



Function of Myocardial Infarction and its Types

Antonio Tabucchi*

Department of Cardiology, University of Padua, Italy

DESCRIPTION

A myocardial infarction, commonly known as a heart attack occurs when blood flow to the coronary arteries of the heart is reduced or stopped, is damaging the heart muscle. The most common symptom is chest pain or discomfort that can spread to the shoulders, arms, back, neck, or jaw. It often occurs in the middle or left side of the chest and lasts a few minutes or longer. Symptoms may feel like heartburn. Other symptoms include shortness of breath, nausea, fainting, cold sweats, and fatigue. About 30% of people have atypical symptoms. Women tend to have no chest pain and instead feel neck pain, arm pain, or fatigue. About 5% of patients over the age of 75 had MI with little or no history of symptoms. MI can lead to heart failure, arrhythmia, cardiogenic shock, or cardiac arrest. Complete occlusion of coronary arteries caused by rupture of atherosclerotic plaque is usually the underlying mechanism of myocardial infarction. Heart attacks are less often caused by coronary artery spasms, which can be caused by cocaine, severe emotional stress (commonly known as Takotsubo Syndrome or Broken Heart Syndrome), and extreme cold. A variety of tests, including an electrocardiogram, blood tests, and coronary angiography, can help make the diagnosis. An electrocardiogram, a recording of the heart's electrical activity, can confirm ST elevation MI if ST elevation is present. Treatment of MI is time sensitive. Aspirin is the appropriate immediate treatment for suspected myocardial infarction. However, it does not improve the overall results. Supplemental oxygen is recommended for people with low oxygen levels or shortness of breath. Treatment of STEMI attempts to restore blood flow to the heart. These include percutaneous coronary intervention, which opens an artery and places a stent, and thrombolytic therapy, which uses drugs to clear the blockage. Patients with non-ST-segment elevation myocardial infarction are often treated with the blood thinner heparin, with the addition of PCI for high-risk patients. For people with diabetes who have multiple coronary artery blockages, coronary artery bypass graft surgery may be recommended instead of angioplasty. Lifestyle changes and long-term treatment with aspirin, beta-blockers, and statins

are usually recommended after a heart attack. In 2015, there were approximately 15.9 million heart attacks worldwide. Myocardial infarction is usually clinically referred to as ST-segment elevation MI (ST MI) or non-ST elevation MI (NSTEMI). They are primarily based entirely on ST elevation, the portion of the heart rhythm graphically recorded on the ECG.

CONCLUSION

STEMI account for approximately 25% to 40% of myocardial infarctions. Additionally, there is an additional custom class system, mostly based entirely on the 2012 global consensus. It classifies myocardial infarctions into 5 types: Spontaneous MI associated with plaque erosion and/or rupture, fissures, or dissection MI associated with ischemia, together with increased or decreased oxygen delivery, e.g. coronary artery spasm, coronary embolism, anemia, arrhythmias, excessive blood pressure or low blood pressure Sudden unexpected cardiac death, which includes cardiac arrest, the signs and symptoms of which may also further suggest MI, an EKG may be all in favor of suggestive changes, or a thrombus is detected in the coronary artery by angiography and/or at postmortem examination, however, if blood samples cannot be obtained, or before the appearance of cardiac biomarkers in the blood. Associated with coronary angioplasty or stents Associated with Percutaneous Coronary Intervention (PCI) Associated with stent thrombosis documented by angiography or at postmortem Associated with CABGA Associated with spontaneous coronary artery dissection in young healthy women.

ACKNOWLEDGMENT

The author is grateful to the journal editor and the anonymous reviewers for their helpful comments and suggestions.

CONFLICT OF INTEREST

The author declared no potential conflicts of interest for the research, authorship, and/or publication of this article.

Received:	29-June-2022	Manuscript No:	IPIC-22-14225
Editor assigned:	01-July-2022	PreQC No:	IPIC-22-14225 (QC)
Reviewed:	15-July-2022	QC No:	IPIC-22-14225
Revised:	20-July-2022	Manuscript No:	IPIC-22-14225 (R)
Published:	27-July-2022	DOI:	10.21767/2471-8157.8.7.32

Corresponding author Antonio Tabucchi, Department of Cardiology, University of Padua, Italy, E-mail: antoniotabucchi@hotmail.com

Citation Tabucchi A (2022) Function of Myocardial Infarction and its Types. Interv Cardiol J. 8:32.

Copyright © Tabucchi A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.