



CARDIOVASCULAR DISEASES. HYPERTENSION AND HYPERTENSIVE CRISIS

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ABSTRACT

This article will discuss in detail about hypertension disease and its primary symptoms. Also, this article describes the types, stages and consequences of hypertension.

The main problem of modern therapeutic science is the precise demarcation of hypertension and symptomatic hypertension (differential diagnosis), which requires diagnosis of patients with the latest modern methods (angiography, kidney biopsy, radionuclide visualization of adrenal glands, etc.). The task can be performed only in the conditions of the cardiology center. Because of this, symptomatic hypertension in many cases remains untreated, which seriously (artificially) increases the disease with hypertension; therefore, to prevent this, all patients with arterial hypertension should be examined.

A two-stage system of examination was developed based on the results of observation of more than 6000 patients with various forms of AG at the All-Union Scientific Cardiology Center of the MFA of the USSR. This includes the following: 1) differential diagnosis of hypertension and

symptomatic hypertension; 2) to study some forms of symptomatic hypertension; 3) to determine the nature of symptomatic hypertension; 4) allows to provide a differential approach to treatment.

Long-term follow-up using complex diagnostic methods (G.G. Arabidze, 1982) showed that hypertension is detected in 65-75% of all patients with AG, while symptomatic hypertension is detected in 25-35% of patients. In 3 percent of the total number of arterial hypertension cases, its course can be dangerous (in this case, the arterial pressure exceeds 220/130 mm Hg and has serious consequences). Then dangerous arterial hypertension syndrome usually appears in its acute forms (in 13.7-30% of all cases), and in hypertension it is observed in only 0.19% of cases.

The advanced stage of hypertension can be complicated by cerebral infarction or cerebral hemorrhage. The main sign of constant high blood pressure is the increase



or hypertrophy of the left ventricle of the heart with the increase in its mass due to the thickening of heart cells, cardiomyocytes.

M. Asadullakho'jayev. Pathological anatomy. "Tashkent. "Tafakkur ziyosi", 2008. 76

First, the thickness of the wall of the left ventricle increases, and then the chamber of the heart expands. It is necessary to pay serious attention to the fact that left ventricular hypertrophy is a prognostic sign. A number of epidemiological studies have shown that the occurrence of left ventricular hypertrophy significantly increases the risk of sudden death, coronary heart disease, heart failure and ventricular arrhythmia.

Progressive left ventricular dysfunction causes symptoms such as shortness of breath, paroxysmal nocturnal breathlessness (cardiac asthma), pulmonary edema, and chronic heart failure during exertion. Against this background, myocardial infarction and ventricular fibrillation develop rapidly. If there are

morphological changes in the aorta (atherosclerosis), it expands and its rupture may occur. Kidney damage is expressed by protein in urine, microhematuria, cylindruria. However, renal failure in hypertension, if there is no harmful direction, rarely develops. **S. Abdullayeva. Body structure. Tashkent. "Ziya". 2001. 93.**

Damage to the eyes can be manifested as a deterioration of vision, a decrease in light sensitivity and the development of blindness. In such cases, hypertension should be treated more carefully.

Immutable risk factors of hypertension include the following: a) People who have hypertensive patients among hereditary relatives are most prone to the development of this pathology. b) Arterial hypertension in men is much higher than in women. In women, sex hormones - estrogens prevent the development of hypertension. Unfortunately, such protection is short-lived. When the climacteric period begins, the effect of estrogens ends, and women are equal to men in terms of incidence.

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