



MYOCARDIAL INFARCTION WITH COMBINATION OF PNEUMONIA IN THE CONDITIONS OF THE ICU AND INTENSIVE CARE DEPARTMENT.

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Abstract,

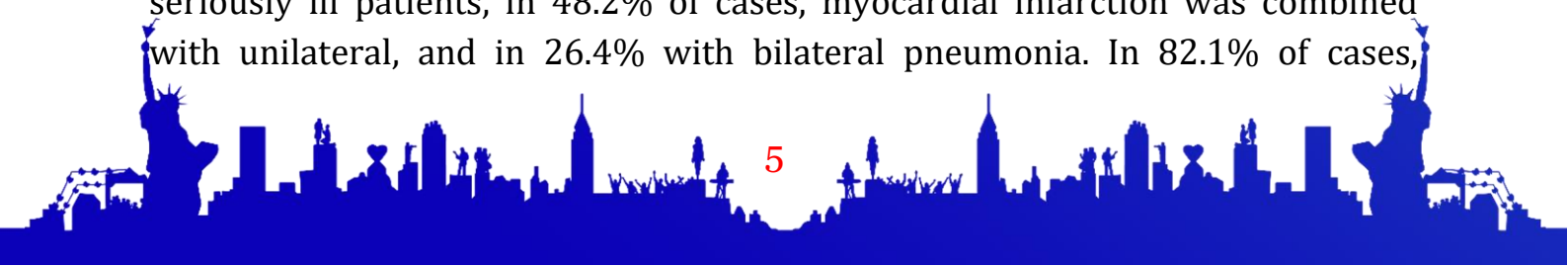
The combination of myocardial infarction with various diseases of the internal organs significantly changes the course of this suffering and worsens the prognosis. Pneumonia often developed in patients with severe myocardial infarction and significantly worsened the prognosis [1].

Keywords: myocardial infarction, pneumonia, multiple organ diseases.

Introduction. According to the Ministry of Health of the Republic of Uzbekistan, the mortality rate from cardiovascular diseases fell from 61.7% to 56.2%. But still, this problem remains one of the leading in the medical industry around the world. In most mature patients, coronary heart disease, in general, myocardial infarction may also occur against the background of other multiple organ diseases, namely the pathology of the respiratory system, which is currently an urgent problem due to the coronavirus pandemic [2]. Because of this, the management of patients with myocardial infarction associated with pneumonia is of great interest, since treatment and prognosis are not always successful. Regardless of the great interest of the scientific community in this problem, the results of the management of patients in the ICU in the literature are not enough [3].

Target. To identify the manifestation of the course of myocardial infarction in combination with pneumonia.

Materials and methods. We conducted a study in 38 patients in the ICU: 21 men and 17 women. The study was carried out for 4 months. The age of the study participants: women from 26 to 47 years old (mean age 32.65 ± 5.64), men from 22 to 45 years old (mean age 34.02 ± 5.35). The incidence of myocardial infarction in combination with pneumonia among patients admitted to the intensive care unit for 4 months of the study ranged from 35.6% to 38.2%. In seriously ill patients, in 48.2% of cases, myocardial infarction was combined with unilateral, and in 26.4% with bilateral pneumonia. In 82.1% of cases,





infiltrative changes were located in the lower lobes, mainly in the anterior and external basal segments, in 16.4% - in the upper lobes of the lungs, mainly in the anterior segment, and in 12.8% - in the external and internal segments. segments of the middle lobe of the right lung. Bilateral pneumonia was more common in patients with Q-wave MI.

Results and discussion. The duration of treatment for patients with myocardial infarction in combination with pneumonia was, on average, 36% longer than the time spent in the hospital for patients with myocardial infarction without pneumonia. Mortality in patients with pneumonia averaged 2 times more often than in patients with myocardial infarction without pneumonia (15.8% and 7.8%, respectively).

We studied the clinical course of comorbidity, changes in blood parameters in laboratory and functional studies.

It seems clear that some patients with myocardial infarction had pneumonia (up to 9% according to clinical data). The specified combination with pneumonia in some cases was not diagnosed during life. The duration of treatment for myocardial infarction in combination with pneumonia significantly (more than 34%) exceeded the duration of treatment for patients with myocardial infarction.

Cardiac arrhythmias and conduction disturbances were reported in almost all patients. It should be noted that much more often (in 9.0%) there were severe life-threatening types of arrhythmias, asystole, automatism dysfunction, paroxysmal ventricular tachycardia, excitability dysfunction requiring immediate resuscitation procedures.

Conclusion. Among patients with myocardial infarction in combination with pneumonia, compared with patients who had myocardial infarction without pneumonia, there was a more severe course.

In patients with pneumonia, a place of violation of total myocardial contractility was revealed due to a more frequent occurrence of -12.9%. All this, together with respiratory failure, led to more pronounced hypoxemia PaO₂ - 76.3 ± 4.6 mm Hg. Art.

The formation of an inflammatory reaction of the lung tissue in patients with myocardial infarction in combination with pneumonia is mainly characterized by a relatively asymptomatic, erased onset, for the most part, against the background of observed circulatory failure, persistent preservation of auscultatory phenomena (15.6±3.0) and intoxication (5.7 ± 0.6), present at discharge in a significant part of patients with traces of radiological changes





(pneumofibrosis - 22%, pleural adhesions - 6%, increased pulmonary pattern - 18%).

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