: Myocardial infarction (MI), heart attack, angina pectoris

Introduction

Myocardial infarction (also called heart attack) is an acute period of ischemia of the heart muscle, which is characterized by the cessation of blood flow to the heart when the blood supply is disturbed. If blood does not start flowing again within fifteen minutes, part of the heart dies (myocardial necrosis). This is the part of the heart that has dead tissue and is called a myocardial infarction. Necrosis can be wide or small. According to the location of necrosis: there are anterior myocardial infarctions, lateral myocardial infarctions and interventricular infarctions. Myocardial infarction occurs five times more often in men under the age of 60 than in women of the same age. It is associated with the early development of atherosclerosis in men.

Reasons:

The main and most common cause of myocardial infarction is a violation of blood flow in the coronary arteries that 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. Other causes of this disease:

ischemic heart disease;
diabetes, hypertension;
any stage of obesity;

stressful situations;
addiction to nicotine and alcohol.

Myocardial infarction symptoms:

In the development of a heart attack, the symptoms appear gradually and not immediately:

angina pectoris;

After that, severe pains in the heart appear with a burning sensation in the chest. Pain in arms, shoulders, stomach and bottom can spread to the jaw, as well as other organs and parts of the body;

pallor, cold and clammy skin;

arrhythmia.

Necrotic damage to the heart tissue can cause malaise, low blood pressure, shortness of breath, and swelling of the legs and arms. Symptoms stop appearing during the period of plaque formation in the veins.

Diagnostics:

This disease is detected by ECG, blood analysis (its composition has characteristic symptoms of heart attack), as well as coronary angiography.

Treatment of myocardial infarction

When a patient is suspected of having a myocardial infarction, treatment begins immediately with admission to the nearest hospital, and urgent complex resuscitation measures are taken. It is very important to calm the patient down.

Pain is relieved with the help of narcotic pain relievers, arrhythmia, heart failure and cardiogenic shock are stopped.

If the patient's condition is satisfactory, coronary angioplasty (surgery to widen the walls of the arteries) is performed on the day of admission to the hospital or the next day.

Rehabilitation and its duration depends on how damaged the heart is. Rehabilitation consists of rehabilitation therapy supervised by a specialist, a special light diet and physical activity.

Dangerous aspects:

pulmonary edema;

cardiogenic shock;

death (death from a heart attack occurs in 35% of cases)

Prevention:

careful treatment of chronic diseases;

body weight control;

giving up harmful habits;

control of psychological and physical stress.

Risk group:

patients with diabetes and hypertension;

people suffering from ischemic heart disease and angina pectoris;

patients with excess body weight;

smokers and drinkers.

References

1. P.A. McCullough, E.F. Philbin, J.A. Spertus and others.
2. Confirmation of the Heart Failure Epidemic: Outcomes of Resource Utilization Among Congestive Heart Failure (REACH).

3. J Am Coll Cardiol, 39 (2002), pp. 60-69
4. 2. Bakhra A. A. HYPERTONICHESKAYA BOLEZNY //Evraziyskiy zurnal meditsinskih i esdastvennyx nauk. – 2023. – T. 3. – No. 9. – S. 45-51.
5. 3. Abbasovna B. A. Overweight and obese people are at high risk of developing metabolic syndrome // Journal of research on trauma and disability. – 2023. – T. 2. – No. 12. – S. 44-50.
6. 4. Badritdinova, M. N., Bakhtiorovich, H. B., Abbasovna, B. A., & Akbarovna, N. M. (2023). Rhythm and conduction disturbances in hypertensive patients. Journal of Advanced Zoology, 44.