PREVENTION OF PERICARDITIS

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Abstract. *In fact, this is an inflammation of the visceral and parietal sheets of the pericardium. Primary pericarditis and secondary pericarditis, which occur as a result of diseases of the chest organs, are distinguished. Pericarditis is divided into acute and chronic types according to the clinical course.*

Acute pericarditis. Secondary pericarditis, which occurs in severe inflammatory diseases of the organs or sepsis, is more common. Sometimes, injuries, rheumatism, tuberculosis are the causes of acute pericarditis.

Fibrinous (dry) pericarditis is characterized by the accumulation of fibrin fibers in the visceral and parietal sheets of the pericardium. The main symptoms of the disease are stabbing and sharp pains in the heart area, which intensify with deep breathing and coughing, tachycardia, rapid breathing, and a short-term increase in body temperature.

Auscultation reveals a rough pericardial friction rub, which is heard synchronously with heart contractions, intensifies when leaning forward, and does not disappear when holding the breath. The ECG shows changes in the subendocardial layer of the myocardium, indicating impaired blood circulation. Serous pericarditis. This is an inflammatory accumulation of serous or serous-fibrinous fluid in the pericardial cavity. The main symptoms are: severe pain behind the chest, radiating to the back and shoulders, shortness of breath. Due to compression of the surrounding organs by pericardial exudate, swallowing becomes difficult, hiccups occur, and the voice becomes muffled. On examination, the apex beat is weakened, the borders of the heart are enlarged, and the heart sounds are muffled.

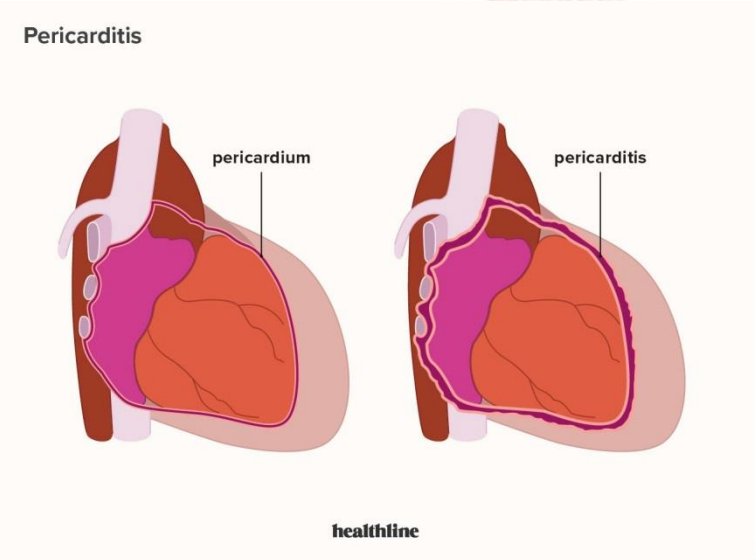
X-ray examination shows an enlarged heart shadow, a decrease in pulsation. ECG reveals a decrease in the main teeth.

With rapid accumulation of exudate in the pericardial cavity, cardiac tamponade may develop, which is manifested by increasing tachycardia, a decrease in arterial pressure, cyanosis, and the development of pulmonary edema.

Purulent pericarditis. It is characterized by the accumulation of purulent fluid in the pericardium. The clinical picture is similar to serous pericarditis, but the disease is somewhat more severe. Symptoms of intoxication - fever, chills, profuse sweating predominate. Purulent fluid is obtained when the pericardium is punctured.

Treatment. Conservative treatment involves the use of antibiotics, analgesics, detoxification therapy, vitamins, and immunomodulatory drugs.

When fluid is present in the pericardium, it is recommended to perform one-time or repeated punctures. In the presence of purulent fluid, a microdrainage is installed in the pericardium, and its cavity is washed with antiseptic solutions and enzymatic preparations. Chronic pericarditis with fluid. The main cause of the disease is rheumatism. It is characterized by a sharp thickening of the parietal pericardium, changes in its connective tissue, and the accumulation of a large amount of fluid in the pericardial cavity.



Clinic and diagnostics. Patients complain of shortness of breath, cramping pain in the heart, heart attacks. On examination, cyanosis, moderate swelling of the face and neck, hands are noted. There is no impulse

at the apex of the heart, the borders of the heart are enlarged, its tones are muffled, arterial pressure is reduced, venous pressure is increased. X-ray examination reveals a significant enlargement of the borders of the heart, a decrease in the amplitude of heart contractions. The voltage of the main teeth on the ECG is reduced. Treatment - surgical. Pericardectomy - a wide resection of the parietal pericardium is performed. Compressive pericarditis. The main cause is tuberculosis, less often rheumatism, nonspecific infection, injuries. Chronic inflammatory process leads to fibrotic changes, thickening of the parietal and visceral pericardium sheets, which merge, and in most cases calcify.

The pericardial cavity is obliterated. All this complicates the work of the heart, leads to its crushing and twisting of its vessels.

Clinic and diagnostics. Patients are disturbed by shortness of breath, a feeling of pressure in the heart area, and general malaise. Cyanosis of the face, pallor, swelling of the trunk and limbs, an increase in liver size, and phenomena of stagnation in it are noted. On auscultation, heart tones are muffled. The borders of the heart are normal or narrowed. Arterial pressure is reduced, venous pressure is increased.

X-rays show deformed contours of the heart shadow, the amplitude of heart contractions is reduced, some parts are motionless. On ECG, a decrease in voltage is observed in all methods.

Ultrasound scanning reveals pericardial adhesions of varying thickness, areas covered with lime. Treatment is surgical. The operation consists of radical excision and removal of the altered pericardium.

REFERENCES:

1. Ганул В.Л., Тарутинов В.И., Окулов Л.В. и др. Программа предоперационной подготовки больных раком пищевода и кардии.

2. Ветшев П.С., Балаболкин М.И. Диагностика и хирургическое лечение

диффузно-токсического зоба (обзор литературы.). В журн.: Хирургия, 2000

3. Magistrelli P, Masetti R, Coppola R et al. Surgical treatment of hydatid disease of the liver. A 20 year experience.