

MBBS
SHD'S

R16-063:17

(A)

Amniotic fluid embolism:

A 30 years young woman became suddenly cyanotic, dyspneic, hypotensive and comatose a few hours after delivering a healthy baby boy.

Her lab investigations are as follow: Hb 11.5g/dl, wbc 13000/mm³, platelets 300/mm³.
alveolar damage, systemic blood thrombogenesis by DVT

a) What is the diagnosis?

b) Pathogenesis of this condition.

material embolization via torn in placental membrane via rupture, squamous cells shed from fetal membranes and from decidual vessels, & mixture entered from fetal circulation DVT: or clot in the maternal pulmonary artery

A 50 Years patient presents to OPD with severe pain in leg .he was restless. He is a bed ridden patient for 5years On examination there was swelling in the leg along with darker discoloration of the leg. His labs show thrombocytopenia

What is the diagnosis?

Thrombus formation takes place due to venous stasis

Pathogenesis of this condition.

agutable stasis related with venous stasis

Fate of this condition.

reduced L-PA production Propagation, embolization

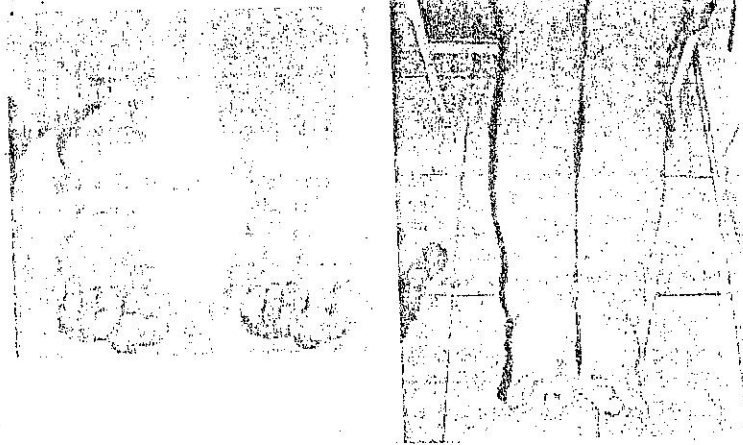
Causes of this condition.

Organization & recanalisation

CCF, Bed ridden patients, Immobilization, Trauma, surgery, Burns, Obesity, Age >60, Splenectomy

Prevention

EDEMATOUS LEGS



Pulmonary embolism:

A 45 years old brought to emergency he has got severe trauma with multiple fractures of the long bones. After 3 days of his admission to the hospital. He became tachypnic with shortness of breath, fast heartbeat and chest pain especially with inhalation.

What is the diagnosis?

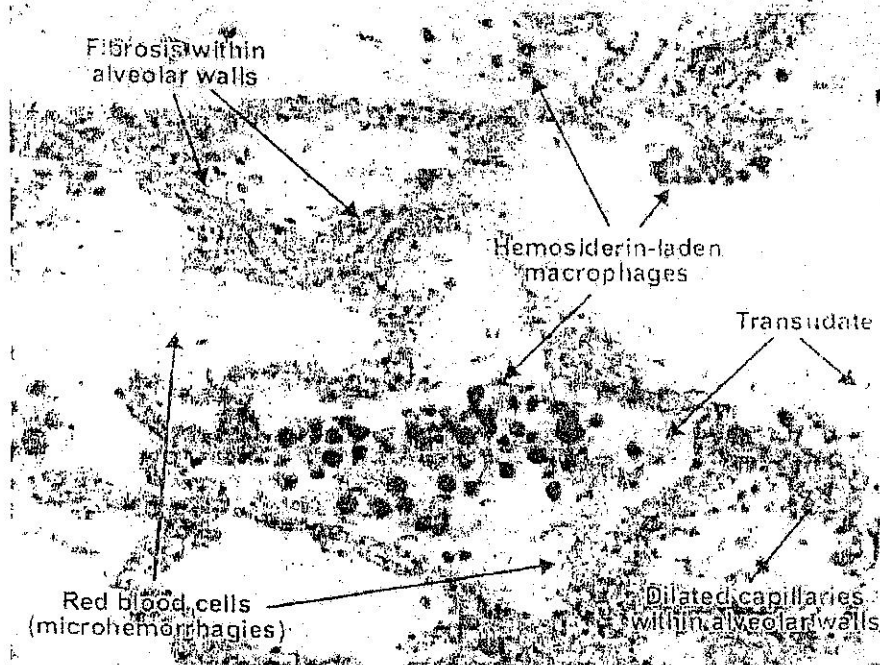
Causes of this condition. Mainly originates from the
with 1000 hospitalized patients fragmented thrombi that
will carried via blood enter right atrium of heart
through right ventricle into pulmonary arteries. If they
lodge upon the side of artery it can occlude the
main pulmonary artery or lodge at its bifurcation
(Saddle embolus)

Congestion :

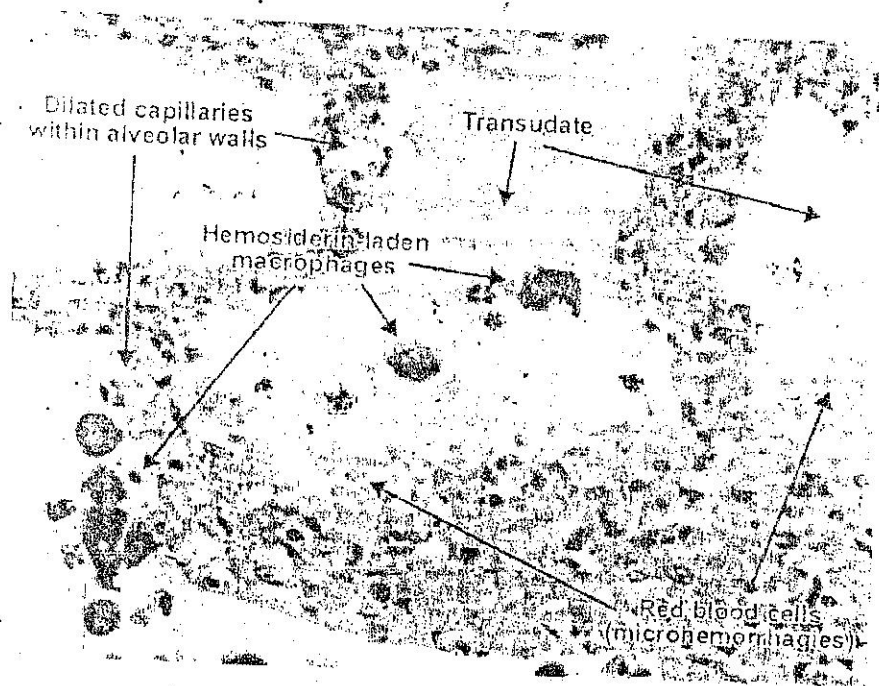
A patient presented to OPD with pain in the left foot on walking & on rest for two weeks. On examination there is swelling of foot & also blue discoloration is seen.)

What is the diagnosis?

What is the cause of this condition?



Impaired outflow of venous blood from a limb or organ, especially as a result of a local or locally consequential arterial obstruction.



Hyperemia:

A 30 years old presents to the opd. She had an insect bite on her hand which was very painful. On examination there was swelling on the hand & a big flare around the site of bite. The skin was all red. & warm.

What is the diagnosis?

What is the cause of this condition? *Active process*
Results from arteriole
dilation & increased blood inflow (inflammation)

Anasarca:



Causes:

- ① Cardiac causes → congestive heart failure
- ② Nutritional causes → hypoalbuminemia
 - Malabsorption, malnutrition
 - Chronic liver disease
- ③ Renal causes → Nephrotic syndrome
 - ↓ reabsorption of protein
 - Peritonitis in dialysis patients
 - Loss in urine

A 50 years old patient presents with generalized swelling of the body

What is this condition?

What are the main causes of this condition?

What are the factors which predispose to this condition?

What is Virchow's triad?

What is transudate?

What is an exudate?

What are natural anticoagulants of the body?

What are lines of Zahn?

↓
These lines represent pale platelet & fibrin layers alternating with darker red cell rich layers

endothelial injury

Thrombosis

Abnormal blood flow

↑ Hypertension
↓ oncotic pressure
→ lymphatic obstruction

↑ Venous pressure
↑ Inflammation

Hypoproteinaemia

- Heparin (inhibits factors II, X, XI, XIII)
- Antithrombin III (inhibits factors I, II, IX, X, XI, XII, XIII)
- Antithrombotin (inhibits factors I, II, IX, X, XI, XII, XIII)
- Protein C & S (inactivates factors V, VIII)
- Plasminogen (inactivates fibrin)
- Tissue plasminogen activator (tPA)
- Urokinase (inactivates fibrin)

Hypovolemic shock:

A 20 years old patient came to emergency after a road traffic accident.

On examination his pulse is 52/min, blood pressure of 90/60mmHg Skin was cold & clammy. Lab investigations show Hb 8G /dl, wbc 15000mm³, platelets 100mm³.

What is the diagnosis?

What is the pathogenesis? ↓ cardiac output due to

loss of blood or plasma volume (e.g. hemorrhage or fluid loss)

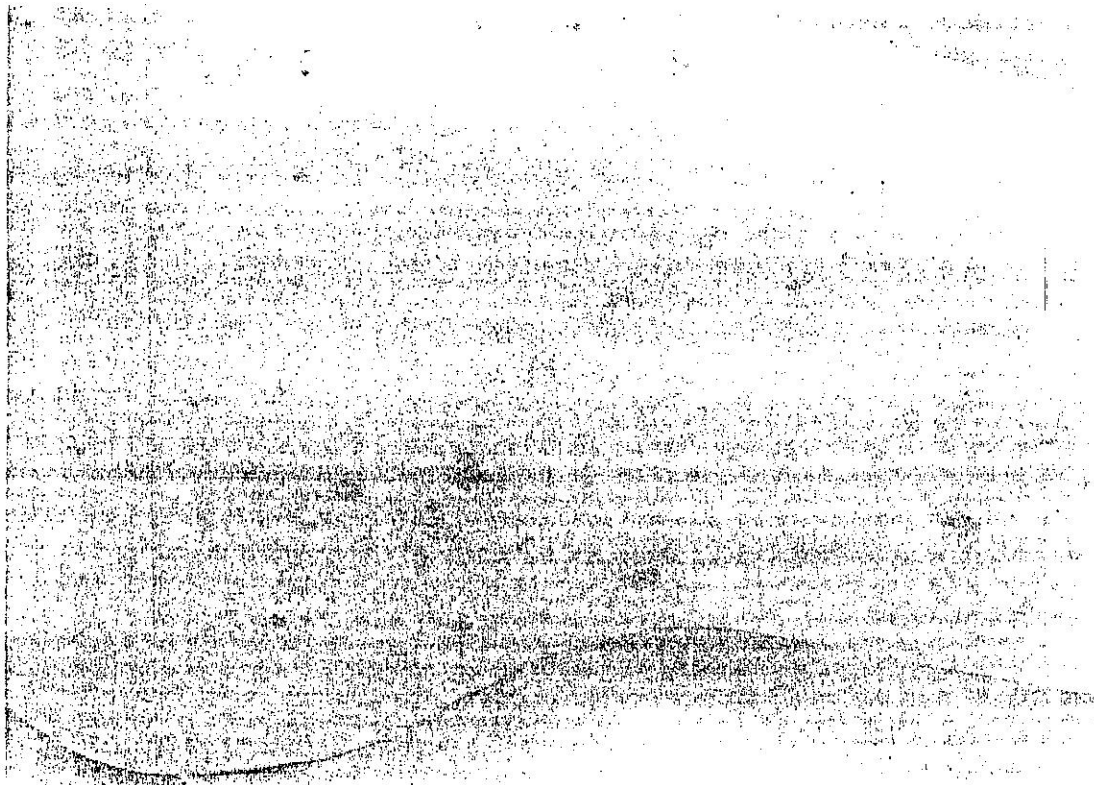
A 25 years old man comes to opd with generalized small discoloration on the body. He says these spots change color after few days 7 turn yellow to brown.

Spots are >1-2cm in size

What is the diagnosis?

echymoses

x What are the causes?



Septic shock:

A 40 years old man presents to emergency with hypotension & loss of orientation. He is hemostatically & hemodynamically not stable he is infected with gram positive bacteria with a superimposed infection of gram negative bacteria.

What is the diagnosis?

What are the complications?

What are the stages of this condition?

What are the chemical mediators released in this condition?

TNF, IL-1, HMGB1, IL-6, IL-8, NO, PAI

oxyl...

Sepsis:

A 70-year-old man presents to the emergency department with a 2-day history of fever, chills, cough, and right-sided pleuritic chest pain. On the day of admission, the patient's family noted that he was more lethargic and dizzy and was falling frequently. The patient's vital signs are: temperature: 101.5°F, heart rate: 120 beats/min, respiratory rate: 30 breaths /min, blood pressure: 70/35 mm Hg and oxygen saturation as measured by pulse oximetry: 80% without oxygen supplementation. A chest radiograph shows a right lower lobe infiltrate.

- a) What is the diagnosis? Pleural effusion
- b) Cause of this condition.