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MEDICAL EVALUATION OF PATIENTS WITH HEART DEFECTS

Ro'ziyev Sherzod Ibadullayevich

Doctor of medical sciences, professor Scientific leader

Muydinov Javlonbek Ibrahimovich

Fergana Public Health Medical Institute

Medical field Independent seeker

E-mail: fmioz@mail.ru

Abstract: Patients with heart defects often require surgical intervention to improve their cardiac function. However, postoperative adverse effects can occur, which may have negative impacts on their recovery and overall health. Therefore, a thorough medical evaluation is crucial to identify and manage these complications promptly. This article aims to discuss the importance of medical evaluation.

Keywords: PPP, reasons, formation, patients, heart, changes, diagnose.

Introduction: Gained heart surrenders (PPP) are a gathering of illnesses where the design and capability of the heart valves are upset, which causes a rebuilding of hemodynamics, bringing about an over-burden of the relating portions of the heart, hypertrophy of the heart muscle, circulatory issues in the heart and in the body in general.

In the event that, because of the obsessive cycle, deformity of the valve tissues happens and the opening through which blood enters the following piece of the heart limits, then such an imperfection is called stenosis. Distortion can prompt non-conclusion of the heart valves because of an adjustment of shape, shortening them because of scarring of the impacted tissues, this deformity is called inadequacy. Valve deficiency can be practical, coming about because of extending of the offices of the heart, the region of the unaltered valve isn't sufficient to close the amplified opening - the folds droop (prolapse).

Crafted by the heart is modified relying upon the progressions that have happened and the necessities of blood stream in the body.

Reasons for obtained heart deserts:

Generally speaking, the deformities are brought about by rheumatic illnesses, specifically rheumatic endocarditis (around 75% of cases). The reason may likewise be the advancement of atherosclerosis, fundamental connective tissue sicknesses, wounds, sepsis, diseases, over-burdens, immune system responses. These neurotic circumstances cause irregularities in the design of the heart valves.

Characterization of procured heart deserts

There are four chambers in the human heart: the left and right atria and ventricles, between which there are heart valves. The aorta emerges from the left ventricle, and the pneumonic supply route emerges from the right one.

There is a bicuspid valve, mitral, between the left heart chambers. What's more, between the right segments there is a tricuspid valve, another name is tricuspid. There is an aortic valve before the aorta, and another before the aspiratory vein, the pneumonic course valve.

The productivity of the heart muscle relies upon the working of the valves, which, when the heart muscle contracts, pass blood to the following division without snags, and when the heart muscles unwind, they don't permit blood to stream back. In the event that the capability of the valves is debilitated, the capability of the heart is disabled.

Because of reasons of arrangement, abandons is delegated follows:

degenerative, or atherosclerotic, they happen in 5.7% of cases; all the more frequently these cycles foster following forty to fifty years, calcium stores happen on the folds of void valves, which prompts the movement of the imperfection;

rheumatic, shaped against the foundation of rheumatic sicknesses (in 80% of cases);

deserts coming about because of aggravation of the internal coating of the heart (endocarditis);

syphilitic (in 5% of cases).

As indicated by the sort of practical pathology, absconds are partitioned into the accompanying kinds:

straightforward - valve deficiency or its stenosis;

consolidated - deficiency or restricting of at least two valves;

joined - the two pathologies on a similar valve (stenosis and inadequacy).

Contingent upon the confinement, the accompanying pathologies are recognized:

mitral mutation;

tricuspid flaw;

aortic imperfection.

Hemodynamics might be debilitated to differing degrees:

somewhat;

decently;

obviously.

The mitral valve experiences more frequently than the aortic valve. Pathologies of the tricuspid valve and the pneumonic corridor valve are more uncommon.

Side effects of gained heart deserts

Mitral stenosis

It is appeared by the fixing or combination of the valves, a decline in the space of the launch of the mitral valve. Accordingly, the blood stream from the passed-on chamber to the left ventricle is impeded, the left chamber starts to work with expanded load. This prompts an extension of the left chamber. Blood enters the left ventricle in a more modest volume.

Because of the decline in the space of the mitral opening, the tension in the left chamber increments, and afterward in the aspiratory veins, through which oxygen-enhanced blood streams from the lungs to the heart. Typically, the tension in the pneumonic supply routes starts to rise when the width of the opening turns out to be under 1 cm, contrasted and the ordinary 4-6 cm, a fit happens in the arterioles of the lungs, which worsens the cycle. Hence, the purported pneumonic hypertension is shaped, the drawn-out presence of which prompts sclerosis of the arterioles with their decimation, which can't be wiped out even after stenosis is disposed of.

With this deformity, the left chamber is hypertrophied and extended, most importantly, and afterward the right pieces of the heart.

Toward the start of the development of this deformity, the side effects are not really recognizable. Later on, windedness, hack during actual effort, and afterward very still start things out. Hemoptysis, tireless torment in the heart region, mood aggravations (tachycardia, atrial fibrillation) may happen. In the event that the cycle goes excessively far, pneumonic edema might create during actual effort.

There are actual indications of mitral stenosis: diastolic mumble in the heart, chest quake relating to this commotion ("feline murmuring") is felt, the limits of the heart change. An accomplished expert can frequently make a conclusion currently after a cautious assessment of the patient.

Mitral deficiency

Valve deficiency is communicated in the capacity of blood to get once again to the chamber during withdrawal of the left ventricle, since a message stays between the left chamber and the ventricle that isn't shut by the valve folds at the hour of compression. Such deficiency is caused either by deformity of the valve because of a tissue-modifying process, or by its drooping (prolapse), because of extending of the offices of the heart when they are over-burden.

Remunerated mitral deficiency generally goes on for quite a long time, crafted by the left chamber and left ventricle expansions in the impacted heart, hypertrophy of the muscles of these divisions grows first, and afterward the holes start to extend (widening). Then, because of a decline in shock volume, the moment arrival of blood from the heart starts to diminish, and how much blood returned (disgorging) to the left chamber increments. Blood stagnation starts in the little circulatory circle (aspiratory), the tension in it builds, the heap on the right ventricle increments, it hypertrophies and grows. This prompt fast decompensation of heart movement and the improvement of right ventricular disappointment.

If compensatory components lack opportunity and energy to foster in intense mitral valve deficiency, then the illness can make a big appearance with pneumonic edema and lead to death.

Clinical signs of mitral deficiency in the repaid stage are negligible and may not be seen by the patient. Early decompensation is portrayed by windedness, unfortunate activity resilience, and afterward, when stagnation in the aspiratory dissemination builds, assaults of cardiovascular asthma show up. Also, torment in the heart region, palpitations, and cardiovascular breakdown might annoy you.

Right ventricular cardiovascular breakdown prompts stagnation of blood in an enormous circle of blood dissemination. The liver builds, cyanosis of the lips, appendages, enlarging on the legs, liquid in the midsection, heart arrhythmia show up (half of patients have atrial fibrillation).

Diagnosing mitral deficiency at present with the accessible instrumental exploration strategies: ECG, Reverberation KG, radiation symptomatic techniques, ventriculography and others is easy. In any case, an assessment by a mindful cardiologist in view of anamnesis, auscultation, percussion, palpation will make it conceivable to make the right assessment calculation and go to ideal lengths to forestall further improvement of the course of imperfection development.

Conclusion

All in all, clinical assessment assumes an essential part in distinguishing and overseeing postoperative unfriendly impacts in patients with heart surrenders. By leading an extensive assessment, medical services experts can precisely analyze inconveniences and guarantee convenient mediation. This at last prompts worked on quiet results and a more excellent of life for people with heart surrenders. Convenient clinical assessment is fundamental for the general prosperity and long-haul care of these patients.

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