

Cardiac pathology V

Ischemic heart disease

By

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Consequences and Complications of Myocardial Infarction.

(1) Contractile dysfunction.

- Severe "pump failure" (*cardiogenic shock*) occurs in 10% to 15% of patients following acute MI, generally with a large infarct (often greater than 40% of the left ventricle).

(2)Arrhythmias.

- Include sinus bradycardia, heart block (asystole), tachycardia, ventricular premature contractions or ventricular tachycardia, and ventricular fibrillation.

(3) Myocardial rupture.

- (1) rupture of the ventricular free wall (most commonly), with hemopericardium and cardiac tamponade, usually fatal.
- (2) rupture of the ventricular septum (less commonly), leading to a left-to-right.
- (3) papillary muscle rupture (least commonly), resulting in the acute onset of severe mitral regurgitation.

(4) Pericarditis.

- A fibrinous or fibrohemorrhagic pericarditis usually develops about the second or third day following a transmural infarct and usually resolves over time.

(5) Mural thrombus.

- The combination of a local myocardial abnormality in contractility (causing stasis) with endocardial damage (causing a thrombogenic surface) can foster **mural thrombosis** and **thromboembolism**.

(6) True and false aneurysms?

(7) Papillary muscle dysfunction.

- Early ischemic dysfunction of a papillary muscle
- Late papillary muscle fibrosis and shortening

(8) Progressive late heart failure

Thank
you