

IN MULTIPLE ATRIOVENTRICULAR BLOCK IN HEART DISEASES, ITS TYPES, OBJECTIVE OBJECTIVE SIGNS OF THE PATIENT, CAUSED DISEASES AND THEIR TREATMENT METHODS.

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Abstract: Heart diseases (heart diseases) are a group of pathologies related to the cardiovascular system, manifested by a violation of the normal activity of the heart. Such diseases may be caused by damage to the epicardium, pericardium, myocardium, endocardium, valvular apparatus of the heart, and blood vessels. Heart diseases can be hidden for a long time, without a clinical picture. Along with various tumors, it is one of the main causes of premature death in developed countries today. The continuous operation of the blood circulation system, consisting of the heart and blood vessels, which acts as a pump, is a necessary condition for the normal functioning of the body.












Key words: AV blockade, Causes, Objective symptoms observed in the patient, levels of AV blockade, Treatment methods.

Main part: Atrioventricular (AV) block is a disorder of the heart's conduction system, in which the conduction of electrical impulses that stimulate the heart muscle slows down or stops completely. As a result, the heartbeat rhythm is disturbed.

This type of block may be asymptomatic or accompanied by bradycardia (heart rate of 60 beats per minute or less), general weakness, and dizziness. It causes sudden cardiac death in 17% of cases.

Symptoms of atrioventricular block can vary from person to person, and symptoms often depend on the extent and type of blockage. Symptoms may include fatigue, shortness of breath, dizziness, fainting, chest pain, and irregular heartbeat. Atrioventricular block is often associated with other heart conditions that cause irregular heart rhythms. Therefore, when diagnosing atrioventricular block, it is necessary to determine the underlying cause. Diagnosis is usually made through tests such as electrocardiography (ECG) and Holter monitoring.

Causes of AV blockade:

-  YUIK, including
-  myocardial infarction;
-  Myocarditis,
-  cardiomyopathies;
-  Cardiosclerosis;
-  Button and acquired defects of the heart;
-  Heart failure;
-  Overdose of cardiac glycosides, cordarones, (3-blockers, verapamil, novocainamide or similar drugs;
-  Electrolyte imbalance (hyperkalemia, hypermagnesemia);
-  Chronic and some acute diseases of pulmo;
-  Heart surgery;

✚ Hypothyroidism.

Manifestations and symptoms of AV blockade in our objective view of the patient:

- ❖ The pulse in the peripheral vessels is normal or slowed down, but regular;
- ❖ When the pulse slows down, the patient has clinical signs associated with a decrease in the volume of the heart (hypotension, fainting and blurred vision).

According to the reasons, AV blockades are divided into two groups:

- ✓ functional - intensive sports, caused by taking certain medications and often occurs in young patients;
- ✓ organic - develops against the background of various diseases, often occurs in elderly patients.
- ✓ Depending on the location of the impulse conduction disorder, three forms of AV blockade are distinguished:
 - ✓ proximal - located closer to the sinus node, in the main part of the AV node and the bundle of His;
 - ✓ distal - located far from the sinus node, in the area of the branches of the bundle.
 - ✓ Combined - conduction disturbances are located at different levels.
- ✓ According to the course of AV blockade:
 - ✓ acute - occurs during myocardial infarction, when the dose of drugs is increased, etc.
 - ✓ chronic temporary (temporary) - often develops against the background of coronary heart disease.
 - ✓ chronic permanent – usually found with organic damage to the heart.
 - ✓ intermittent (intermittent, intermittent) - transition from complete blockade to partial or their transition to sinus rhythm without blockade

Summary: Treatment of atrioventricular block usually depends on the symptoms and type of block. First-degree AV blocks usually do not require treatment and are simply controlled. Second-degree AV block is usually treated with medication and may sometimes require a permanent pacemaker. Third-degree AV block usually requires a permanent pacemaker.

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