



Signs and Symptoms of Cardiac Asthma

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DESCRIPTION

Asthma is a health condition of shortness of breath, cough, and shortness of breath associated with heart failure. Symptoms of asthma are related to the inability of the heart to pump blood efficiently and effectively in a patient with CHF. This can lead to the accumulation of fluid in the lungs and surrounding areas, impairing the lungs' ability to replenish oxygen. Asthma has the same symptoms as asthma, but is characterized by a lack of the root of the inflammation. However, due to the similarity of the symptoms, the diagnosis of cardiovascular and bronchial asthma relies on full cardiac function and lung function tests.

Treatment focuses on improving heart function, maintaining oxygen levels in the blood, and stabilizing fluid volume and circulation throughout the body. The most common side effects of asthma are shortness of breath, cough, or shortness of breath in a patient with symptoms of heart failure. Other findings include the production of foam or liquid sputum and the presence of fluid in the lungs that can be heard with a stethoscope. In severe cases, the patient may experience episodes of night sweats, skin changes, and episodes of bloody sputum. The most common side effects of asthma are shortness of breath, coughing, or shortness of breath that occurs most at night or while sleeping in a patient with symptoms of heart failure. Other findings include the production of foam or liquid sputum and the presence of fluid in the lungs that can be heard with a stethoscope. In severe cases, the patient may experience episodes of night sweats, skin changes, and episodes of bloody sputum. The underlying causes of asthma range from the fact that fluid enters the lungs due to heart failure, especially on the left side, inability to pump blood efficiently and effectively. Accumulation of fluid in the heart creates a higher pressure system than ever, which puts increasing pressure on the venous pulmonary system to produce proper blood oxygen

supply. This causes what is called pulmonary venous hypertension, and leads to narrowing and contraction of the pulmonary capillaries to help spread the increasing pressure. In the capillary, there is a microvascular barrier that helps regulate the flow of fluid by exerting pressure on cells such as forces pushing out from veins and gravitational pressure. With the growth of PVH, external pressure overcomes internal pressure, and the fluid is distributed to the lung interstitium, which maintains the exchange of oxygen in the capillary. The fluid is transported to the hilum and pleural area, and is excreted through the lymphatic system. Initially, the body is able to handle large amounts of water.

CONCLUSION

However, over time the capillary vasculature is triggered by an increase in pressure and fluid returning to the alveolar sac, leading to pulmonary edema and a decrease in oxygen-carrying capacity. In addition, an increase in the pressure requirements in the capillary system results in an increase in vascular tone, including rearrangement of precapillary vessels such as central hypertrophic changes. The most common side effects of asthma are shortness of breath, cough, or shortness of breath in a patient with symptoms of heart failure.

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CONFLICT OF INTEREST

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