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EFFECTIVE TREATMENT OF PULMONARY EDOME RELATED TO CARDIAC ASTHMA WITH MODERN METHODS

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Annotation: Modern ideas about pulmonary edema (PUL) allow to identify two main pathogenetic processes associated with its development. The first of them is associated with an increase in hydrostatic pressure in the microvessels of the small circulatory circle. According to Starling's law, fluid, electrolytes and proteins leave the vessel wall and accumulate in the interstitial space. Later, the fluid causes a sharp deterioration in the pulmonary gas diffusion function. The second form of pathophysiological changes in OSH is the passage of bile between the alveoli due to acute damage to the lung tissue, which can occur in sepsis, pneumonia, and some other diseases that cause inflammation of the lungs. It is explained by the violation of the permeability of the endothelium of the capillaries of the pka, that is, by its increase. These pathophysiological processes correspond to cardiogenic OSH (COSH) and extra-cardiogenic OSH. Cardiogenic OS occurs mainly in diseases of the heart or blood vessels. Acute respiratory distress syndrome (ARDS), neurogenic and certain drugs (eg, heroin, salicylates), blood transfusions, and blood substitutes have been associated with non-cardiogenic OSH. Includes OSH. An increase in hydrostatic pressure or an increase in vascular permeability is determined based on the pathogenetic mechanism. This division is somewhat conditional. Thus, a patient suffering from extracardiogenic OS may develop left ventricular dysfunction, which leads to the development of cardiogenic OS. Or, on the contrary, a patient with chronic heart failure can experience O'RDS.

Keywords: Cardiac asthma, Pulmonary edema, O'RDS, Pneumonia, Cardiogenic, Extra cardiogenic, Left ventricular dysfunction, hypercapnia.

Theoretical part. The OS we are talking about is a pathological condition in which most of the patients have experienced a myocardial infarction, have heart failure, have frequent heart rhythm disturbances, and cause a serious condition called cardiac asthma. . Dysfunction of the left ventricle is observed. Asthma of the heart is observed during the onset of diseases in patients with heart disease, pathology of coronary vessels, poor-quality arterial hypertension, cardiosclerosis, myocardial infarction, heart (aortic and mitral) defects, as well as heart rhythm disorders. The duration of an asthma attack can be different. Sometimes it is short and sometimes it is long. In this case, the cardiomyocytes of the left ventricle of the heart are weakened and cannot transfer the blood coming to it from the small blood circulation to the large blood circulation, and at the same time, the pumping of blood from the right ventricle of the heart to the lungs increases; that is, due to the disturbance of the balance in the flow of blood into and out of the small blood circulation, the blood in the small blood circulation becomes stagnant, the gas exchange in the lungs is disrupted, carbon dioxide in the blood increases (hypercapnia), which affects the respiratory centers and causes the patient to lack air, gasp, and suffocate. will be.

Physical and mental stress, hard work that requires a lot of energy, consuming large amounts of food or liquids are some other reasons that lead to an asthma attack; Sometimes an attack is a symptom or complication of an illness. Seizures start suddenly during sleep. The patient does not have enough air, gets up and sits down, has shortness of breath, wheezes, turns blue, sweats like ice, hallucinates, pulse quickens, panics as if he is going to die. If help is not provided in time, the blood plasma released into the alveoli of the lungs "starts to bubble". A reddish foam comes out of the patient's mouth, and in some cases it can end with unpleasantness. Cardiac asthma has different severity and duration, depending on the speed and strength of blood circulation in the lungs.

First aid: during an attack, it is necessary to make the patient sit with his legs down, open the windows to breathe fresh air, give a hot bath to his feet and immediately call "ambulance".

The cure. Depending on the general condition of the patient, the course of the disease and the indicators of the monitoring of the patient, what to do in urgent care is chosen and help is provided. Such patients have high blood pressure, rapid pulse, inspiratory wheezing (this is important in differentiation from bronchial asthma), shortness of breath, cold sweat, and cold hands and feet. There is a lot of blood flow to the heart, but less blood flow. Treatment also requires reduction of precardial tension. Emergency care for the patient will be as follows:

1. Arterial blood pressure is high - a nitroglycerin tablet is given under the tongue. The patient's head should be raised up to 45 degrees while lying down. If necessary, nitroglycerin can be re-administered 2-3 times (if blood pressure remains high).

2. Loop diuretic - furosemide 1% 2ml eliminates pulmonary edema. It is possible to send 2-3 sometimes 4 times

3. Dexamethasone 1 ml to 4 times in order to eliminate lung edema due to the anti-tumor effect of hormonal therapy

4. When the pulse is tachycardic (100 beats per minute or more) or arrhythmic (in most cases, ventricular flutter arrhythmia occurs in a tachycardic form) - strophantin 0.25 mg mixed with 9 ml of a physiological solution of NaCl for blood pressure and pulse control (cardiomonitoring). is sent very slowly through a vein.

5. In the period after an attack, the treatment consists of treating the main disease based on a special plan.

In conclusion, pulmonary edema caused by cardiac asthma requires prompt and pathogenetic assistance. In this case, the above are very effective.

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