

Hemodynamic Disorders 2023-2024 Audio 1-2

Objectives of hemodynamics

- Hyperemia
- Congestion and Odema
- Types and causes of odema
- Hemorrhage (types of hemorrhage)
- Thrombosis & DIC
- Embolism. (Types of Embolism)
- Infarction.(Types of Infarction)
- White infarction
- Red infarction
- Shock(Types of shock)
- Hypovolemic shock , Septic Shock
- Anaphylactic shock
- Neurogenic shock
- Cardiogenic shock





Introduction

- ☐ Hemodynamic disorders are very common & extremely important cause of clinical illnesses.
- ☐ The health of cells & tissues depends on the circulation of blood, which delivers oxygen & nutrients and removes wastes generated by cellular metabolism.
- Under normal conditions, as blood passes through capillary beds, proteins in the plasma are retained within the vasculature and there is little movement of water & electrolytes into the tissues.
- ☐ This balance is often disturbed by pathologic conditions that alter endothelial cells function, increase vascular pressure, or decrease plasma protein content, all of which promote edema i.e. accumulation of fluid in extra vascular spaces.



- Hemostasis is the process of blood clotting that prevents excessive bleeding after blood vessel damage.
- ☐ Hemostasis is the mechanism that leads to cessation of bleeding from a blood vessel. It is a process that involves multiple interlinked steps. This cascade culminates into the formation of a "plug" that closes up the damaged site of the blood vessel controlling the bleeding
- ☐ Inadequate hemostasis may result in hemorrhage which can affect tissue perfusion & if its massive and rapid; it may lead to hypotension, shock & death.
- ☐ Conversely, inappropriate clotting i.e. thrombosis or migration of clot called embolism can obstruct blood vessels causing ischemic cell death i.e. Infarction.
- □ Thrombo-embolism lies at the heart of three major causes of morbidity & death in developed countries, myocardial infarction, pulmonary embolism & cerebro-vascular accidents (CVA) or stroke.

capilaries

HYPEREMIA & CONGESTION

- Both terms, hyperemia & congestion, indicate increased local blood volume in a particular tissue.
- But Hyperemia is an active process, resulting from increased blood flow due to arteriolar dilation, at sites of inflammation or in skeletal muscle during exercise, & the hyperemic tissue is red.
 Congestion is a passive process, resulting from impaired
- Congestion is a passive process, resulting from impaired venous return from a tissue. The congested tissue is cyanotic, bluish-red in color because congestion leads to accumulation of deoxygenated hemoglobin in the congested tissues.



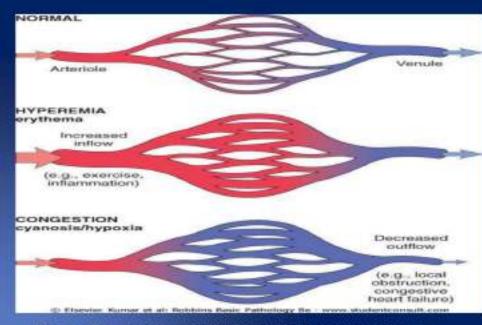


Figure: Diagrammatic view of normal arterio-venous anastomosis, hyperemia & congestion..



Figure : Photographic appearance of hyperemia of the inflammed conjunctiva of eye .



Figure: Gross view of hyperemia of the brain, brain looks reddish.

Congestion may be

- systemic, as in Congestive heart failure, or localised resulting from an isolated venous obstruction.
- Congestion & edema commonly occur together.
- In long- standing chronic venous congestion (CVC), the stasis of poorly oxygenated blood causes chronic hypoxia , which can result in paranchymal cell degeneration or death, & subsequent tissue fibrosis.
- Capillary rupture at sites of CVC may also cause small foci of hemorrhage.



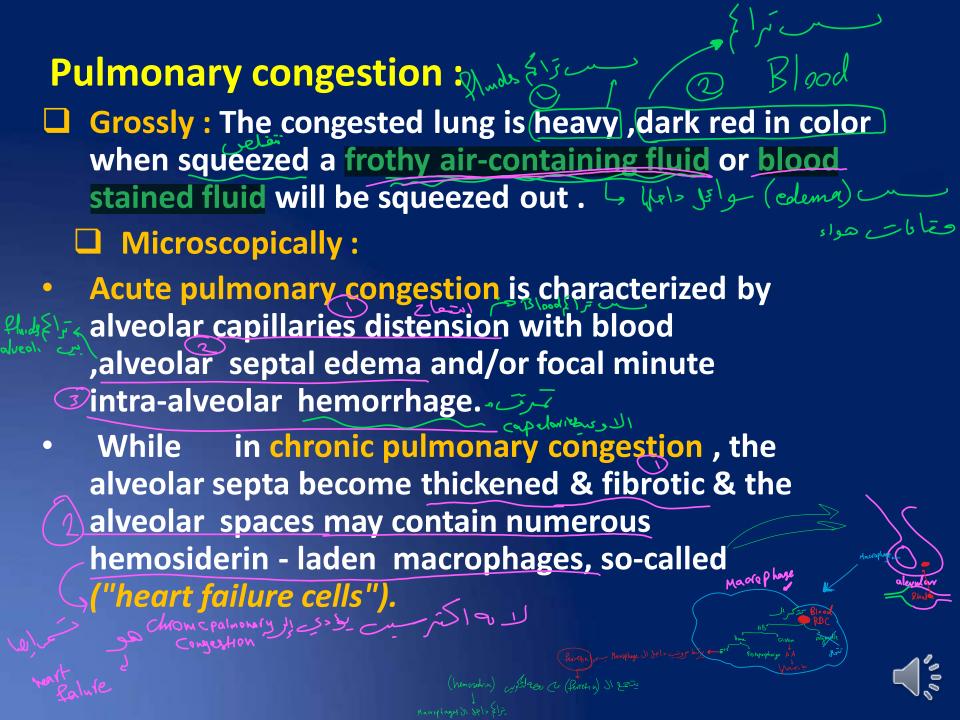
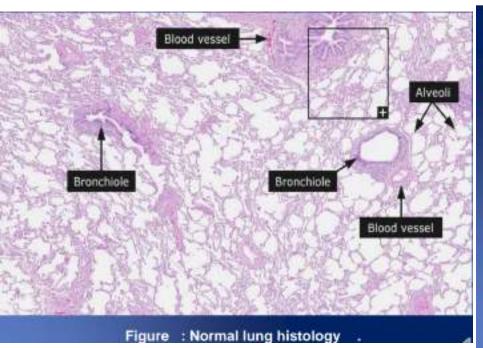






Figure : Microscopic view of acute pulmonary congestion, showing congested capillaries in alveolar septa with intra alveolar edema (arrow).



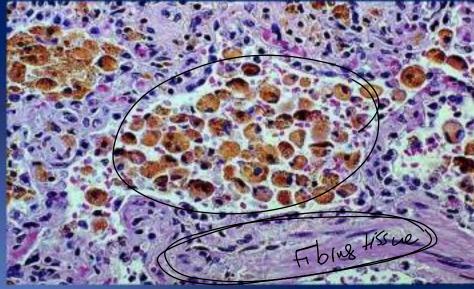


Figure – Chronic pulmonary congestion showing golden-yellow appearance of hemosiderine –laden macrophages i.e. (Heart-failure cells) & fibrosis of alveolar septa.

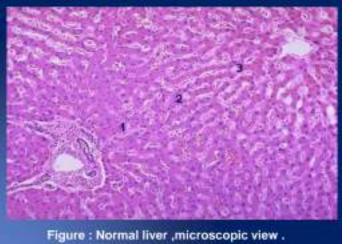
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Liver Congestion

Congestive hepatopathy is diffuse venous congestion within the liver that results from right-sided heart failure (usually due to a cardiomyopathy, tricuspid regurgitation, mitral insufficiency, cor pulmonale, or constrictive pericarditis).

Grossly: Microscopically

- There is centri lobular hepatic cell_necrosis & hemorrhage, with hemosiderin-laden macrophages, alternating with a pale peripheral zones of fatty change in peripheral hepatocytes. In severe & long-standing hepatic Central Venous Congestion(commonly due to heart failure), there may even be grossly evident hepatic fibrosis, so-called "cardiac cirrhosis".
- In chronic venous congestion the liver have the nut- meg—like appearance, because the central portions of the hepatic lobule is the last to receive blood from both portal vein & hepatic artery, so they tend to undergo early necrosisdue to ischemic injury, whenever there is reduced hepatic blood flow with hemorrhage thus look dark red & peripheral zone look pale, due to unaffected hepatocytes or fatty changes.



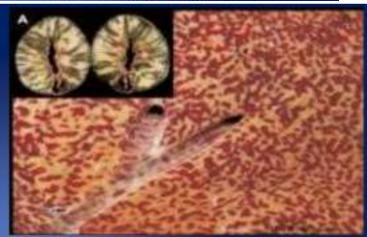


Figure : Nut meg liver in chronic venous congestion due to heart failure .A-Nut meg grain .

Increased systemic venous pressure from any cause lead to hepatic cingestion, liver becomes enlarged, tender &pulsatile



Figure: Nut meg liver in CVC, gross view. The gross pathological appearance of a liver affected by chronic passive congestion is "speckled" like a grated nutmeg; the dark spots represent the dilated and congested hepatic venules and small hepatic veins. The paler areas are unaffected surrounding liver tissue

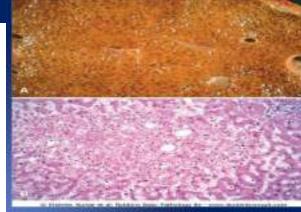


Figure: Gross & microscopic appearances of liver in CVC.

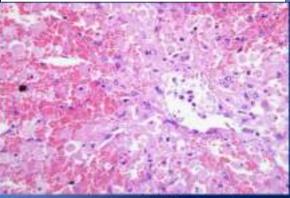


Figure: microscopic view of liver in CVC (not mag liver)showing necrotic hepatocytes & hemorrhage around central vein giving red color to this area.