

Clinical pathologically nursing case study

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**ASSIGN
BUSTER**

Bobbie Advanced Clinical Pathologically Nursing 61 50 Governor's State university Professor Savannah Prince March, 2012 Introduction Heart disease is often used interchangeably with cardiovascular disease generally refers to conditions that involve narrowed or block vessels that can lead to a heart attack, chest pain (angina) or stroke.

Other forms of heart condition, such as Infections that affect the heart muscles, and valves or beating rhythm. Known or associated causes of cardiovascular disease Include diabetes mellitus hypertension, obesity, hyperglycemia's and hypercritically. Heart disease Is a broad term used to describe a range of diseases that affect the heart.

According to (Menace, Whether, Brasher, & Rote 2010, up. 1091-12002) heart disease is No. World killer of men and women, and about million people in the united States suffer from coronary artery disease, an estimate of 770, 000 and 1 million people have a heart attack each year. Regardless of the decrease in the mortality rate in the past decade, CAD continues to be cause one third of all deaths in the United States. Like many other complications dealing with the human body, cardiovascular disease is happening as we speak and heat attack an strike at any moment.

In atherosclerosis the coronary arteries are occluded with time because of the deposition of atherosclerosis plaque which interferes with the arterial function of providing sufficient oxygen to the heart muscles causing the heart to Increase demand on cardiac muscles as a result Schemas of the heart can occur, this underlying factor can produce angina pectoral or chest pain. Patients with CAD, atherosclerosis blocked the arteries causing the

heart muscles to stop supplying sufficient oxygen to the heart and this is accompanied with intense chest pain, cause, sweating, shortness of breath, and weakness.

This type of clinical condition is known as myocardial infarction commonly calls heart attack or silent killer. The epidemiological studies have identified several CAD risk factors such as age, gender, race, diet and life style choices, obesity, hypertension, diabetes mellitus and family history (Menace et al, 2011, p. 1093-1096). Critical Thinking Questions: 1 .

Which coronary artery was most likely occluded in M. T,'s coronary circulation? Why type of MI Is he experiencing? How did you ascertain this? M. T. S diagnostic studies wows acute occlusion of the left anterior artery descending (LAD) generally result In abnormal EKE and SST-segment elevation In leads VI-V and reciprocal SST- segment depressions In leads 11, 11 1 and EVA the clinical Importance shows a prevalence and causes of simultaneous anterior and inferior myocardial infarction due to occlusion T ten LAD Simultaneous anterior Ana Interior myocardial Interaction Owe to occlusion of the left anterior descending coronary artery as indicated below: Figural.

EKG shows SST-segment elevation in anterior and inferior leads Figurer b. The arrow shows thrombosis occlusion at proximal portion of LAD Patients with segment elevation are usually attributed to impending infarction, but can also be due to periphrastic or angina.

(Cite) 2. Explain the pathogenesis of atherosclerosis and coronary artery disease (CAD). What risk factors may contribute to its development? What risk factors were present in M. T. ' s Life?

Atherosclerosis is an inflammatory disease characterized by the accumulation of the white blood cells, debris.

Fatty substances (cholesterol and fatty acids), calcium, and fibrous tissue (plaque) on the walls the coronary arteries that supply the heart muscle. As plaque onetime to slowly increase in size over many years, the artery narrows and blood flow to the heart is reduced. Cholesterol containing plaques are highly dangerous even without narrowing of the vessel wall they could result to blood clot formation that obstructs the vessel.

This can cause of the artery to soften, rupture suddenly and bleed from the blood vessel wall, resulting from blood clot. The Stetsons may become so significant that the blood supply is inadequate to meet the needs of the heart causing myocardial schemas in the affected part of the heart muscle. Myocardial schemas typically results in chest pain or angina pectoral.

Total blockage of a coronary artery results in a heart.