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Viral heart attack

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Inflammation of the Multio Cardad ConditionmyOcarditisother Namesinflammatory Cardiomyopathy (infectious) A microscopic image of myocarditis in autopsy in a person with acute appearance of disease FailuresPecialtyInfectious heart, cardiologysymptomshortness of air, chest pain, reducing Exercise capacity, irregular cardiacs [1] Failure complicatingSheart due to dilated cardiomyopathy, cardiac arrest [1] durationinhours to months [1] viral infection Causususually, bacterial infections, certain medicines, Toxins, Autoimmune Distances [1] [2] Diagnostic Methodelecrocardiogram, Troponin Blood, MRI Heart, Biopsia Heart [1] [2] TreatmentMedications, Defibrillator Cardigan, Heart Transplantation [1] [2] Medication inhibitors, beta-blockers, diurances, corticosteroids, intravenous immunoglobulin [1] [2] prognosisvariable [3] frequency2.5 million with cardiomyopathy (2015) [4] Deaths3 54,000 with cardiomyopathy (2015) [5] the myocarditis, also known as inflammatory cardiomyopathy, is the inflammation of his heart card. The symptoms may include lack of air, chest pain, decrease in exercise capacity, and an irregular heartbeat. [1] The duration of problems may vary from hours to months. Complications may include cardiac insufficiency by dilated cardiomyopathy or card capacity. [1] Myocarditis is more often due to a viral infection. [1] Other causes include bacterial infections, certain medicines, toxins, and autoimmune disorders. [1] [2] The diagnosis can be supported by an electrocardiogram (ECG), the increase in the troponin, MRI heart, and occasionally a heart biopsy. [1] [2] An ultrasound of the heart is important to exclude other possible causes, such as cardiac velvule problems. [2] Treatment depends on severity and cause. [1] [2] Medications, such as ACE inhibitors, beta blockers, and diurances are often used. [1] [2] An exercise period is not normally recommended during recovery. [1] [2] Corticosteroids or intravenous immunoglobulin (IVIG) may be useful in certain cases. [1] [2] In severe cases a defibrillator or heart transplantation implantable cardet can be recommended. [1] [2] In 2013, about 1.5 million cases of acute myocarditis occurred. [6] While people of all ages are affected, young people are more frequently affected. [7] It is slightly more common in men than women. [1] Most cases are lightweight. [2] In 2015 cardiomyopathy, including myocarditis, resulted in 354,000 deaths above 294,000 in 1990. [8] [5] The initial descriptions of disease are from mid-1800s. [9] Signs and symptoms The signs and symptoms associated with myocarditis are varied, and relate both the real inflammation of myocidador or the weakness of the cardiacle card which is secondary for inflammation. Myocarditis signs and symptoms include the following: [10] chest pain (often described as "stabbing" in character) Congestive cardiac insufficiency (leading to swelling, lack of air and hepatic congestion) Palpitations (due to abnormal cardiac rhythms) Heart blunting Sound death (in young adults, myocarditis does with even 20% of all cases of sustenance) [11] Fever (especially when infectious, Example, in rheumatic fever) Symptoms in small children tend to be more non-specific, with widespread malaise, lack of appetite, abdominal pain and cringy cough. More advanced stages of disease will present respiratory symptoms with increased respiratory work, and are often confused with asthma. Since myocarditis is often due to a viral disease, many patients give a history of symptoms consistent with a recent viral infection, including fever, cutanic eruption, diarrhea, articulations, and easily become tired. [12] myocarditis is Associated with pericarditis, and many people with myocarditis have signs and symptoms that suggest myocarditis and pericarditis at the same time. [13] [14] causes a large number of myocarditis causes have been identified, but often a cause can not be found. In Europe and North America, the vines are common guilty. Worldwide, however, the most common common A © Chagas disease, an illness endÂmica A AmÂ © rica Central and South that must A £ Infection by the Trypanosoma cruzi protozoÂrio. [10] In viral myocarditis, the Famalia COXSACKIE B of single-stranded RNA virus, in particular RNA virus RNA Strand more Cocksackievirus Cocksackievirus B3 and B5 £ sÂ the most frequent cause. [15] Many of the causes listed below, particularly those involving protozoÂrios, fungi, parasites, allergies, autoimmune and drug distÂrbios tamba © £ m sÂ the cause of myocarditis eosinofÁlica. [16] [17] Viral infections: AdenovÁrus [18] ParvovÁrus B19, Cocksackie virus, the virus ruba © hello, Polio virus, Epstein-Barr virus, hepatitis C, severe acute sÂndrome respiratÂria 2 Coronavirus (SARS € ~ 2, causing Covid-19) [19] [20] ProtozoÂrio: Trypanosoma cruzi (which causes Chagas' disease), and Toxoplasma gondii bacteria: Brucella, Corynebacterium diphtheriae, gonococcus, Haemophilus influenzae, Actinomyces, Tropheryma whipplei, Vibrio cholerae, Borrelia burgdorferi, leptospirosis, Rickettsia, Mycoplasma pneumoniae IÂngica: Aspergillus parasite Ascaris, granulosis Echinococcus, Paragonimus westermani, Schistosoma, Taenia solium, Trichinella spiralis larva visceral migrans, Wuchereria bancrofti bacterial myocarditis A © rare in patients without immunodeficiÂncia, drug toxins, including alcohol, antipaciclinae and some other forms of chemotherapy, and antipsicÂticos, for example, clozapine, Tamba © m some designer drugs like rejeiÂÂ £ winger © rgica imu noIÂgica [21] imunolÂgica (acetazolamide, amitriptyline) aft of a transplant autoantÁgenos cardÁaco (scleroderma, lupus sistÂmico IÂpus, sarcoidosis, vasculitis sistÂmica as eosinofÁlica with polangiite granulomatosis, and with polangiite granulomatosis, Kawasaki disease, sÂndrome hipereosinofÁlica idiopÁtica) [22] toxins (arsenic, sÂndrome IÂxico toxin shock, monÂxido carbon or snake venom) A heavy metals (copper or iron) against the VacinaSÂ £ varÂola [23] and Covid- 19 [24] [25] rarely, but in the other £ phasic agents shock vaccines elast © trafficking, hyperpyrexia, and the £ Radiation mechanism most forms of myocarditis infiltraSÂ £ involves the tissues cardÁacos one or two kinds of pro-inflamatÂrias CÂ © cells, linfÂcitos macrÂfagos and their descendants of these two CÂ © cells, sky © macrÂfagos and NK cells. The A © eosinofÁlico myocarditis myocarditis one subtype wherein cardÁaco tissue infiltrated by © ca © other squid sanguÁnea prÂs-inflamatÂria the eosinÂfílo. myocarditis eosinofÁlica A © £ further distinguished NA o-eosinofÁlica myocarditis have a different set of recommended causes and treatments. [26] [27] The Cocksackie B, B3 and B5 specifically, it was found to interact with the coxsackievirus-adenovÁrus receiver (car) and the aceleraSÂ factor £ decay (DAF). However, other Proteins Tamba © m have been identified that allow Cocksackie virus to bind to ca © cardÁacas squid. The funÂÂ £ natural car and engine that uses Cocksackievirus to infect mÂsculo cardÁaco still A © unknown. [15] It is believed that the mechanism by which the COXSACKI inflamaSÂ £ B trigger (CBVS) is considered atravÂ © s recognition of the receptor by pedÁgio MH receptors. [15] £ ligaSÂ the SARS coronavirus virus-2 atravÂ © s ACE2 receptors present in the tissue can be cardÁaco responsÁvel by the direct damages £ leading to viral myocarditis. [20] In a study done during the outbreak of SARS, the SARS virus was determined in CSAR autÂpsia of space © £ coraSÂ of the specimens in 35% of patients who died from SARS. [28] It was observed tamba m © £ coraSÂ a patient increased the already express the ACE2 receptor £ contrasted to indivÁduos saudÁveis. overactive immune responses in patients Covid-19 can lead to Ignatius cytokine storm. This excess of £ liberaSÂ the cytokines can lead to lesÂpes miocÁrdicas. [20] diagnosis Diffuse Stre Elevation in a young male due to myocarditis and pericarditis linfocÁtica myocarditis (arrow For a lymphocyte), commonly showing monitory necrosis (black arrow), seen as hyperosinophone cytoplasm with loss of stretch marks. Endomyocouric biopsy speech with with The eosinophyllic infiltrate involving the myocarditis of the endocardium and the myocardium (hematoxylin and eosine stain) refers to an underlying process that causes inflammation and heart damage injury. It does not refer to the inflammation of the heart as a consequence of some other insult. Many secondary causes, such as a cardacy attack, can lead to myocardial inflammation and therefore the diagnosis of myocarditis can not be done by evidence of myocidial inflammation. [29] [29] Myocystic inflammation may be suspected based on electrocardiographic results (ECG), high C-reactive protein (CRP) and / or sedimentation rate of erythrocytes (ESR) and increase of IGM (serology) against vigrus known to affect the myocourium. Markers of myocoural damage (istsenzymes troponin cardiac or creatine kinase) are elevated. [10] ECG findings most commonly seen in myocarditis are diffused t wave inversions; St Saddle segment elevations in shape can be present (these are also seen in pericarditis). [10] Gold pattern is the biopsy of myocidadium, in general performed in the angiography scenario. A small sample of endocidadium and myocidadium tissue is taken and investigated. The cause of myocarditis can be diagnosed only by a biopsy. Samples of endomyocouric biopsy are evaluated for histopathology (as the tissue seems under the microscopic: the myocidian intersticio can show abundant and infiltrated edema inflammatory, rich in lymphocytes and macrophagos. The Destroy Focal Men explains the myocal pump failure. [10], but samples. Be evaluated with the immunohistochemical to determine which types of immune cells are involved in reaction and how they are distributors. In addition, PCR and / or RT-PCR can be performed to identify specific viruses. Finally, additional diagnostic devices such as tests and genes The expression profile can be performed. [Quotation The necessary] the magnetic cardiac (CMRI or CMR) showed to be very useful in the diagnosis of myocarditis viewing markers for myocidador inflammation. [31] Consensus criteria for the diagnosis of myocarditis by CMR were published in 2009. [32] Reproduce Ultrasound of Madi The showing cardiogenic shock due to myocarditis [33] to play media u lthrasound showing cardiogene shock due to myocarditis [33] reproducing ultrasound showing cardiogene shock due to myocarditis [33] treatment as with most viral infections, symptoms It is the only form of therapy for most of the myocarditis forms. [34] In the acute phase , support therapy, including bed rest, is indicated. [Necessary quotation] Medication in people with symptoms, digoxin and diurances can help. For people with moderate to severe dysfunction, cardiac function can be supported by the use of inotrotes such as milrinone in the acute phase, followed by oral therapy with ECA inhibitors when tolerated. [35] Systemic corticosteroids may have beneath effects on people with proven myocarditis. [36] However, data on the usefulness of corticosteroids should be interpreted with caution, since 58% of adults recover spontaneously, while most studies on children do not have control groups. [34] A revision of 2015 Cochrane did not find evidence of benefit from using intravenous immunoglobulin (IVIF) in adults and provisional benefits in certain children. [37] It is not recommended routinely until there is a better test. [37] Surgery People who do not respond to conventional therapy may be candidates for bridge therapy with left ventricular assisting devices. Heart transplant is booked for people who do not improve conventional therapy. [36] Extracorporary membrane oxygen can be used in those who are about to enter cardacy. [38] Alternative Medicine Studies have not demonstrated benefit for the use of phytotherapy in the For all causes in viral myocarditis. [39] Epidemiology The exact incidence of myocarditis is unknown. However, in a routine autopies. 1 - 9% of all patients had evidence of myocourish inflammation. Ninth Adults, until 20% of all cases of sustainable death are due to myocarditis. [10] Among patients with HIV, myocarditis is the most common cardiac deception in autopsy, with a prevalence of 50% or more. [40] Myocarditis is the third most common cause of death among young adults with a comprehensive cumulative incidence rate of 1.5 cases per 100,000 people per year. [41] The myocarditis is responsible for approximately 20% cardiac death sustenly in a variety of populations. [10] Populations that this highest mortality rate includes: Adults with less than 40, young athletes, US recruits Aécera and Swedish orientists elite [10] The media prevalence rate is about 22 cases per year per year. [42] With individuals who develop myocarditis, the first year is difficult as a collection of cases showed that there is a mortality rate of 20%. [43] A rare example of viral myocarditis is fulminating myocarditis; Fulminating myocarditis involves inflammation cardiac fast initium and a mortality rate of 40-70%. [44] When looking at different causes of myocarditis, viral infection is more prevalent, especially in children; However, the myocardite prevalence rate is often underestimated, since the condition is easily forgotten. [42] viral myocarditis Being a result of viral infection depends heavily on genetic care factors and the unique pathogenicity for the virus. [45] A noticeable example of viral myocarditis is the involvement of SARS-COV-2 virus; Fulminant myocarditis of cardiac and SARS-COV-2 injury was associated with high mortality rates [44]. Myocarditis can also, be caused a € à €

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