

**Международная студенческая
конференция по Патологической анатомии"
Актуальные вопросы патологической
анатомии".**

Организатор: кафедра Патологической анатомии ТМА.

Ташкент 16 мая 2023г.

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THE MODERN PROBLEM OF THROMBOEMBOLIC

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Pulmonary artery thromboembolism (PATE) is a syndrome manifested by respiratory and cardiovascular insufficiency as a result of a thrombus or embolus falling into the pulmonary artery system. PATE is one of the common complications of many diseases that threaten human life. It ranks 3rd among circulatory system diseases, 2nd after myocardial infarction and brain strokes. Every year 1% of the world's population dies from this disease.

A large proportion of patients still die without adequate treatment: the mortality rate of untreated patients exceeds 30%. Characteristic risk factors for PATE: lower varicose veins 66,4%, obesity 41,4%, surgical interventions 24,5%, oncopathology 10,9%. According to clinical, ultrasound, morphological comparison data, 52,2% of the patients had a combination of two or more risk factors, 30,4% of patients did not find the source of PATE at autopsy. The primary factors of PATE include: pathology of the coagulation system, antithrombogenic factor deficiency, hyperfibrinogenemia, hyperhomocysteinemia, the presence of antibodies to cardiolipin, protein C deficiency, factor XII deficiency. Secondary risk factors include: neoplasms, chronic venous vascular insufficiency, chronic heart failure, cases of bone fractures with long term immobilization of the patient. Thrombosis is and PATE can be caused by improper administration of drugs. For the first time, the mortality rate of pulmonary artery thromboembolism in adults was determined in the hospitals of state and city health institutions of the Chelyabinsk region and the hospital mortality rate was 8,98% per year. At the same time, in hospital mortality was the highest among men of pensionable age, the proportion of which was 12,8%. In working age this figure is 6,4% on average. It was found that the reason for the origin of PATE is deficiencies in providing medical care, defects in its prevention, as well as high incidence of pulmonary artery thromboembolism (PATE) disease, especially in people of retirement age.

Research methods:

1. A reliable conclusion about death due to pulmonary artery thromboembolism disease can be confirmed only by thanatological (clinical – pathoanatomical analysis) results.

2. ICD-10 view should be taken into account in order to know the basis of the cause of death due pulmonary embolism. In people of the retirement age, compared to people of working age, the cause of death (PATE) is often two and multi cause mortality.

As a result of mechanical closure of pulmonary artery trunk thrombosis or embolization, the following pathogenetic condition develops:

In various cases, rheological disorders in the lungs are the cause of this disease. PATE often occurs with clear signs of multiple organ failure, most often with pulmonary heart failure. PATE repeated thromboembolism with combined damage of large (main, lobar and segmental) and small (subsegmental) branches of the pulmonary artery is described. The greatest risk of recurrence of PATE is observed in the first 4 weeks after the previous occurrence of thromboembolism. This is caused by the migration of the thrombus. The clinical presentation of PATE depends on the number and caliber of thrombus occluded pulmonary vessels, the rate of development of the embolic process and the degree of hemodynamic disturbances that have

occurred. It is often manifested by clinical and various minor symptoms. Studies of sudden death in PATE show that non specific manifestations can disturb patients for a long time. According to statistics, in 50% of cases PATE is found to pass without any symptoms.

PATE can also arise from non thrombotic sources (for example, air embolism, amniotic fluid, foreign body, tumor). The development of PATE is traditionally associated with thrombosis of systemic blood vassels. Caused by thrombi migrating in the inferior vena cava branches, as well as in the right atrium and ventricle.

Conclusion: Mortality rate of recurrent pulmonary artery disease is 16,8%. This share is high mainly among people of retirement age. Because their death is caused by the presence of two or more concomitant diseases.