



Signs and Symptoms of Ventricular Fibrillation and it is an Abnormal Heart Rhythm in which the Ventricles of the Heart Quiver

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INTRODUCTION

An abnormal heart rhythm in which the heart's ventricles twitch is known as ventricular Fibrillation (VF). Disorganized electrical activity is to blame. Heart failure with no pulse and loss of consciousness is the result of ventricular fibrillation. Without treatment, this is followed by sudden cardiac death. Coronary heart disease, valvular heart disease, cardiomyopathy, Brugada syndrome, long QT syndrome, electric shock, and intracranial hemorrhage are all potential causes of ventricular fibrillation. An electrocardiogram (ECG) reveals irregular, unformed QRS complexes but no distinct P waves for diagnosis. A significant differential finding is torsades de pointes. Cardiopulmonary Resuscitation (CPR) and defibrillation are the methods of treatment. Monophasic defibrillation may not be as effective as biphasic. If the initial treatments do not work, epinephrine or amiodarone may be given. Heart failure can occur as a result of ventricular fibrillation.

DESCRIPTION

Patients in V-fib should be treated with cardiopulmonary Resuscitation (CPR) and prompt defibrillation because the ventricular muscle twitches randomly rather than contracting in a coordinated manner (from the apex of the heart to the outflow of the ventricles). As a result, the ventricles fail to pump blood around the body. Because the body's vital organs, including the heart, are starved of oxygen in ventricular fibrillation if it is not treated, patients in this rhythm will not be conscious or responsive to stimuli. Patients may complain of a variety of symptoms prior to cardiac arrest, depending on the underlying cause. Patients might show indications of agonal breathing, which to a layman can seem as though ordinary unconstrained breathing, however is an indication of hypoperfusion of the brainstem. It appears to have irregular electrical activity with

no discernible pattern on electrocardiography [1,2]. Depending on its amplitude, it may be referred to as a "coarse" or "fine" V-fib, or it may progress from a coarse to a fine V-fib. Fine V-fib can mimic the appearance of asystole on a low-gain defibrillator or cardiac monitor, while coarse V-fib may be more responsive to defibrillation. Some medical professionals will attempt to defibrillate a fine V-fib in the hope that it can be restored to a cardiac rhythm that is compatible with life [2-4]. On the other hand, others will administer CPR and sometimes drugs in accordance with advanced cardiac life support protocols in an effort to increase the amplitude of the V-fib and increase the likelihood that it will be successfully defibrillated. "chaotic asynchronous fractionated activity of the heart" has been used to describe ventricular fibrillation. "Turbulent, disorganized electrical activity of the heart in such a way that the recorded electrocardiographic deflections continuously change in shape, magnitude, and direction" is a more comprehensive definition of ventricular fibrillation.

CONCLUSION

Ventricular fibrillation is most frequently a symptom of underlying ischemic heart disease and typically occurs in diseased hearts. Heart diseases such as cardiomyopathy, myocarditis, and others can also cause ventricular fibrillation. In addition, electrolyte imbalance, cardiotoxic drug overdose, and near-drowning or major trauma are all risk factors. Also noteworthy is the so-called idiopathic form of ventricular fibrillation, which occurs when there is no obvious heart pathology or other cause.

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CONFLICT OF INTEREST

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