
ВИЗУАЛИЗАЦИЯ И ФУНКЦИОНАЛЬНЫЕ МЕТОДЫ ИССЛЕДОВАНИЯ СЕРДЦА И СОСУДОВ

HYPOTROPHY OF THE HEART AND REDUCTION OF INTRACARDIAC HEMODYNAMICS IN LOW BLOOD PRESSURE IN YOUNG WOMEN

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Purpose of the study. The aim of the study was to study echocardiographic parameters in young women with idiopathic arterial hypotension (IAH).

Materials and methods. A comparative analysis of the results of echocardiography between 210 women with IAH and 96 women with normal arterial pressure was performed. Patients were aged 18–24 years. The IAH criterion was the SBP level of 98 mmHg. art. and less. BP was measured after a 5-minute rest with an A & D UA-777 tonometer. Echocardiography was performed on SonoScapeS6. The research plan was approved by the Ethics Committee of the PSIU.

Results. In women with hypotension, the sizes, volumes and indices of the left atrium and left ventricle were smaller (LVEDD, LVESD, LVESV, LVEDV). When hypotension is significantly less than RVEDD. With the

YAG, the indicators RVWT, IVSd and IVSs, LVPWd and LVPWs are less. Parameters such as LVM and LV Mass Index associated with cardiac hypotrophy were significantly lower with IAG than with normal arterial pressure. When hypotension was increased LVFSend, as well as VCF of the left ventricle, Vmax and Pgmax. The values of SV, CO and CI for hypotension were less than the normal parameters of echocardiography, and the time of expulsion of blood from the left ventricle is greater than in women with normal arterial pressure.

Conclusions. For hypotension, young women are characterized by cardiac remodeling according to the type of cardiac hypotrophy, reduction in the pump function of the heart and speed parameters of intracardiac hemodynamics.

PATIENTS WITH DECOMPENSATION OF CHRONIC PULMONARY HEART- REMODELING PARAMETERS OF THE RIGHT ATRIUM AND RIGHT VENTRICLE

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Relevance. Precapillary pulmonary hypertension (PH) encompasses a range of diseases characterized by a mean pulmonary arterial pressure of ≥ 25 mm Hg and a pulmonary arterial wedge pressure ≤ 15 mm Hg determined by right heart catheterization.¹ The term «precapillary PH» may include group 1 (pulmonary arterial hypertension), group 3 (PH due to lung diseases and/or hypoxia), group 4 (chronic thromboembolic PH), and group 5 (PH associated with unclear or multifactorial mechanisms).

Precapillary PH is associated with a rise in pulmonary vascular resistance that finally leads to right ventricular (RV) pressure overload and failure. The latter is associated with the high morbidity and

mortality rates of the disease. In the past, the right ventricle has attracted most of the attention when assessing the impact of precapillary PH on the heart. Recently, however, focus has shifted toward the right atrium, with increased right atrial (RA) size included in the diagnostic and prognostic algorithms for patients with pulmonary arterial hypertension. The right atrium has a triple role in cardiac function: it acts as a reservoir, receiving deoxygenated blood from the venae cavae during ventricular systole; as a conduit that transfers blood through the tricuspid valve to the right ventricle during early diastole (passive RV filling); and as a pump that pushes blood to the right ventricle during late diastole (atrial contraction).