

**Davolash fakultetining fakultet va  
gospital terapiya kafedrası**

**MIOKARD  
INFARKTI**

# MIOKARD INFARKTI

- YURAK MUSHAKLARINING O'TKIR RIVOJLANUVCHI NEKROZI BO'LIB, KORONAR QON AYLANISHINI ABSOLYUT YOKI NISBIY YETISHMOVCHILIGI BILAN KECHADI.

# ETIOLOGIYASI

1. ATEROSKLEROTIK TUGUNCHA SOXASIDA TOJ TOMIRLARINING TROMBOZI
2. TOJ ARTERIYALARINING TURLI ETIOLOGIYALI SPAZMI
3. O'RTA KALIBRDAGI ARTERIYALARNI SHIKASLANTIRADIGAN VASKULITLAR – REVMATIZM, TUGUNCHALI PERIARTERIIT, REVMATOID ARTRIT
4. INFEKSION ENDOKARDITDA, QON KASALLIKLARIDA TOJ TOMIRLARI TROMBOEMBOLIYASI
5. KORONAR ATEROSKLEROZ FONIDA RIVOJLANUVCHI ANEMIYA

# XAVFLI OMILLARI

1. GIPERXOLESTERINEMIYA
2. IRSIY MOYILIK
3. CHEKISH
4. QANDLI DIABET
5. ARTERIAL GIPERTENZIYA
6. PODAGRA
7. GIPERTRIGLITSERIDEMIYA
8. ERTA QARILIK YOYI
9. QULOQDAGI DIAGONAL AJINLAR

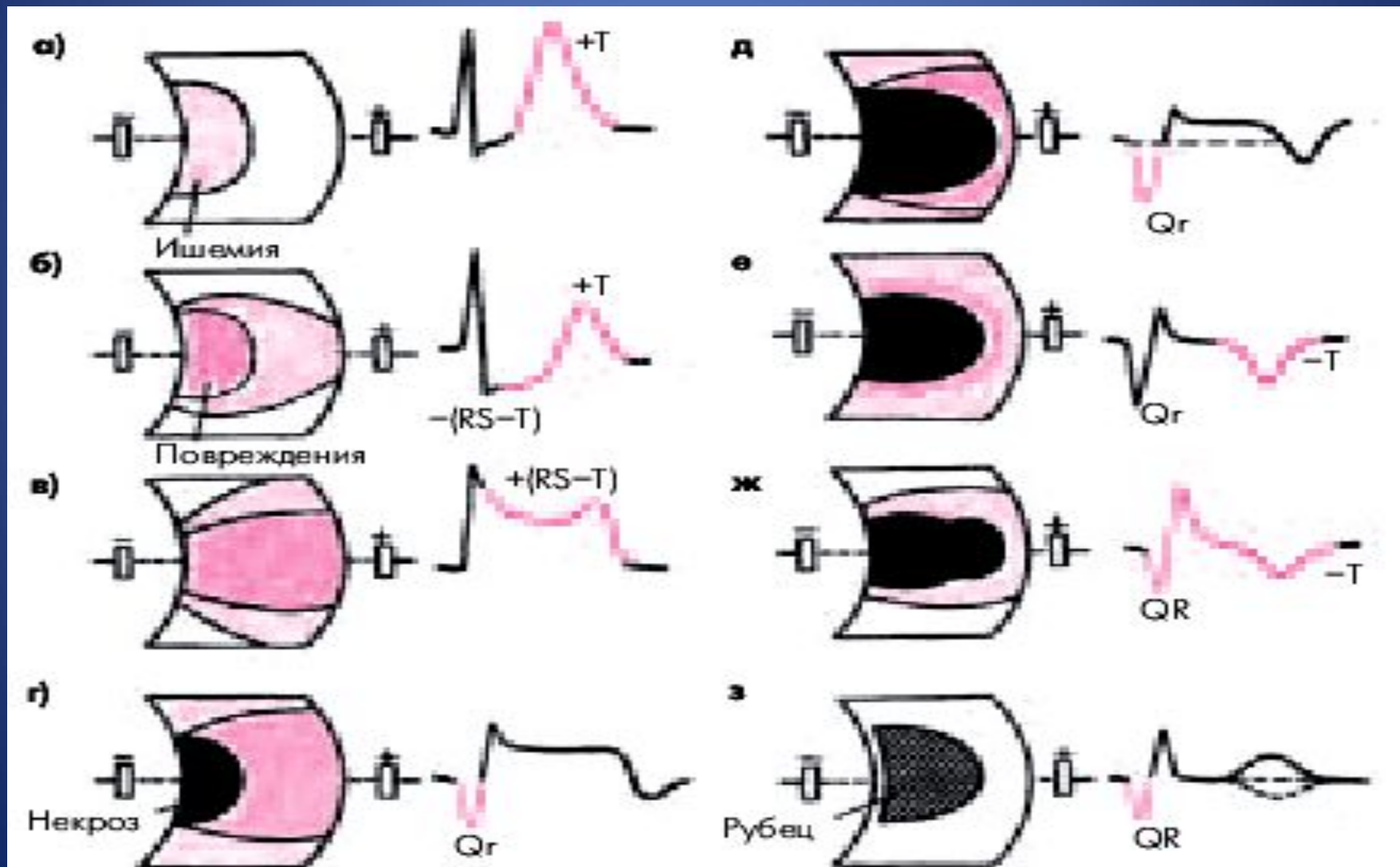
# MIOKARD INFARKTINING PATOGENEZI

- ATEROSKLEROTIK TUGUNCHANING YORILISHI
- TROMBOTSITLARNING FAOLLASHUVI
- TOJ TOMIR ARTERIYALARINING O'TKIR OKKLYUZIYASI
- NEKROZ HOSIL BO'LISHI , ARITMIYALAR
- NEKROZ O'CHOQINING O'LCHAMLARI TOJ TOMIR ARTERIYASI OKKLYUZIYASINING DARAJASI BILAN BOG'LIQ

# MIOKARD INFARKTINING DAVRLARI

1. **PRODROMAL DAVR** – 30 MINUTDAN 30 KUNGACHA DAVOM ETADI (NOMUQIM STENOKARDIYA)
2. **O'TA O'TKIR** – STENOKARDIYA XURUJI BOSHLANISHIDAN NEKROZ BELGILARI PAYDO BO'LGUNCHA BO'LGAN DAVR DAVOMIYLIGI BIR NECHA SOAT
3. **O'TKIR DAVRI** – NEKROTİK MASSALARNING SO'RILISHI, CHANDIQ HOSIL BO'LISHINING BOSHLANISHI BILAN XARAКТERLANADI – 10 KUNGACHA DAVOM ETISHI MUMKIN
4. **O'TKIR OSTI DAVRI** – YURAK YETISHMOVCHILIGI BELGILARI KAMAYADI, REZORBSION-NEKROTİK SINDROM 3 XAFTADAN 8 XAFTAGACHA
5. **INFARKTDAN KEYINGI DAVR** – KECHISHI YAXSHI BO'LSA KLINIK BELGILARI BO'LMAYDI

# Miokard infarkti davrlari EKG belgisi



# MIOKARD INFARKTINING EKG BELGILARI BO'YICHA TASNIFI

1. PATOLOGIK Q TISH BILAN – TOJ TOMIR ARTERIYASINING TROMB BILAN MUQIM OKKLYUZIYASI BILAN BOG'LIQ, SAMARALI TROMBOLITIK TERAPIYA.
2. Q TISHINING EKVIVALENTLARI – R –TISHI AMPLITUDASI O'ZGARISHI
3. QRS KOMPLEKSINING BOSHQA O'ZGARISHLARI
4. PATOLOGIK Q TISHSIZ
5. T – TISHINING ALOHIDA O'ZGARISHLARI BILAN O'TADIGAN MIOKARD INFARKTI (MAYDA O'CHOQLI)
6. ST – SEGMENTINING KO'TARILISHI BILAN O'TADIGAN MIOKARD INFARKTI (INTRAMURAL) – YAXSHI KECHISHGA EGA, LEKIN RETSIDIVLANISH EHTIMOLI YUQORI, TROMBOLIK TERAPIYA KO'RSATILGAN
7. ST – SEGMENTINING DEPRESSIYASI BILAN BO'LADIGAN MIOKARD INFARKTI (SUBENDOKARDIAL) – OG'IR KECHISHGA EGA, OQIBATI YAXSHI BO'LMAYDI



# MIOKARD INFARKTINING KLINIK SHAKLLARI

ANGINOZ SHAKLI

MIOKARD INFARKTINING ATIPIK SHAKLLARI:

\*GASTRALGIK SHAKLI (2-3%)

\*ASTMATIK SHAKLI (5-10%)

\*SEREBRAL SHAKLI (3-5%)

\*OG'RIQSIZ SHAKLI (ARITMIK)

\*SHISHLI SHAKLI

# KLINIKASI

## Shikoyatlari:

- Og'riq
- Ko'p terlash
- Hansirash
- Keskin quvvatsizlik
- Gohida betoqatlik

# OB'EKTIV KO'RUV

- Rangparlik
- Sovuq ter bosish
- Gohida betoqat, bir joyda turolmaslik
- Puls infarkt joylashishiga qarab sekin yoki tez/
- AQB - past tushishga moyillik

# AUSKULTATSIYA

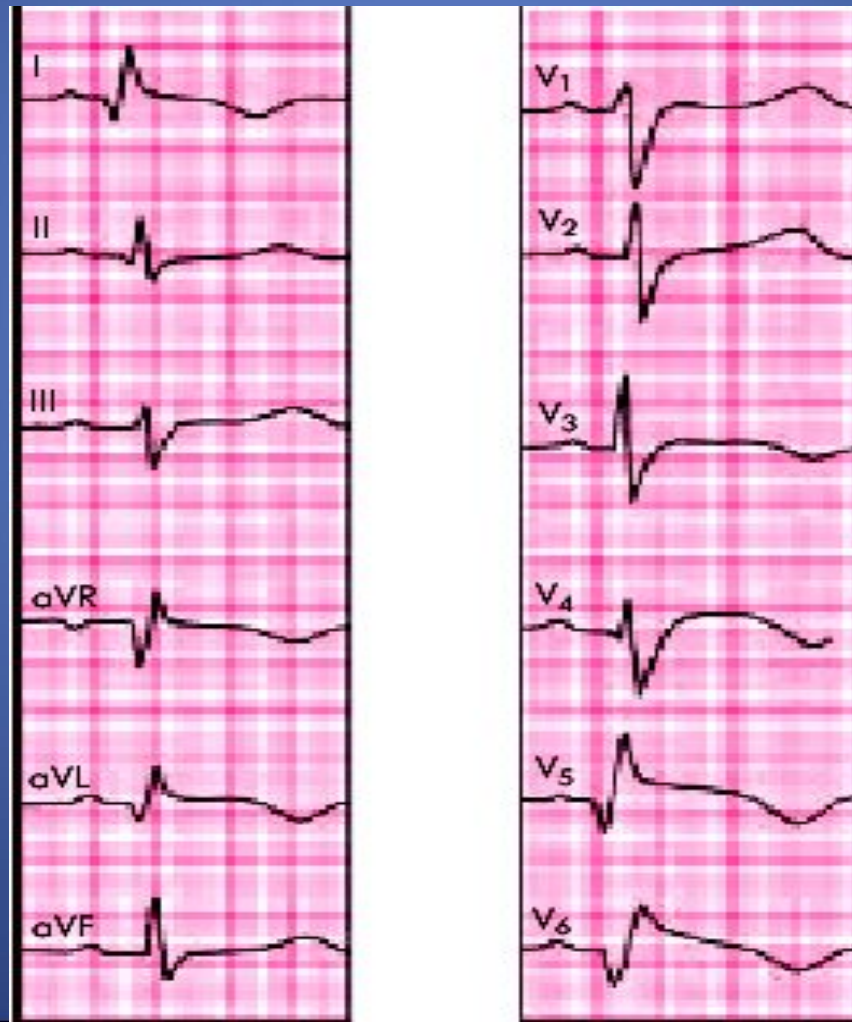
- I va II ton bug'iqlashgan, 20% bemorlarda III ton aniklanisi – “ot dupuri” ritmi
- Yurak cho'qqisida sistolik shovqin
- 10% bemorlarda perikard ishqolanish shovqini
- Gohida o'pkaning pastki qismlarida nam xirillashlar

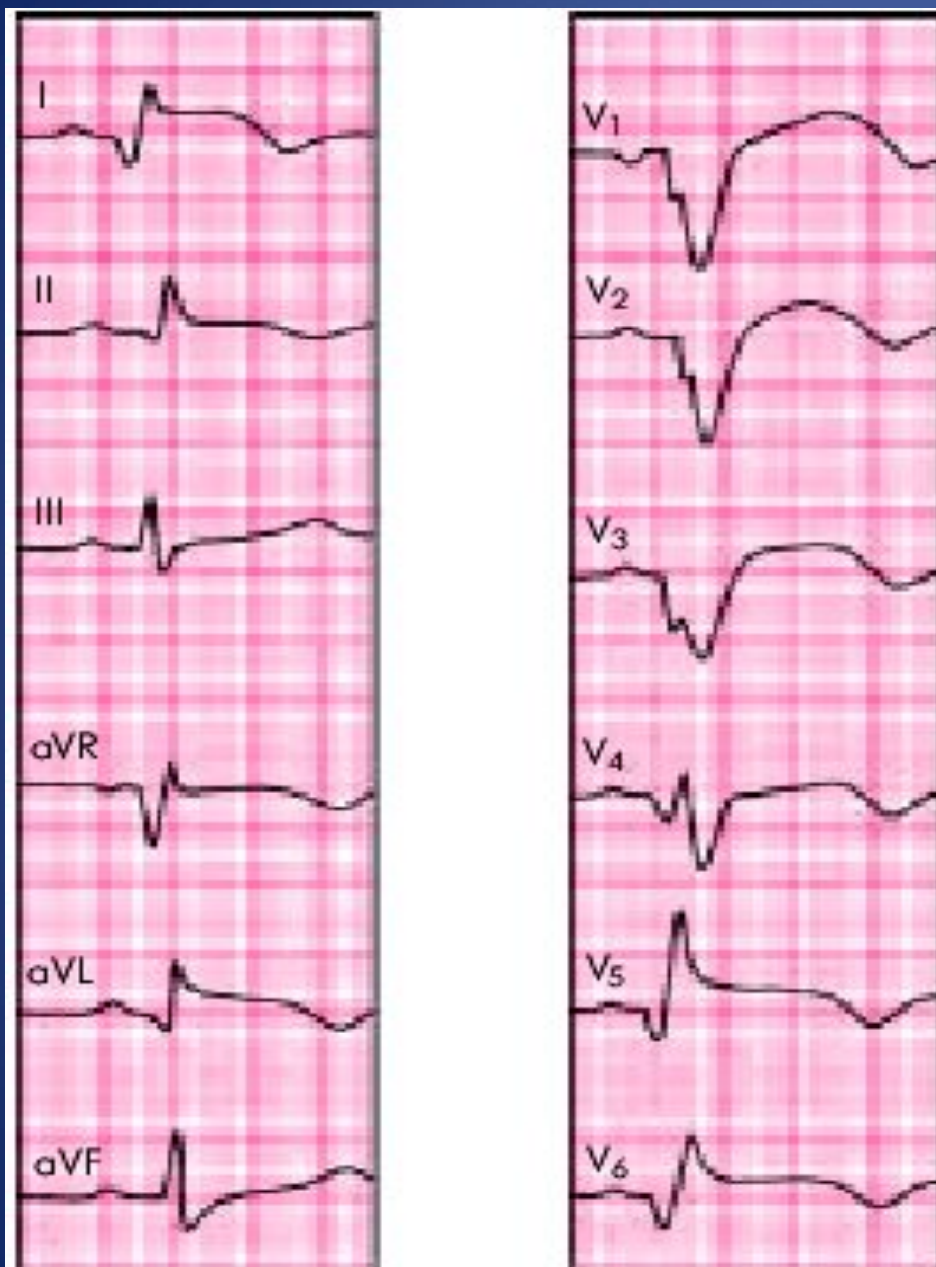
# MIOKARD INFARKTINI TEKSHIRISH USULLARI

1. EKG (85% TO'LIQ MA'LUMOT BERADI)
2. ExoKG
3. ANGIOGRAFIYA (MIOKARDNI QON BILAN TA'MINLASH DARAJASINI ANIQLASH UCHUN)
4. FERMENTDIAGNOSTIKA
5. MIOKARD INFARKTI BOSHLANGANDAN SO'NG 12 SOAT O'TGACH ECHT OSHADI, BIR NECHA SOAT O'TGACH LEYKOTSITIZ BO'LIB, 2-4 KUN O'TGACH ENG YUQORI CHO'QQISIGA KO'TARILADI, 1 XAFTADAN SO'NG ME'YORIY KO'RSATKICHGA QAYTADI

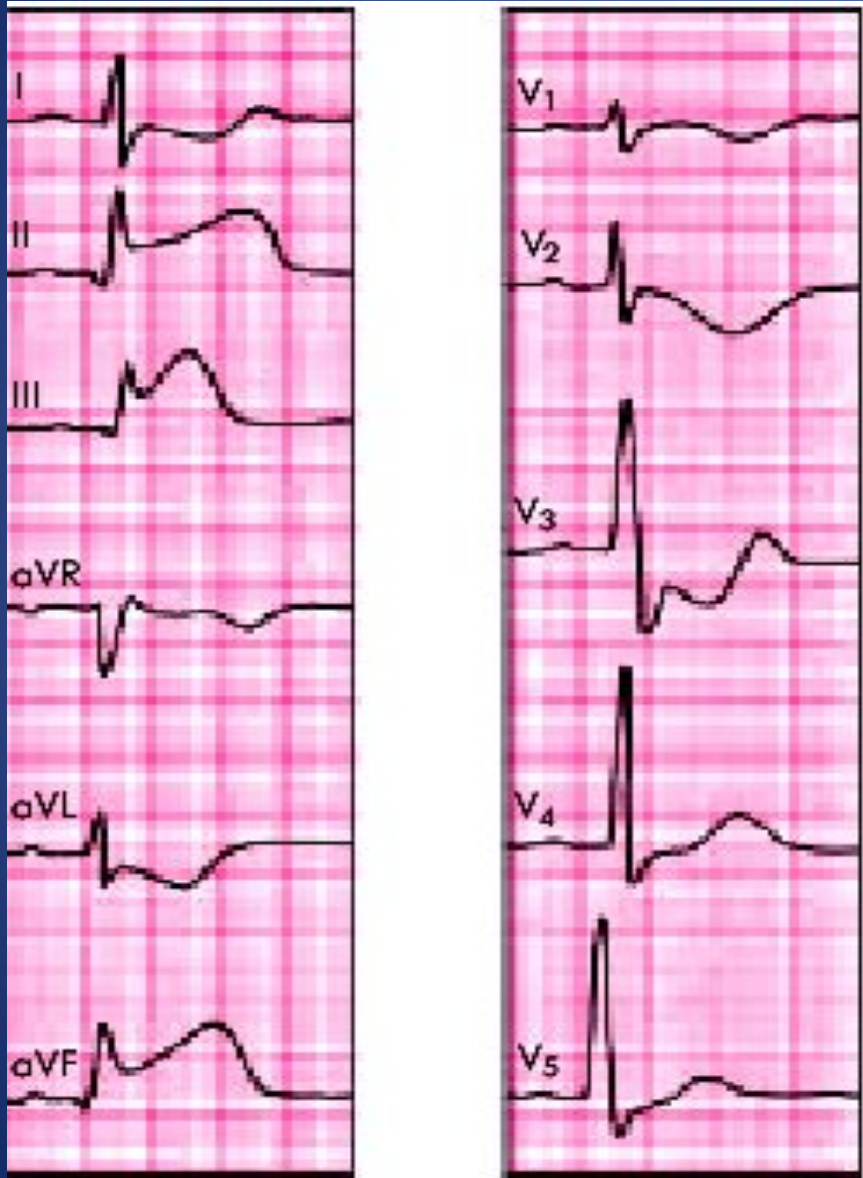
# TOPIK DIAGNOSTIKA

## Miokard oldingi devori va cho'qqisi qo'shilgan infarktda EKG





- **Miokard oldingi va yon tomoni infarktida EKG**

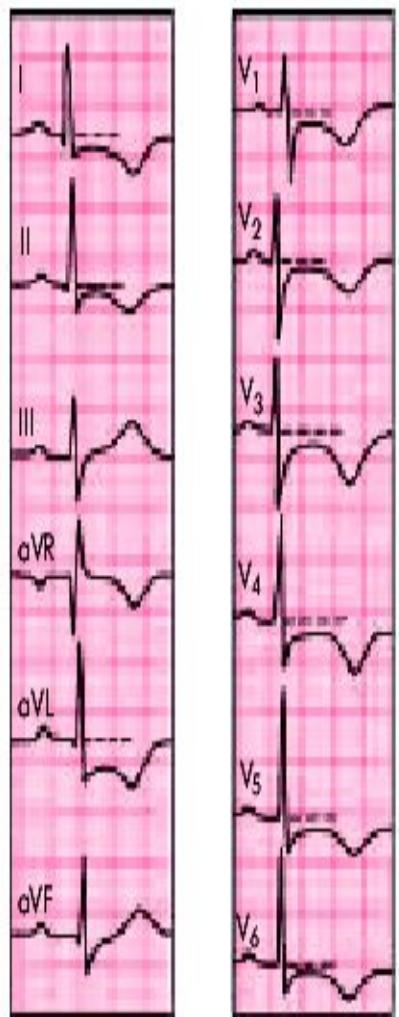
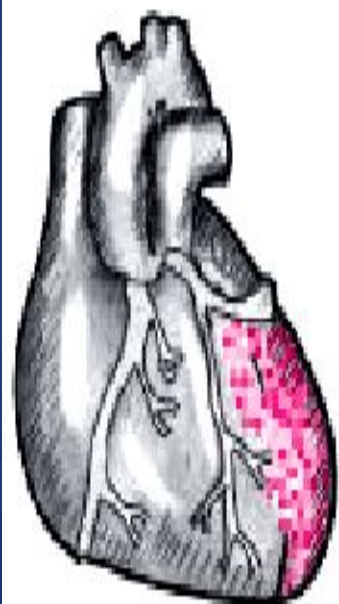


- Oldingi bazal miokard infarkti



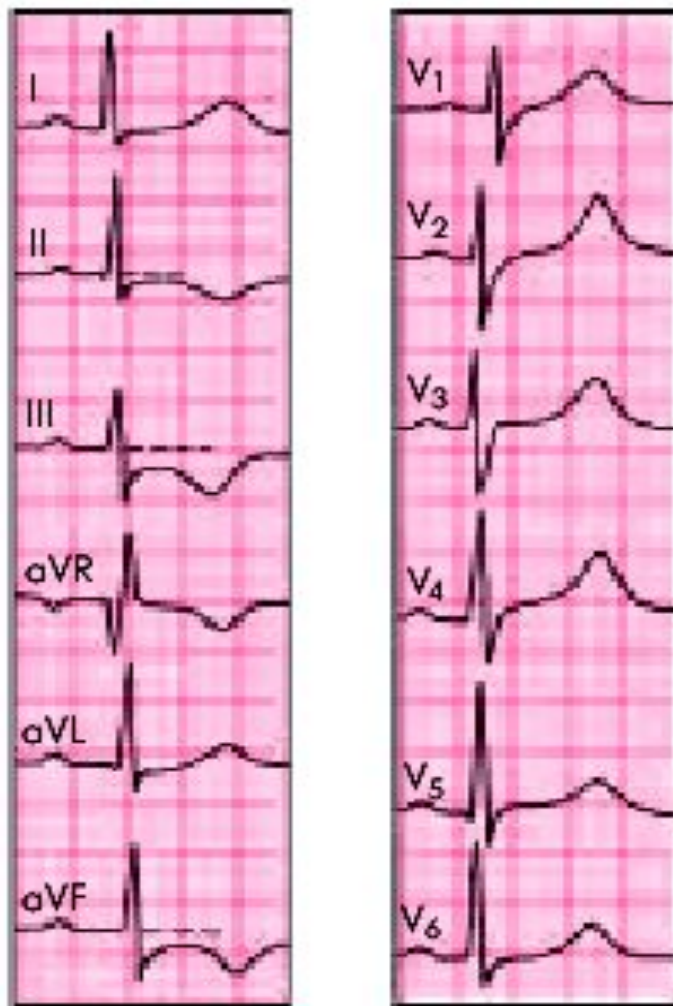


- Orqa bazal miokard infarktida EKG



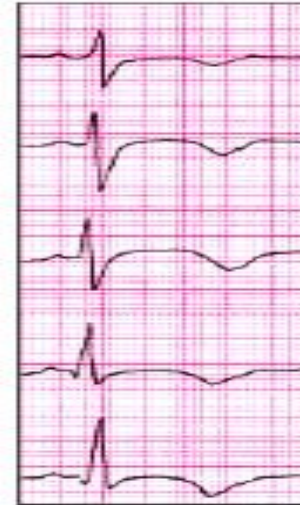
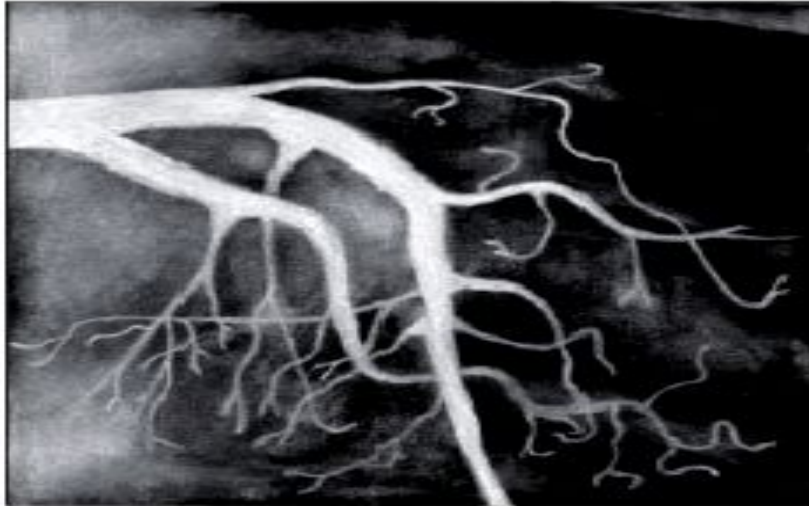
- **Miokard orqa yon devori infarktida EKG**

# Chap qorincha oldingi devori Q tishsiz notransmural miokard infarktida EKG



# Chap qorincha orqa diafragmal infarktida EKG

a)



b)



# MIOKARD INFARKTINING ASORATLARI

1. YURAK YETISHMOVCHILIGI
2. O'PKA SHISHI
3. KARDIOGEN SHOK
4. MIOKARD YORILISHI
5. CHAP QORINCHA ANEVRIZMASI
6. TROMBOEMBOLIYA (SHU JUMLADAN O'PKA ARTERIYASI TROMBOEMBOLIYASI)
7. PERIKARDIT
8. RITM BUZILISHI
9. DRESSLER SINDROMI
10. YURAK TO'XTASHI

# DAVOSI

- O'tkir og'riq xurujini yo'qotish;
- Kardiogen shokni davolash;
- Yurak maromi buzilishining oldini olish;
- Qon ivishi sistemasini boshqarish;
- Yurak mushaklari metabolizmini yaxshilash;
- Parhez va dori-darmon orqali qonda xolesterin, triglitserid lipoproteidlari miqdorini pasaytirish.

## **OG'RIQSIZLANTIRUVCHILAR**

- **Narkotik va nonarkotik analgetiklar**
- **Neyroleptanalgeziya**

## **TOJ ARTERIYALARDA QON OQIMINI TIKLASH**

- **Trombolitiklar**
- **Antikoagulyantlar**

## **MIOKARDDA NEKROZ HAJMINI CHEGARALASH**

- **Nitroglitserin**
- **B-blokatorlar**

## **YURAK MAROMI BUZILISHINING OLDINI OLISH**

## **KARDIOGEN SHOKNI DAVOLASH**