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A Brief Note on Signs and Symptoms of Cardiomyopathy

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DESCRIPTION

Cardiomyopathy at first, there may be few or no symptoms. As the disease progresses, the onset of heart failure can lead to shortness of breath, discomfort, and inflammation of the lower extremities. Arrhythmias and seizures are possible. Affected people are at greater risk of sudden cardiac death. Types of cardiomyopathy include hypertrophic cardiomyopathy, dilated cardiomyopathy, restrictive cardiomyopathy, arrhythm-induced right ventricular dysplasia, and broken heart (takotsubo cardiomyopathy). In hypertrophic cardiomyopathy, the heart muscle grows and becomes enlarged. In extended cardiomyopathy, the ventricles become enlarged and weakened. In obstructive cardiomyopathy, the ventricles tighten. Hypertrophic cardiomyopathy is usually inherited, but dilated cardiomyopathy is inherited at about one in three cases. Dilated cardiomyopathy can be caused by alcohol, heavy metals, coronary artery disease, cocaine use, and bacterial infections. Restrictive cardiomyopathy can be caused by amyloidosis, hemochromatosis, and other cancer treatments. Broken heart disease is caused by severe mental or physical stress. Treatment depends on the type of cardiomyopathy and the severity of the symptoms. Surgery may include a heart-stopping device or a heart transplant. Symptoms of cardiomyopathy include fatigue, swelling of the lower extremities, and shortness of breath after exercise. Other symptoms include arrhythmias, fainting, and dizziness. Causes of cardiomyopathy are limited to some cardiovascular or systemic diseases, both of which often result in progressive paralysis due to heart death or heart failure. Other diseases that cause myocardial dysfunction include: B. Coronary artery disease, high blood pressure or heart valve failure. In most cases, the cause is still unknown, but in most cases the cause can be identified. For example, alcohol abuse has been identified as a cause of extended cardiomyopathy, as well as drug toxicity and certain infectious diseases (including hepatitis C). Untreated celiac disease can cause cardiomyopathy and can be completely resolved if diagnosed early. In addition to the findings, genetic and genetic sciences have led to the recognition of various genetic factors. It will be very difficult to classify heart disease clinically as "hypertrophy," "dilation," or "restriction." This is because some of the diseases can fall into one or more of these three stages at some early stage. Symptoms of cardiomyopathy include fatigue, swelling of the lower extremities, and shortness of breath after exercise. The current definition of the American Heart Association (AHA) classifies cardiomyopathy into primary, cardiac-only, and secondary, which is the result of an illness that affects other parts of the body. These categories are further subdivided into smaller groups that contain new genetic information and cellular biology. Treatment may include suggestions for lifestyle changes to better manage the condition. Treatment depends on the type and condition of the cardiomyopathy, but low heart rate drugs (conservative management) or iatrogenic implantable pacemakers, defibrillators for those prone to fatal heart failure, may include a ventricular relief device (VAD) for heart failure.

CONCLUSION

Removal of recurrent arrhythmia that cannot be resolved with medication. Types of cardiomyopathy include hypertrophic cardiomyopathy, dilated cardiomyopathy, restrictive cardiomyopathy, arrhythm-induced right ventricular dysplasia, and broken heart (takotsubo cardiomyopathy). In hypertrophic cardiomyopathy, the heart muscle grows and becomes enlarged. In extended cardiomyopathy, the ventricles become enlarged.

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CONFLICT OF INTEREST

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