

STATISTICS AND CAUSES OF MYOCARDIAL INFARCTION TODAY

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Abstract: Myocardial infarction (MI), commonly known as a heart attack, is a leading cause of death worldwide. Understanding the statistics and causes behind this life-threatening condition is crucial for preventing and treating it effectively. This article aims to delve into the current statistics and underlying factors contributing to myocardial infarction.

Keywords: Factors, atherosclerosis, obesity, symptoms, gastric variant, analgesic drugs.

Introduction: Myocardial infarction is an acute condition, a scientific structure of ischemic coronary heart disease, brought on via necrosis (death) of coronary heart muscle tissue (myocardium) as an end result of entire or partial blood insufficiency.

This leads to disruption of the complete cardiovascular machine and places the patient's lifestyles at risk.

The major and most frequent motive of myocardial infarction is a violation of blood flow in the coronary arteries, which furnish the coronary heart muscle with blood and, accordingly, oxygen. Often, such a sickness happens in opposition to the history of atherosclerosis of the arteries, in which atherosclerotic plaques (plaques) show up on the partitions of the vessels.

These plaques slender the lumen of the coronary arteries and make a contribution to the injury of the vessel walls, which creates extra stipulations for the formation of thrombus and arterial stenosis.

Risk Factors of Infarction

There are a quantity of elements that considerably enlarge the hazard of creating this acute disease:

Atherosclerosis - the look of atherosclerotic plaques on the partitions of blood vessels as an end result of a violation of fats metabolism is the fundamental threat issue in the improvement of myocardial infarction.

Age - the threat of creating the ailment will increase after 45-50 years.

Sex. According to statistics, this acute state of affairs takes place 1.5- instances extra frequently in female than in men, particularly in the course of the climax, girls have a greater chance of myocardial infarction.

Arterial hypertension-People with hypertension (high blood pressure) have an excessive chance of creating cardiovascular disease, due to the fact with an expand in arterial pressure, the demand for oxygen in the myocardium increases.

Previously skilled myocardial infarction, even if it used to be small.

Smoking- This hazardous addiction leads to failure of many organs and structures of our body. As an end result of persistent nicotine poisoning, the coronary arteries narrow, which leads to a lack of oxygen in the myocardium.

And we are speaking no longer solely about energetic smoking, however additionally about passive smoking.

Obesity and hypodynamic - When fats metabolism is disturbed, the improvement of atherosclerosis accelerates, and the danger of diabetes increases. Physical deficiency and lack of endeavor have a poor impact on the metabolism in the body, which motives the accumulation of extra weight.

Diabetes-Diabetes sufferers have an excessive threat of myocardial infarction, due to the fact excessive blood sugar has a poor impact on vessel partitions and hemoglobin, as an end result of which its potential to transport (carry oxygen) deteriorates.

Signs and Symptoms of Myocardial Infarction

This acute circumstance has its personal symptoms, and they are commonly so apparent that they can't go unnoticed. Nevertheless, it must be remembered that there are additionally bizarre types of this disease.

In most cases, sufferers advance a commonly painful structure of myocardial infarction, as an end result of which the health practitioner has the probability to precisely diagnose the sickness and begin remedy immediately.

The fundamental symptom of the ailment is extreme pain. The ache related with a myocardial infarction is positioned in the back of the chest, it feels like a burning sensation and a dagger, some sufferers describe the ache as "as if it will burst". The ache can unfold to the left arm, decrease jaw, between the shoulder blades.

The improvement of this situation does now not usually show up after bodily exertion, frequently the ache syndrome takes place at relaxation or in the evening. Although the described traits of the ache symptom are comparable to these of angina attacks, there are clear variations that distinguish them from every other.

Unlike an angina attack, the ache syndrome prompted with the aid of a myocardial infarction lasts greater than 30 minutes and does now not give up with relaxation or repeated administration of nitroglycerin.

It needs to be referred to that if a painful assault lasts greater than 15 minutes, if the measures taken are ineffective, an emergency clinical group must be known as immediately.

Atypical Forms of Myocardial Infarction

Myocardial infarction in a strange structure can motive difficulties for the physician throughout diagnosis.

Gastric variant. The ache syndrome brought about through this shape of the sickness is comparable to the ache precipitated via an assault of gastritis and is placed in the epigastric region. Muscle anxiety of the the front wall of the stomach can be determined at some point of the examination. Usually, this structure of myocardial infarction is prompted by way of accidents of the decrease left ventricle shut to the diaphragm.

Asthmatic variant. Reminiscent of an extreme assault of bronchial asthma. Suffocation, cough with frothy sputum (may be dry) can be discovered in the patient, and at the equal time ache

syndrome is typically absent or weakly expressed. In extreme cases, pulmonary edema can also develop.

During the examination, coronary heart rhythm disturbances, low blood pressure, and wheezing in the lungs can be felt. Often, the asthmatic shape of the disorder happens at some stage in repeated myocardial infarction, as properly as towards the heritage of extreme cardiosclerosis.

Arrhythmic option. This shape of myocardial infarction is manifested through more than a few arrhythmias (extrasystole, fluttering arrhythmia or paroxysmal tachycardia) or a variety of levels of atrioventricular blockade. Myocardial infarction may additionally no longer be detected in the ECG examination due to the disturbance of the heartbeat rhythm.

Cerebral variant. It is characterized by way of circulatory problems in the vessels of the brain.

Patients may additionally whine of dizziness, headache, nausea and vomiting, weak spot of legs, might also be confused.

Painless choice (dark form). This structure of myocardial infarction is the most tough to diagnose. Pain syndrome may also now not be found at all, sufferers whine of unknown soreness in the chest and immoderate sweating.

This structure of the ailment regularly takes place in sufferers with diabetes and is very severe. Sometimes the scientific photo of myocardial infarction consists of signs of a number of diseases, and in such cases, unfortunately, the effect is greater negative.

Treatment of Myocardial Infarction

Myocardial infarction might also be suspected in a affected person if:

If a robust burning ache is felt in the back of the chest, it lasts extra than 5-10 minutes;

The ache does no longer subside with time, rest, or after taking nitroglycerin;

The ache is accompanied by means of extreme weakness, nausea, vomiting, headache and dizziness.

If you suspect a myocardial infarction, at once call an ambulance and begin supporting the patient. The before the first resource is given to the patient, the higher the outcome.

It is essential to limit the load on the heart, so the affected person have to be laid with his head barely elevated. It is essential to furnish get entry to to clean air and attempt to calm the patient, sedative tablets can be given.

The affected person have to area a nitroglycerin pill (pre-crushed) below the tongue and chunk one aspirin tablet.

If there are tablets from the beta-blocker crew (Atenolol, Metoprolol), the affected person ought to be given 1 pill to chunk (exactly for chewing, in any other case it will no longer work). If the affected person normally takes these drugs, then he must take a top-notch dose of the drug.

To limit pain, the affected person must be given analgesic tablets (analgen, bar algin, etc.).

The predominant purpose in the remedy of sufferers with myocardial infarction is to fix and make certain blood circulation in the region of the broken myocardium as quickly as possible.

The fitness and lifestyles of sufferers relies upon to a massive extent on the provision of care in the length earlier than hospitalization.

One of the most vital troubles going through emergency medical doctors is to quit the ache attack. As an end result of the activation of the sympathoadrenal system, the anxiety of the coronary heart muscle will increase and the want for oxygen increases, which in addition will increase the ischemia of the broken area.

Often, physicians can use narcotic analgesics to relieve pain, regularly morphine is used in the pre-hospital phase. If the impact of the usage of narcotic analgesics is insufficient, intravenous nitro preparations or beta-blockers are injected.

Restoration of blood circulation in the coronary arteries is additionally necessary in treatment. In the absence of contraindications, the medical doctor can begin thrombolysis in an ambulance.

This manner is now not carried out for all patients, the physician determines its opportunity based totally on the outcomes of the ECG. The effectiveness of thrombolysis depends on when it starts, and the administration of thrombolytic tablets in the first hours of the onset of cardiovascular disorder can repair blood circulation with an excessive probability.

The choice to function thrombolysis all through ambulance transport relies upon on the time factor. Such pills are used if the ambulance takes extra than 30 minutes to attain the hospital.

Conclusion

Myocardial infarction remains a leading cause of death globally, and understanding the statistics and causes is crucial for prevention. A combination of factors such as atherosclerosis, unhealthy lifestyle choices, and genetic predisposition contribute to the occurrence of MI. Implementing strategies to reduce these risks, such as maintaining a healthy diet, engaging in regular physical activity, and managing stress, are key steps towards preventing this life-threatening condition

References:

1. M.S.Abdullahho'jayeve Fundamentals of human pathology 1999
2. N.H. Abdullayev H.Y. Karimov B. O'. Iriskulov Pathological physiology 2008
3. M.S. Abdullahho'jayeve Pathological anatomy 2019
4. Bazarbayev.I.M Biophysics 2018
5. Alyaviya.O.T Normal physiology 2018