MECHANICAL SUPPORT OF BLOOD CIRCULATION

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Annotation. It should be noted that cardiogenic shock can have an iatrogenic character (up to 75% of all clinical cases do not progress until the patient is admitted to the hospital) [3]. The number of medications, the reception of which leads to an aggravation of the condition of patients with cardiogenic shock in acute MI, includes blockers, angiotensin-converting enzyme (ACE) inhibitors, morphine, nitrates and diuretics of various classes [5]. Although the administration of many of these drugs is considered the standard of treatment, they should be used with caution, and patients receiving these drugs should be under strict supervision due to the risk of deterioration of hemodynamics.

Key words: cardiogenic shock, treatment, diagnosis, modern presentation.

Nitrates and diuretics should especially be avoided in patients with pancreatic dysfunction, since sufficient preload plays a critical role in maintaining cardiac output [9]. Finally, it is necessary to understand that the release of endogenous catecholamines is itself part of a vicious circle of cardiogenic shock development. When using inotropic agents for the treatment of cardiogenic shock, practitioners should strive to achieve a balance between high myocardial oxygen demand and total cardiovascular insufficiency. blood. This cycle is synchronized with the contractions of the heart in a ratio of 1:1, while during the periods of the termination of the operation of the device, this ratio increased. From a theoretical point of view, counterpulsation is a logical and effective means of treating cardiogenic shock. However, the data that scientists have at the moment do not allow us to speak about this with 100 percent certainty. In the SHOCKII study, researchers failed to demonstrate the benefits of using this method in a group of patients with cardiogenic shock against the background of an acute period of MI [4]. However, the BCIS1 study showed a decrease in the mortality rate in the group of patients with severe cardio-myopathy who underwent PCI [2]. In some patients, IABP may be an effective treatment option for cardiogenic shock. However, there is still insufficient evidence in favor of its appointment in planned therapy. Attempts to strengthen the insufficient pumping function of the heart by mechanical intervention have been made since the early 1960s, when Spyridon Moulopoulos and co-authors first created a revolutionary intraaortic balloon pump (intraaortic balloon pump; IABP). Since then, many improvements have been made to this original device, several new treatment options have been developed (Table 3). Although doctors providing emergency care do not directly install such devices, they can be installed in the emergency department for as long as patients who are in critical condition, they are awaiting transfer to an intensive care unit, a catheterization laboratory or an operating room. One way or another, doctors need to understand the basics of how these devices work.. blood. This cycle is synchronized with the contractions of the heart in a ratio of 1:1, while during the periods of the termination of the operation of the device, this ratio increased. From a theoretical point of view, counterpulsation is a logical and effective means of treating cardiogenic shock. However, the data that scientists have at the moment do not allow us to speak about this with 100 percent certainty. In the SHOCKII study, researchers failed to demonstrate the benefits of using this The method was used in a group of patients with cardiogenic shock on the background of an acute period of MI [4]. However,

the B CIS 1 study showed a decrease in the mortality rate in the group of patients with severe cardiomyopathy who underwent PCI [5]. In some patients, IABP may be an effective treatment option for cardiogenic shock. However, there is still insufficient evidence in favor of its appointment during planned therapy.

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