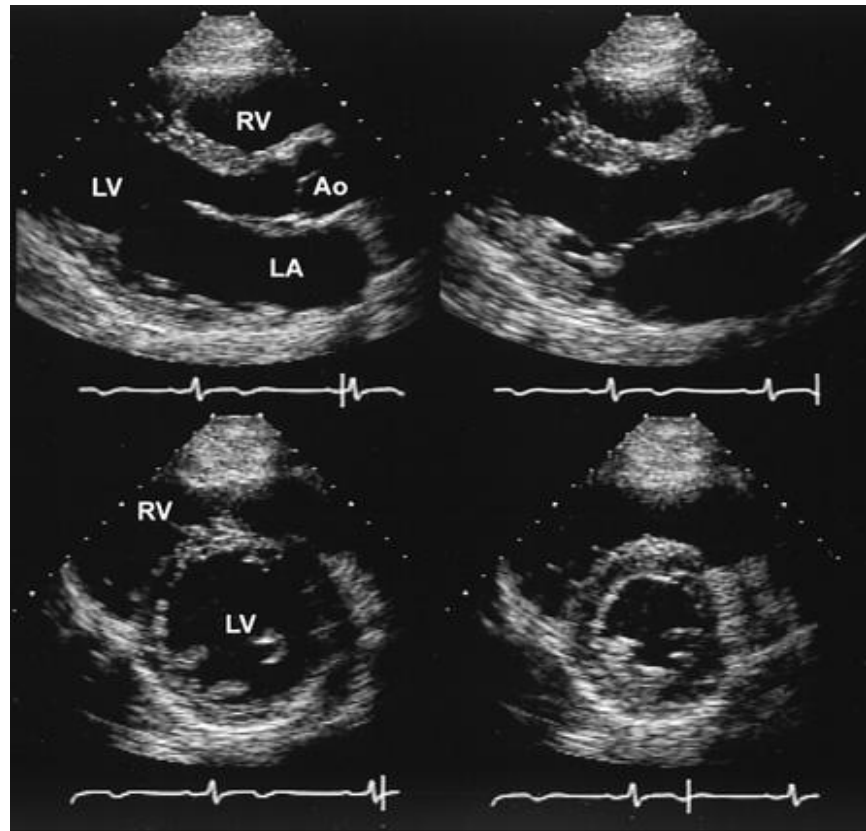
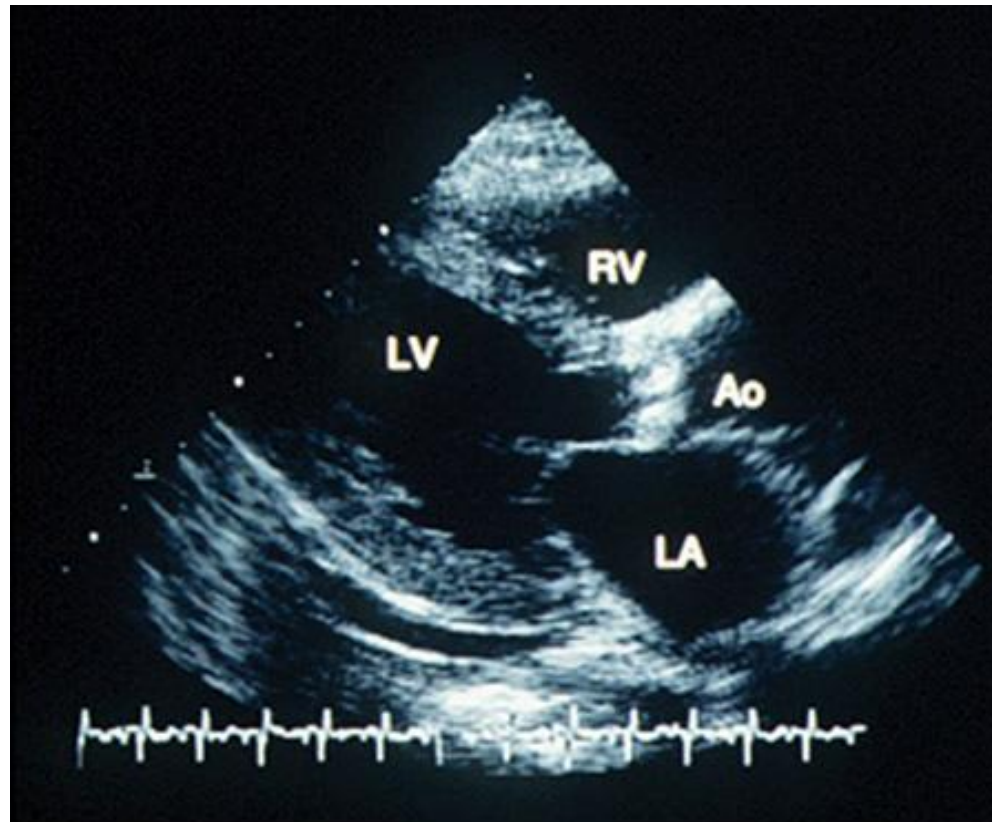


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Source: Fauci AS, Kasper DL, Braunwald E, Hauser SL, Longo DL, Jameson JL, Loscalzo J: *Harrison's Principles of Internal Medicine*, 17th Edition: <http://www.accessmedicine.com>
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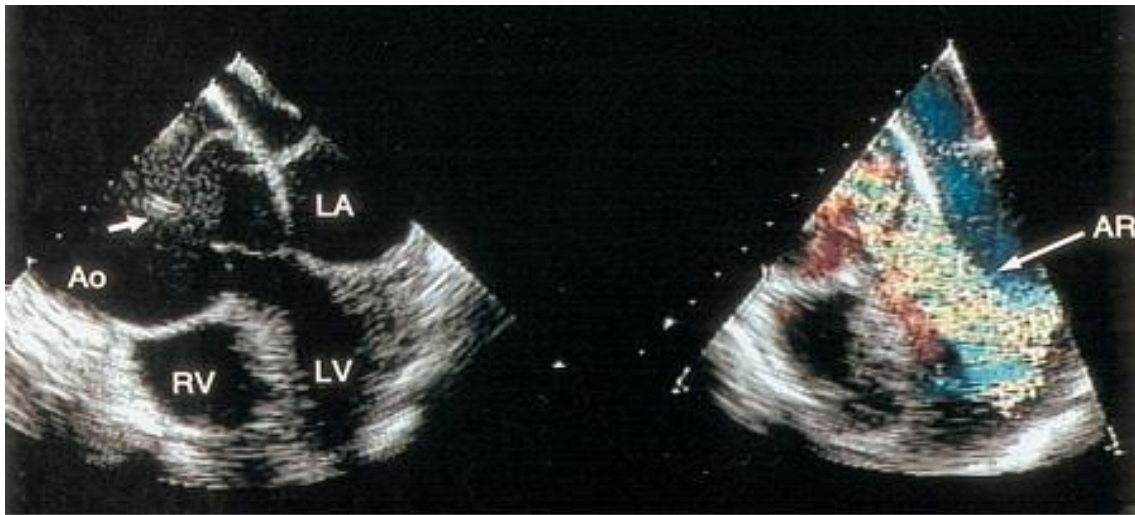
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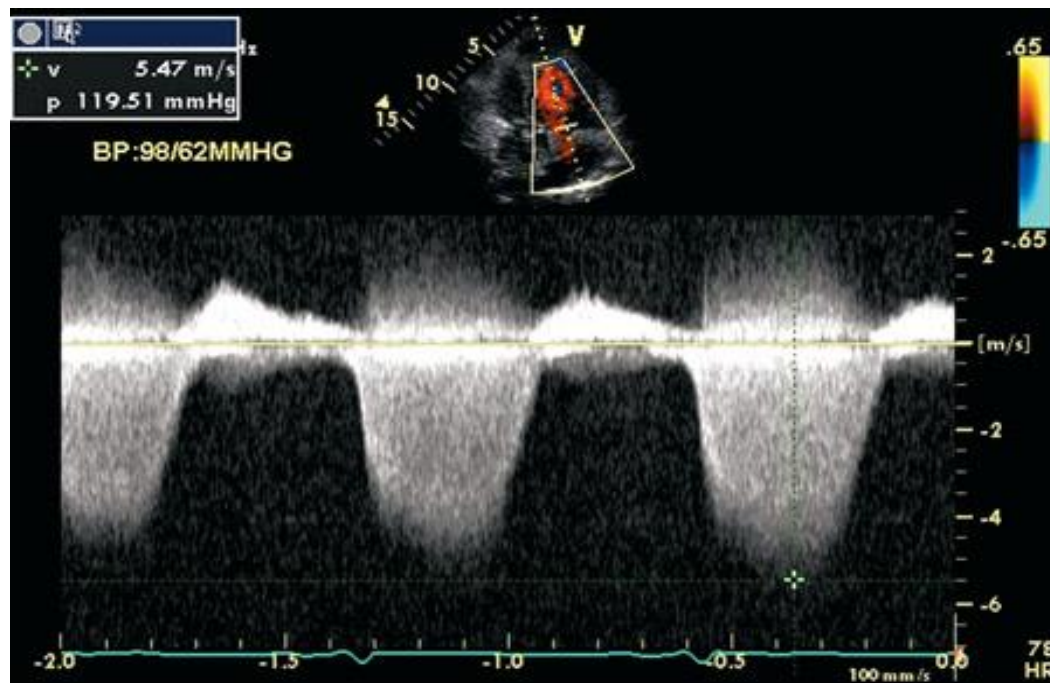
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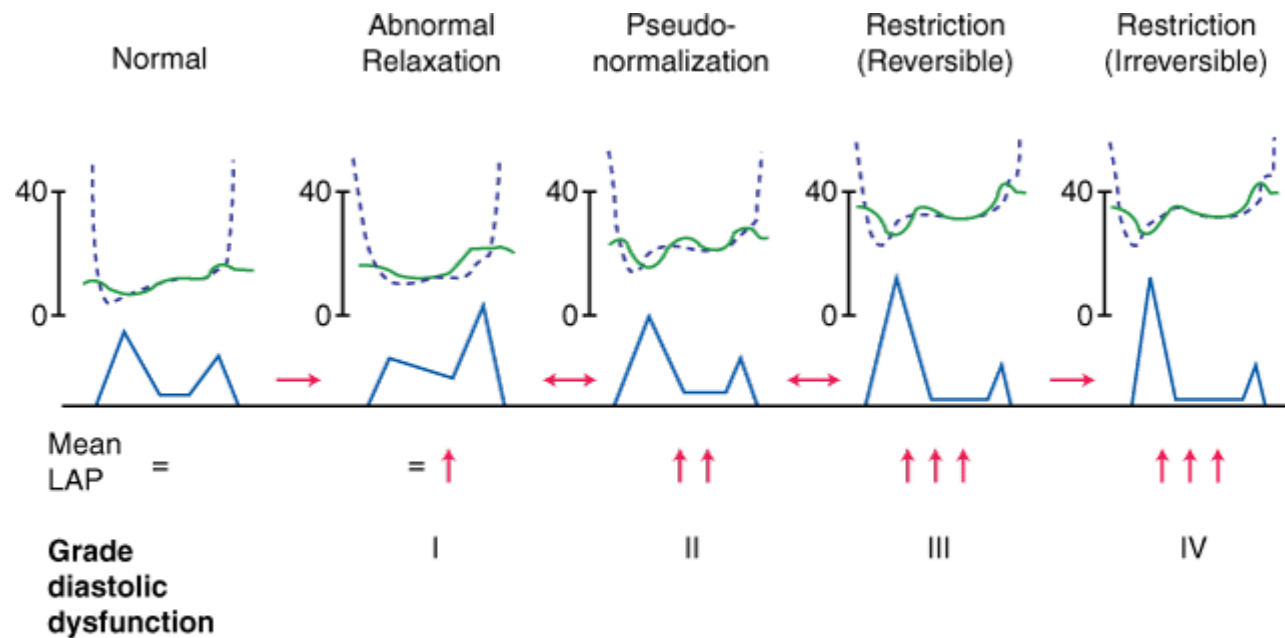
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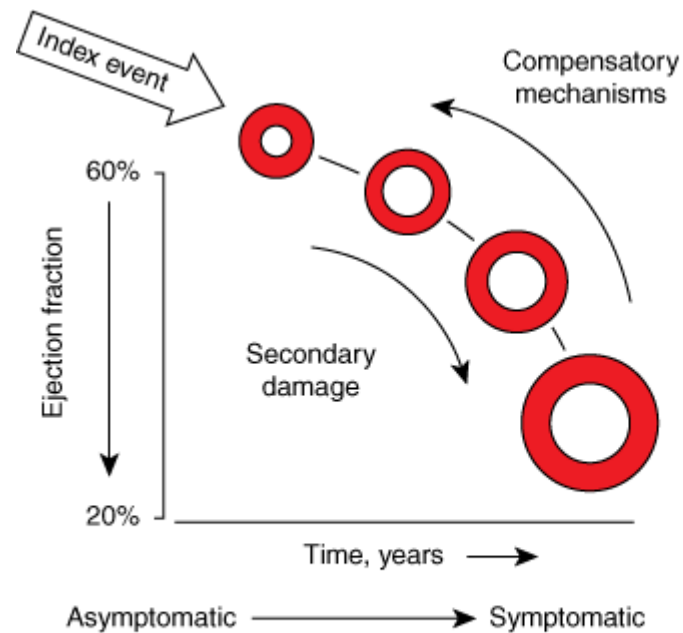
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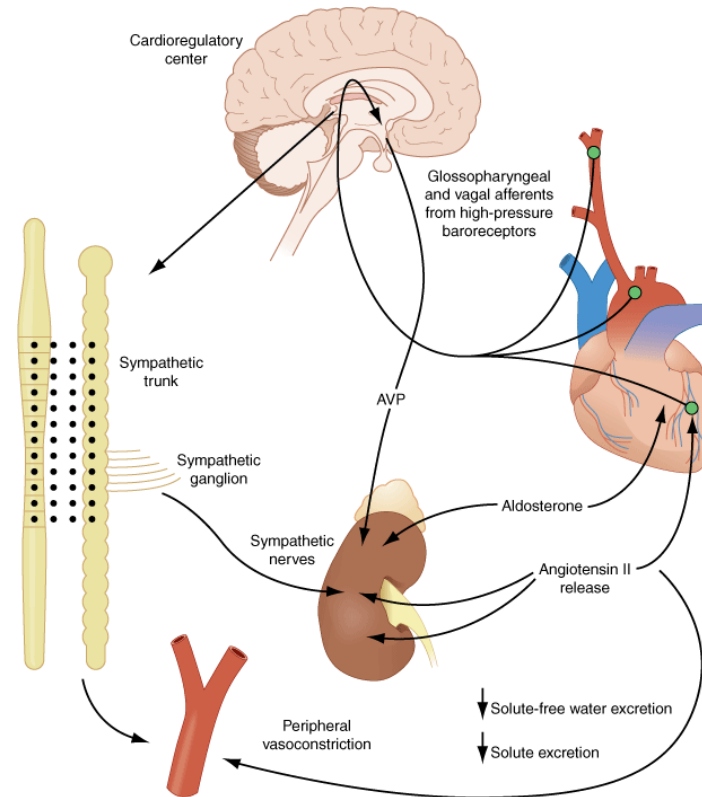
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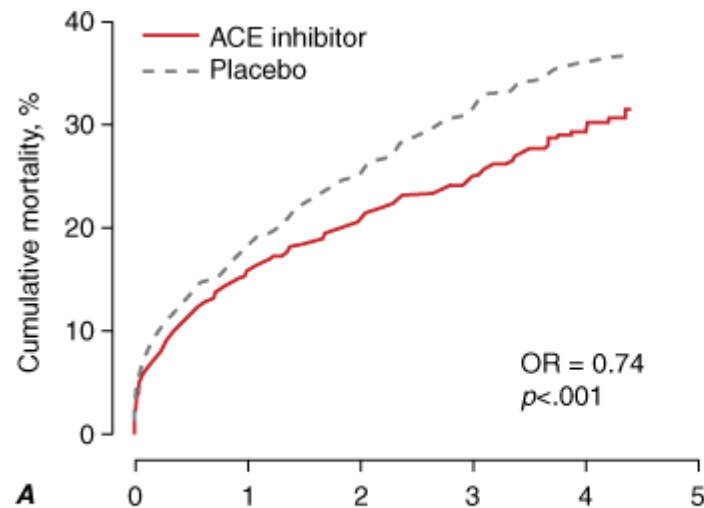
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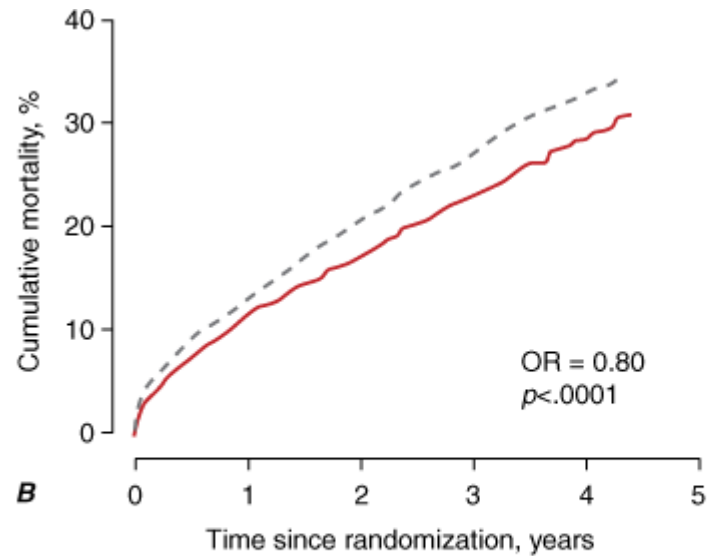
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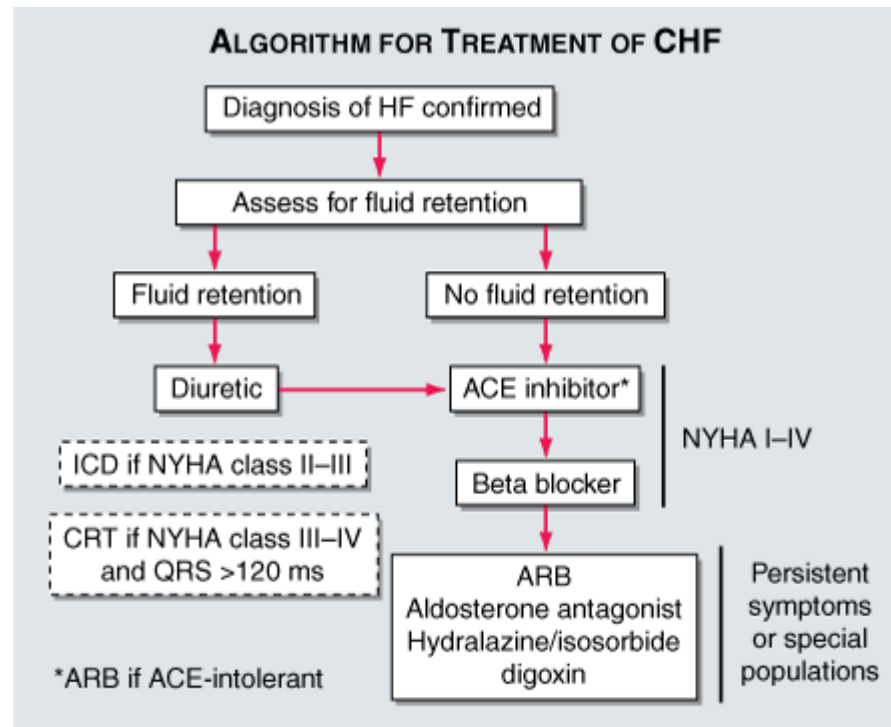
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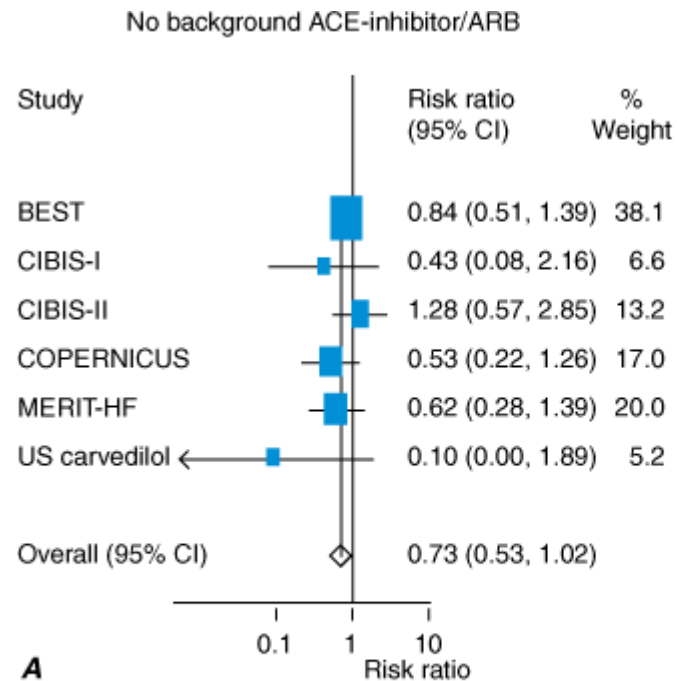
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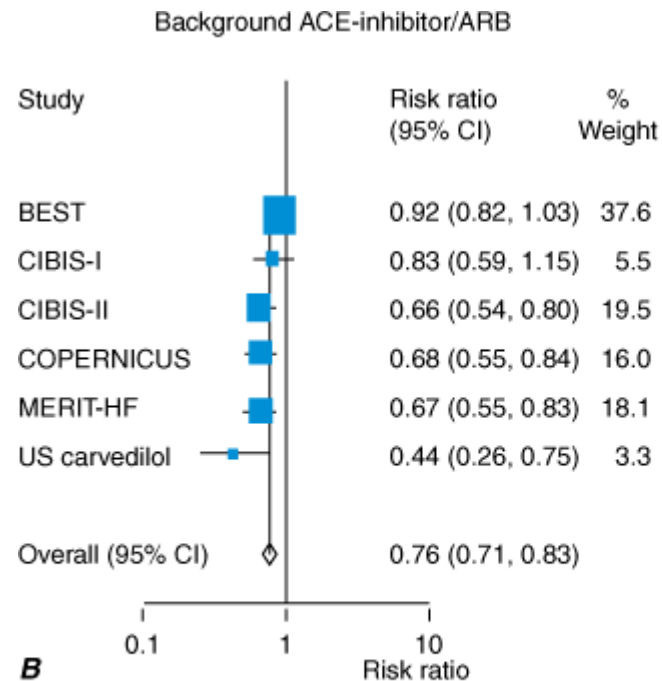
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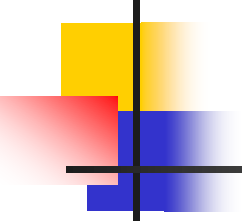


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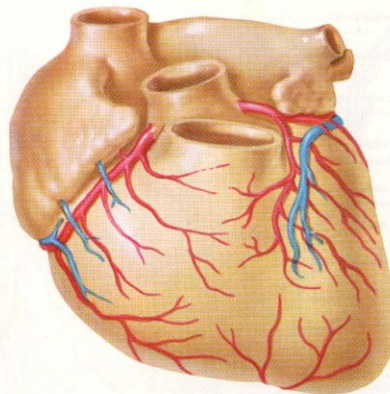
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		Elevated LV filling pressures?	
		No	Yes
↓ CO? ↑ SVR?	No	Profile A "Warm and dry"	Profile B "Warm and wet"
	Yes	Profile L "Cold and dry"	Profile C "Cold and wet"

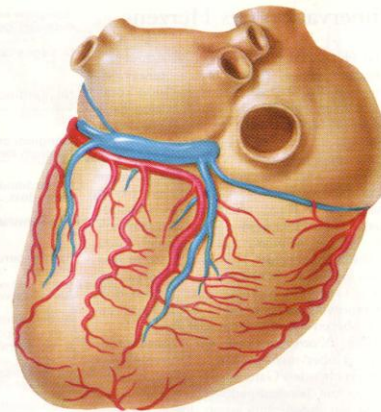
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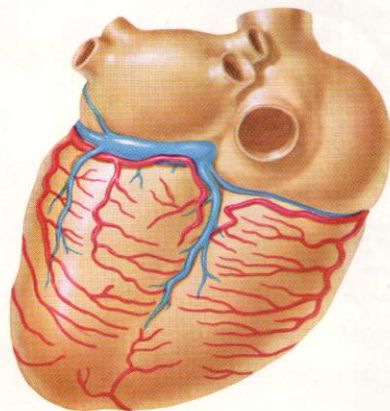
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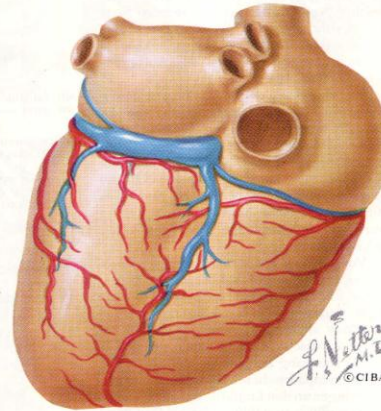
Sehr kurzer Ramus interventricularis ant. der linken Koronararterie: Die spitzennahe Region der Facies sternocostalis wird über Äste des um die Spitze ziehenden Ramus interventricularis post. der rechten Koronararterie versorgt



Abgang des Ramus interventricularis post. vom Ramus circumflexus der linken Koronararterie statt von der rechten Kranzarterie



Fehlender Ramus interventricularis post.: Die Versorgung erfolgt vorwiegend über kleine Äste des Ramus circumflexus der linken Kranzarterie und über die rechte Kranzarterie

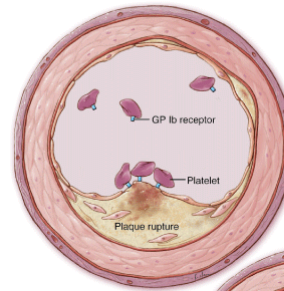


Fehlender Ramus interventricularis post.: Die Versorgung erfolgt vorwiegend über den verlängerten, um die Spitze ziehenden Ramus interventricularis ant.

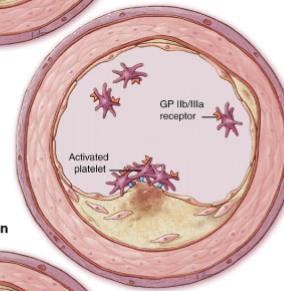
J. N. N. M.D.
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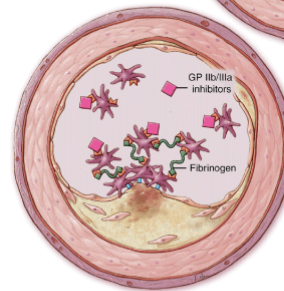
1. Platelet adhesion



2. Platelet activation

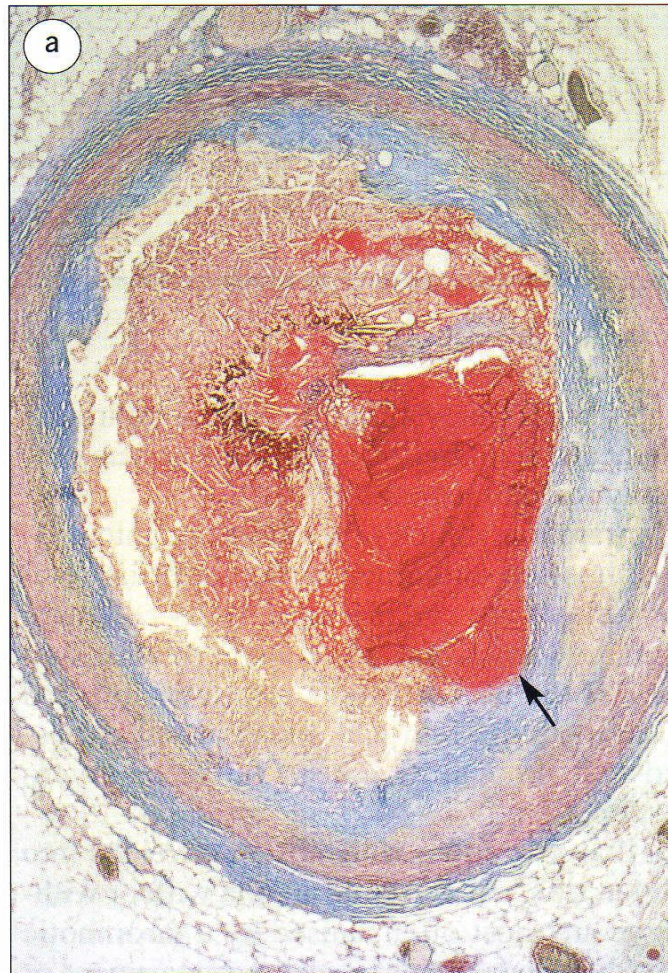


3. Platelet aggregation

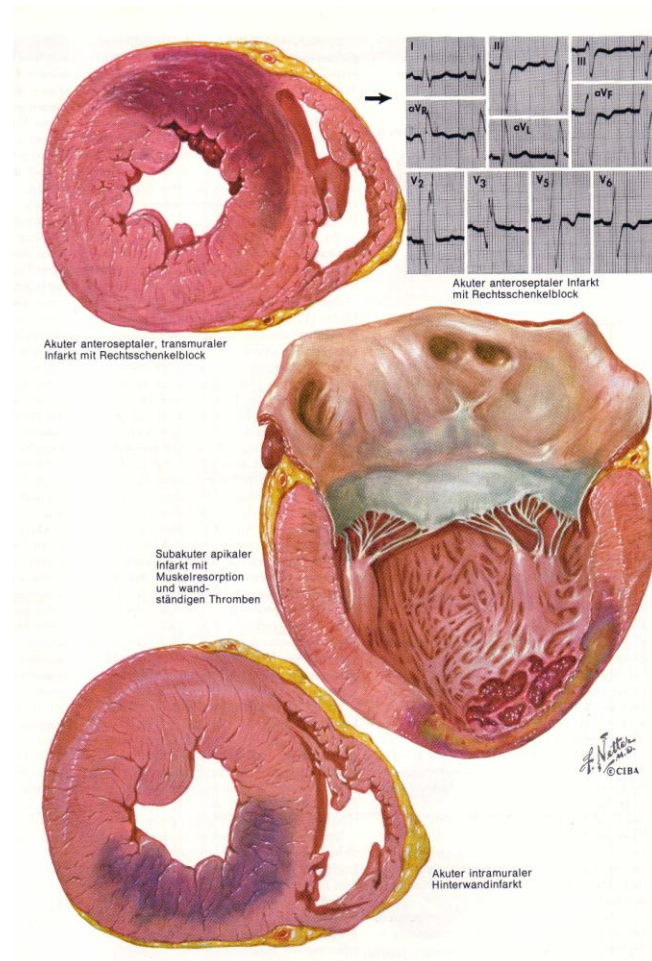


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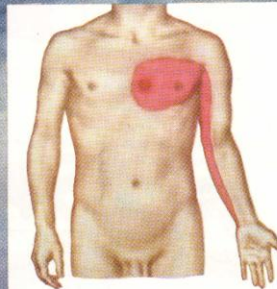
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Häufige auslösende Ursachen der Angina pectoris:
schweres Essen, Erschöpfung, Kälte, Rauchen

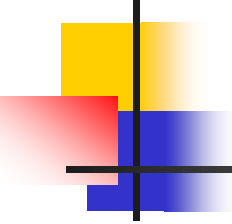


Charakteristische Schmerzausstrahlung bei Angina pectoris



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RISK FACTORS FOR ISCHEMIC HEART DISEASE		
Fixed factors (nonmodifiable)	Major modifiable factors	Other factors
Age Sex Family history Ethnic group Established vascular disease	Smoking Blood pressure Cholesterol Sedentary lifestyle	Diabetes Obesity Homocysteine Social class Psychosocial environment Type A personality Exogenous estrogens Alcohol Other medical conditions Infection

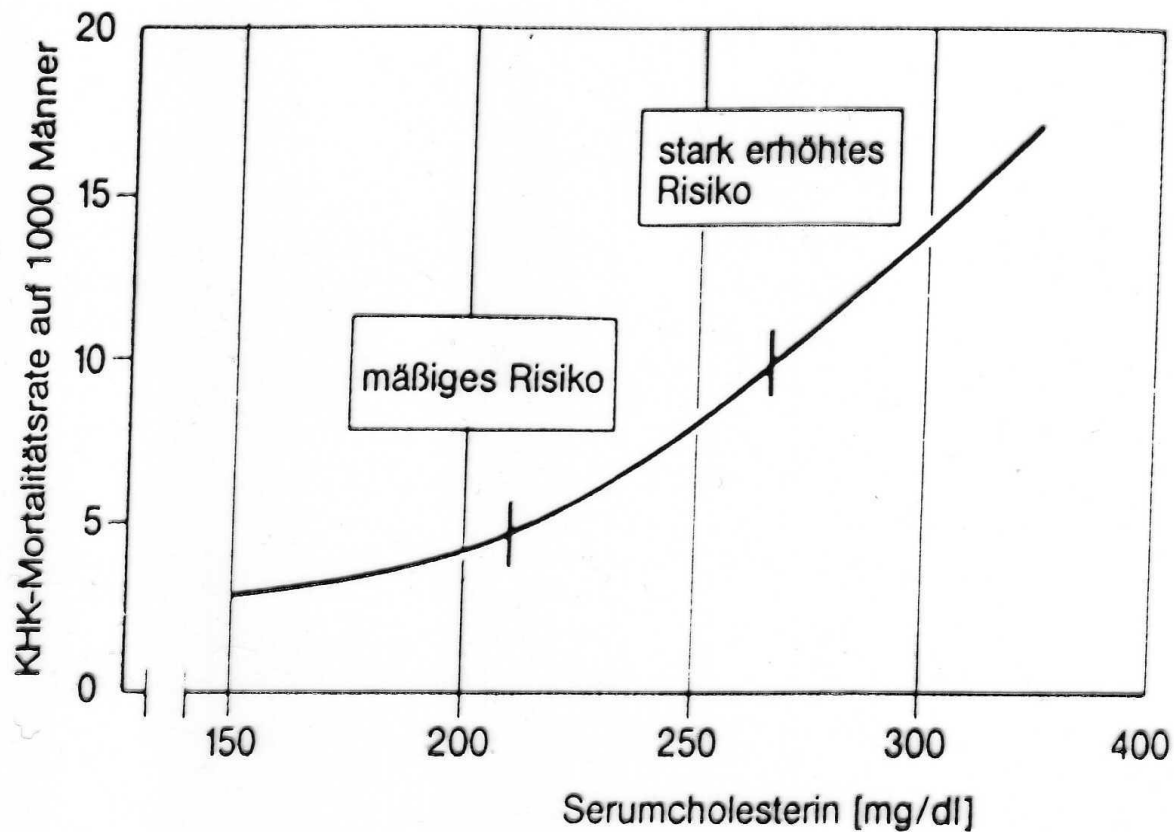


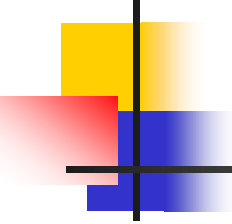
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RELATIVE IMPORTANCE OF MODIFIABLE RISK FACTORS FOR ATHEROSCLEROSIS			
Risk factor	Coronary disease	Cerebrovascular disease	Peripheral arterial disease
Smoking	+++	+++	+++++
Blood pressure	+++	++++	+
Cholesterol	++++	?	—
Sedentary lifestyle	+++	++	++
Diabetes mellitus	+++	+++	++++

Fig. 2.16 Relative importance of modifiable risk factors for atherosclerosis in different parts of the arterial tree.

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Symptomatologie

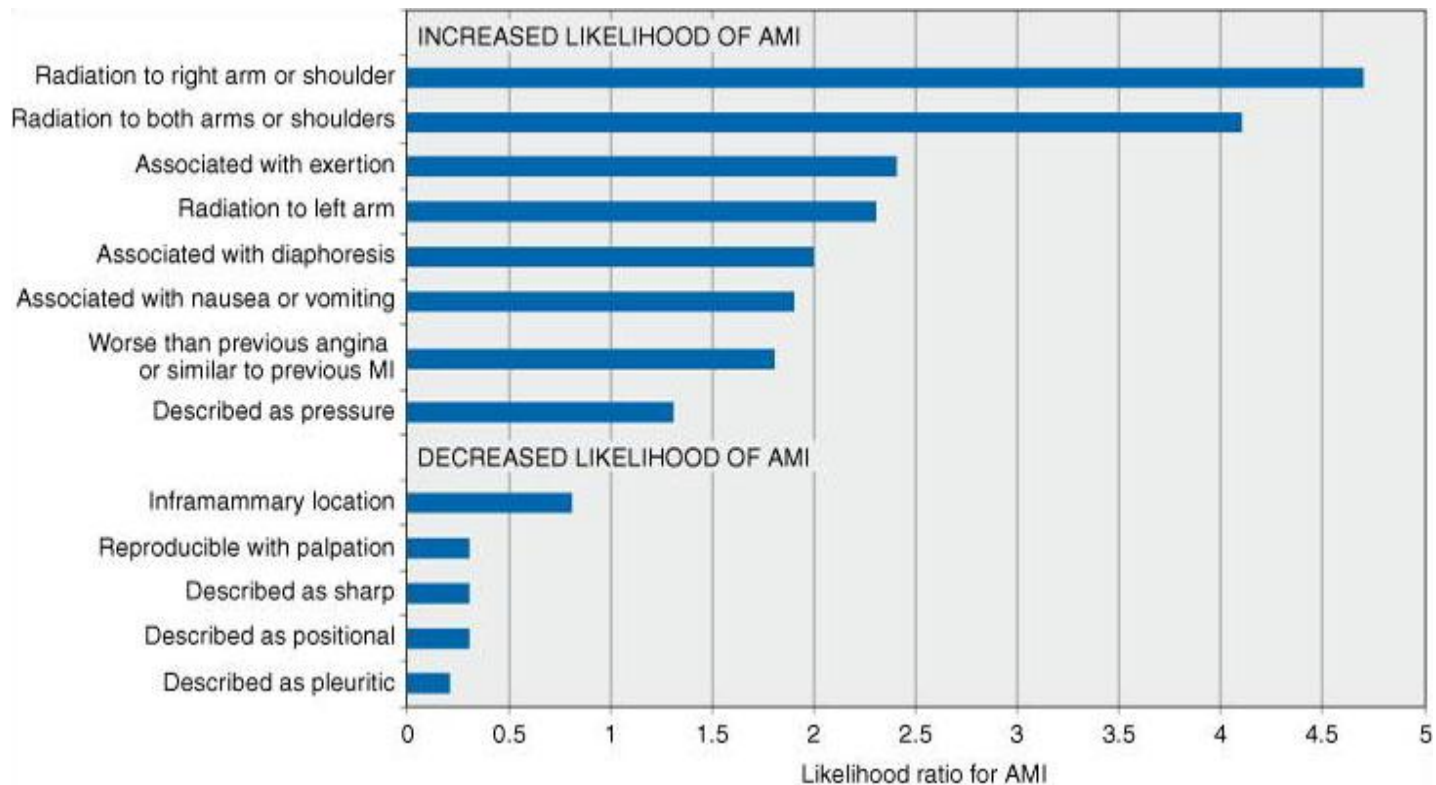
TABLE 13-1 DIFFERENTIAL DIAGNOSES OF PATIENTS ADMITTED TO HOSPITAL WITH ACUTE CHEST DISCOMFORT RULED NOT MYOCARDIAL INFARCTION

Diagnosis	Percent
Gastroesophageal disease ^a	42
Gastroesophageal reflux	
Esophageal motility disorders	
Peptic ulcer	
Gallstones	
Ischemic heart disease	31
Chest wall syndromes	28
Pericarditis	4
Pleuritis/pneumonia	2
Pulmonary embolism	2
Lung cancer	1.5
Aortic aneurysm	1
Aortic stenosis	1
Herpes zoster	1

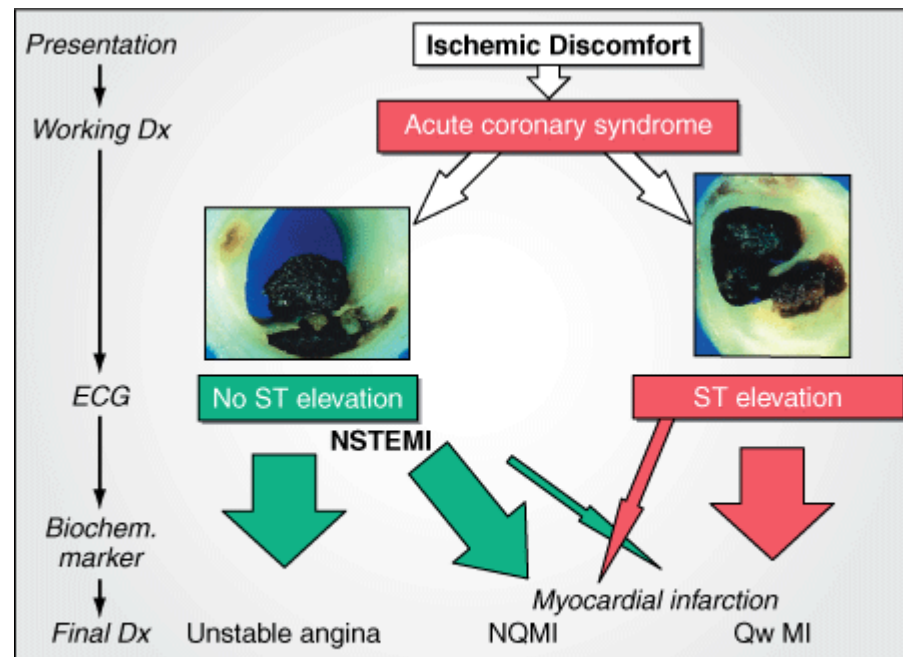
^aIn order of frequency.

Source: P Fruergaard et al: Eur Heart J 17:1028, 1996.

Symptomatologie

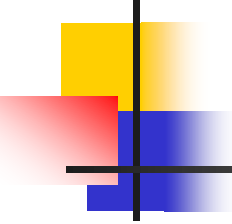


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Clinical Decision-Making

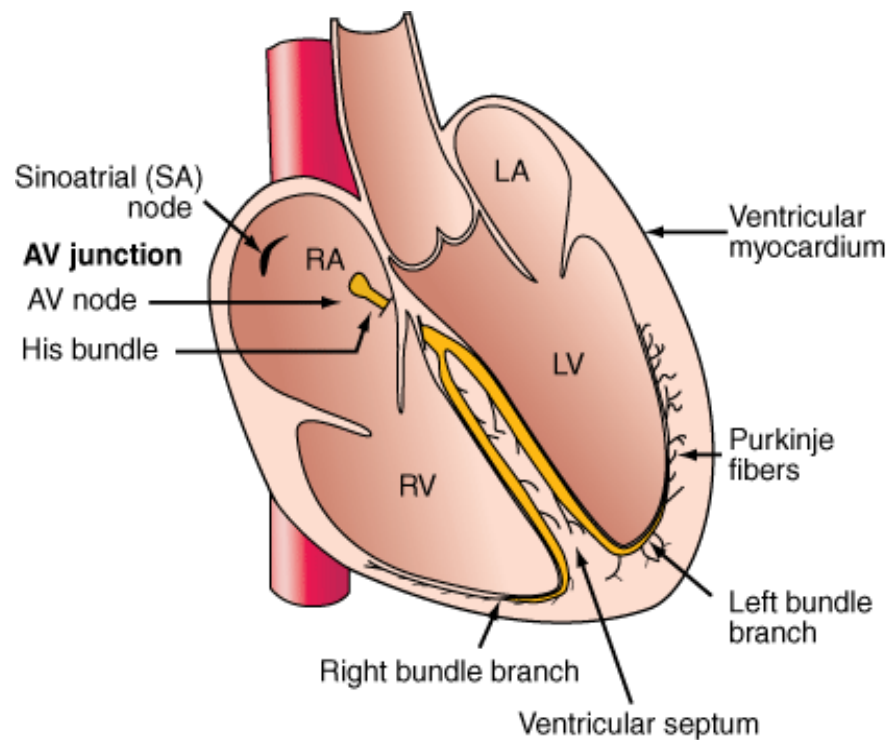
TABLE 13-4 PREVALENCE OF MYOCARDIAL INFARCTION AND UNSTABLE ANGINA AMONG SUBSETS OF PATIENTS WITH ACUTE CHEST DISCOMFORT IN THE EMERGENCY DEPARTMENT

Finding	Prevalence	
	Myocardial Infarction, %	Unstable Angina, %
ST elevation (≥ 1 mm) or Q waves on ECG not known to be old	79	12
Ischemia or strain on ECG not known to be old (ST depression ≥ 1 mm or ischemic T waves)	20	41
None of the preceding ECG changes but a prior history of angina or myocardial infarction (history of heart attack or nitroglycerin use)	4	51
None of the preceding ECG changes and no prior history of angina or myocardial infarction (history of heart attack or nitroglycerin use)	2	14

Note: ECG, electrocardiogram.

Unpublished data from Brigham and Women's Hospital Chest Pain Study, 1997–1999.

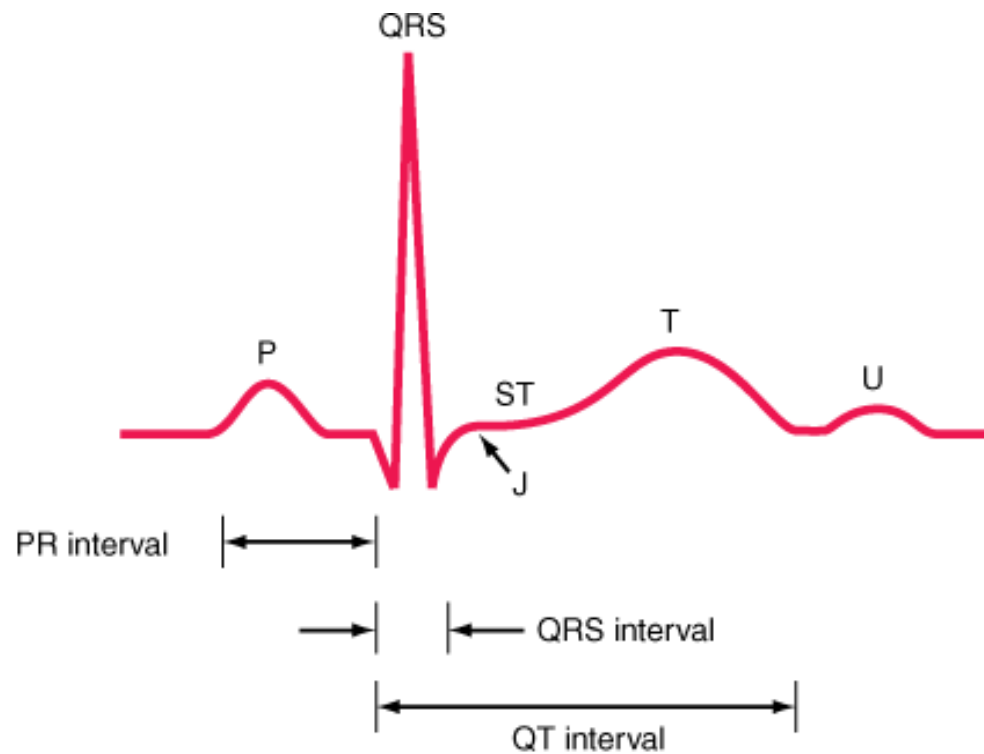
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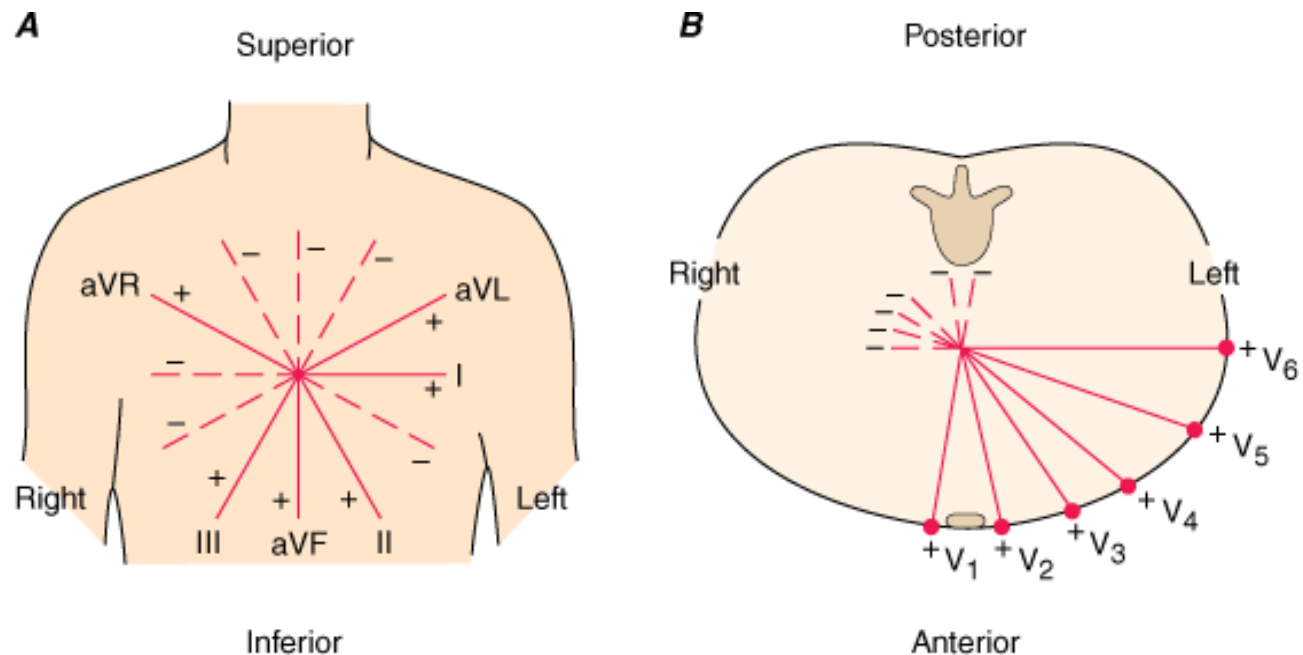
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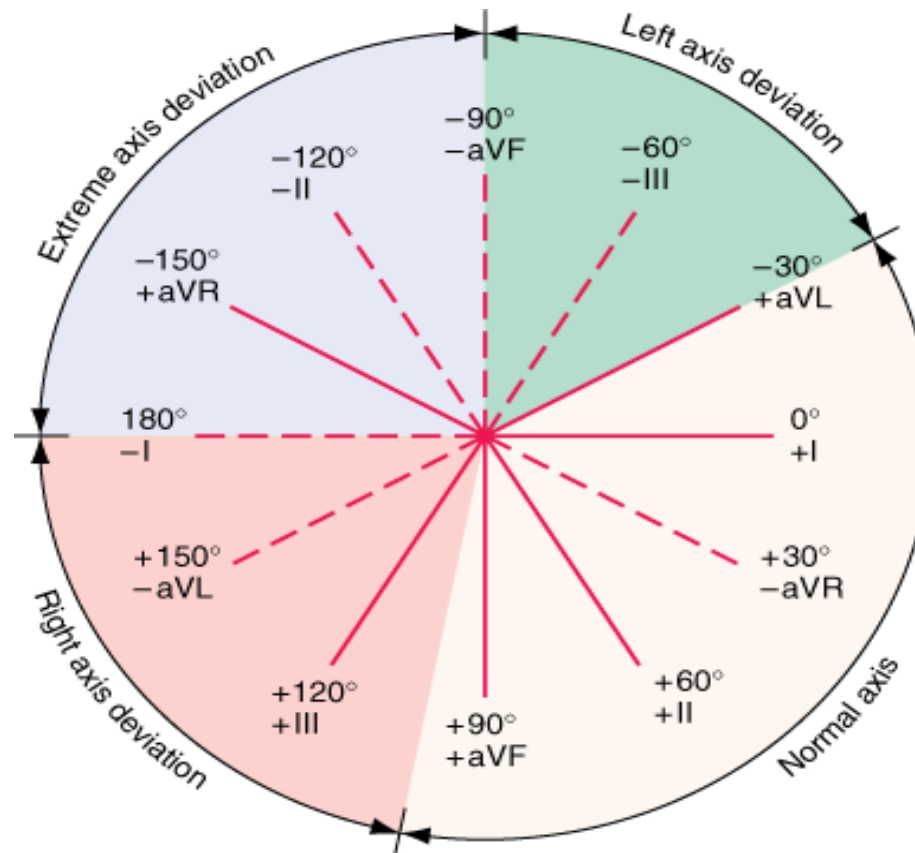
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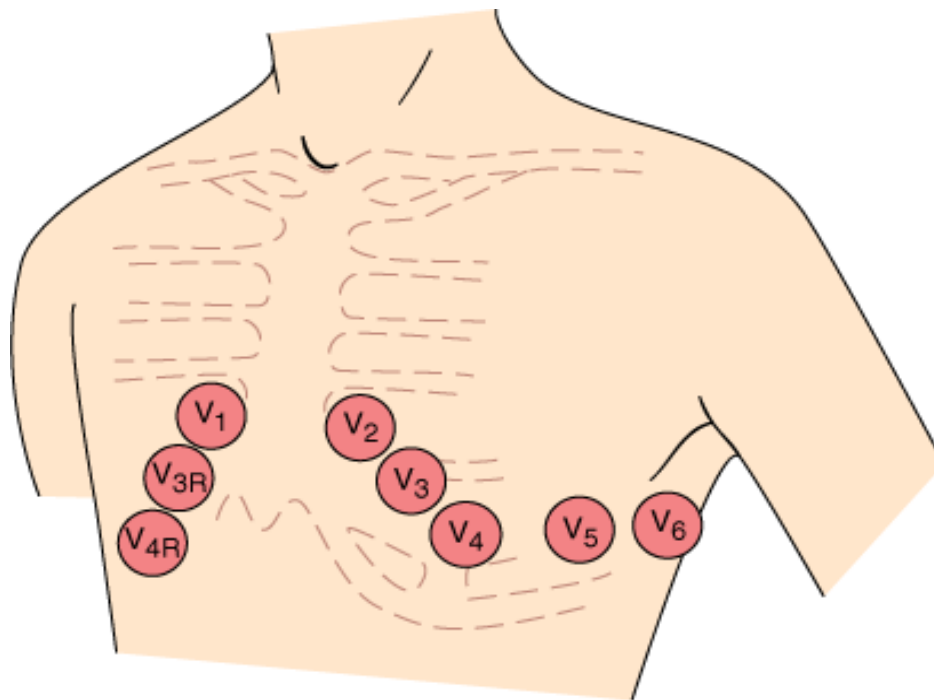
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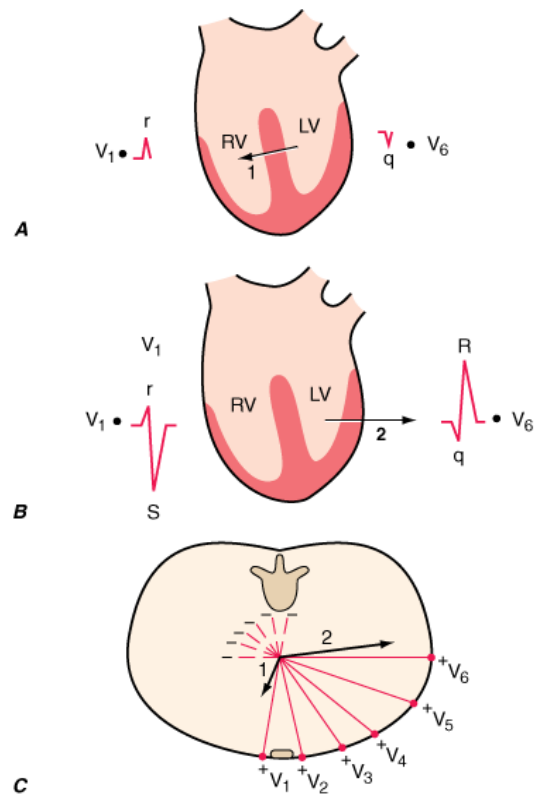
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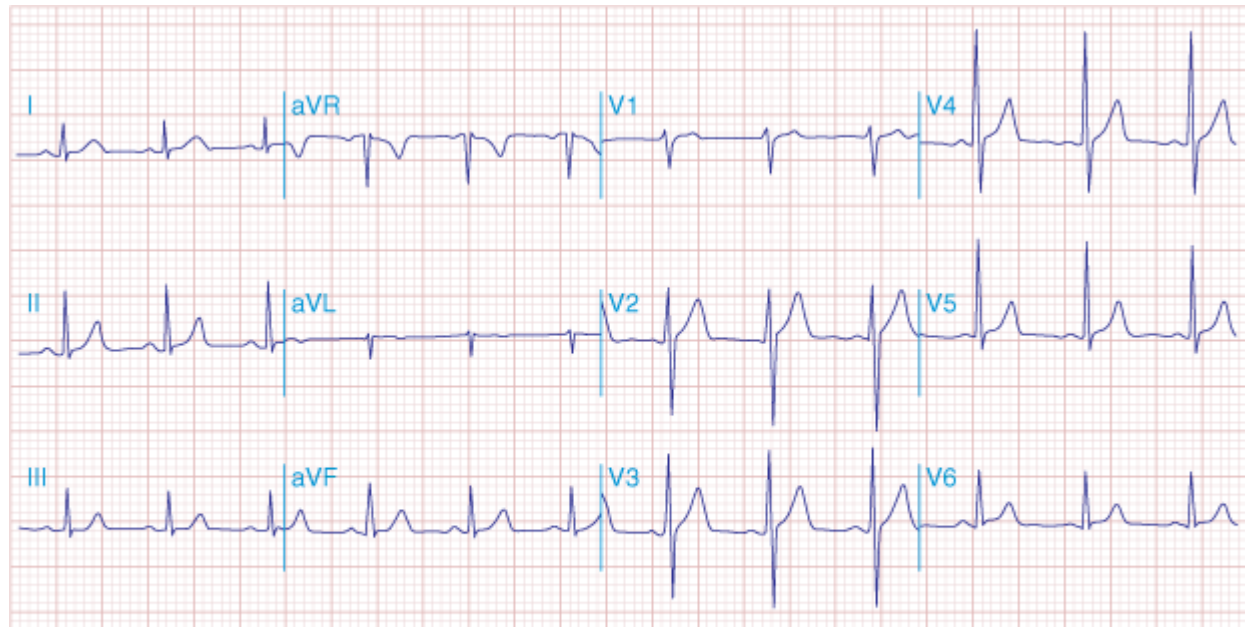
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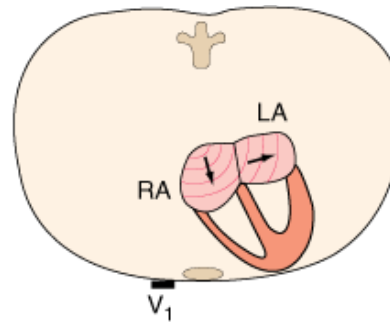
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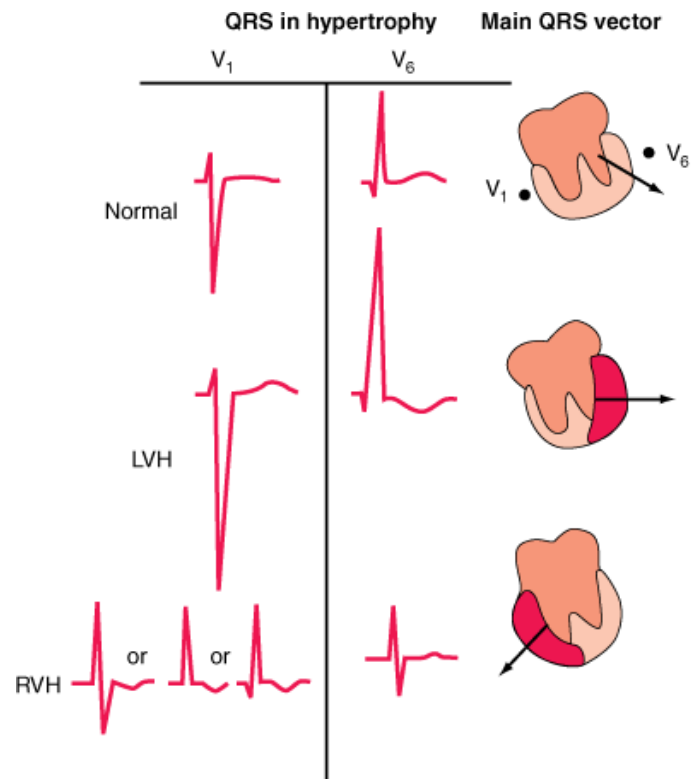
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	Normal	Right	Left
II			
V ₁			

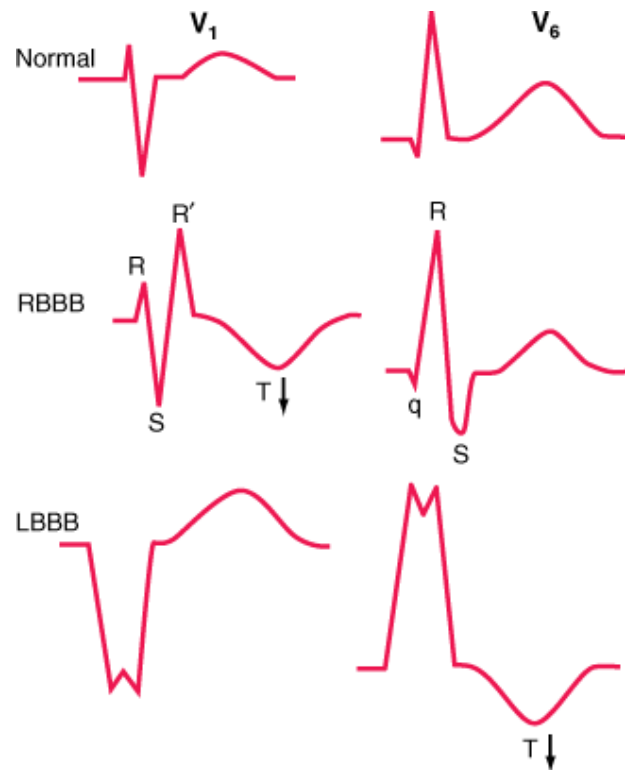
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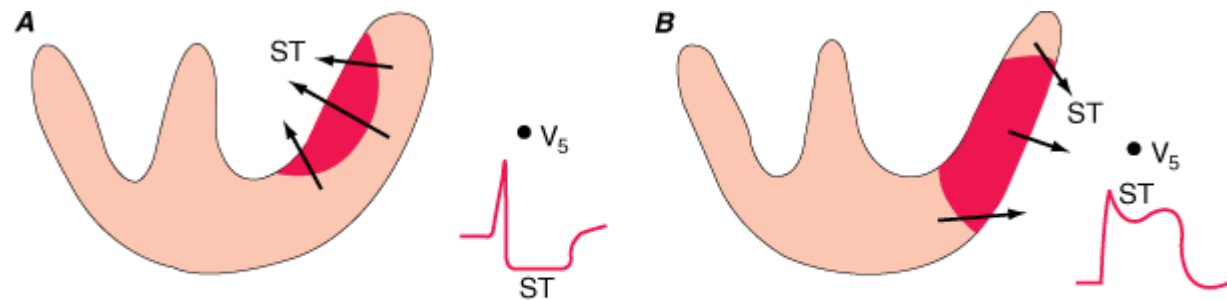
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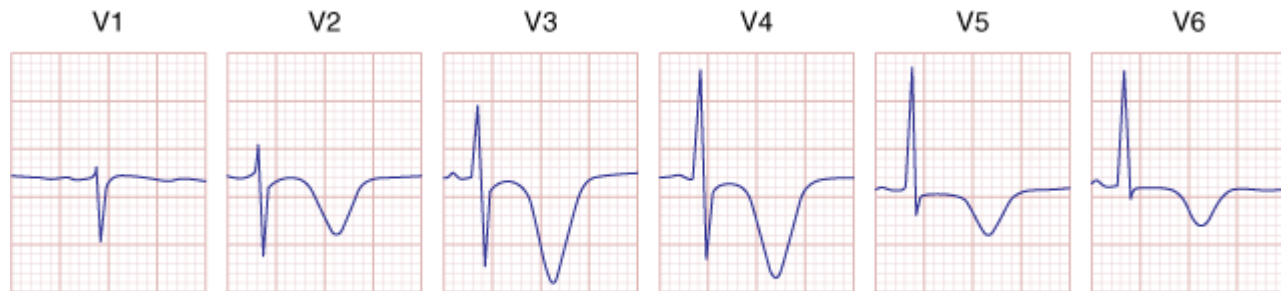
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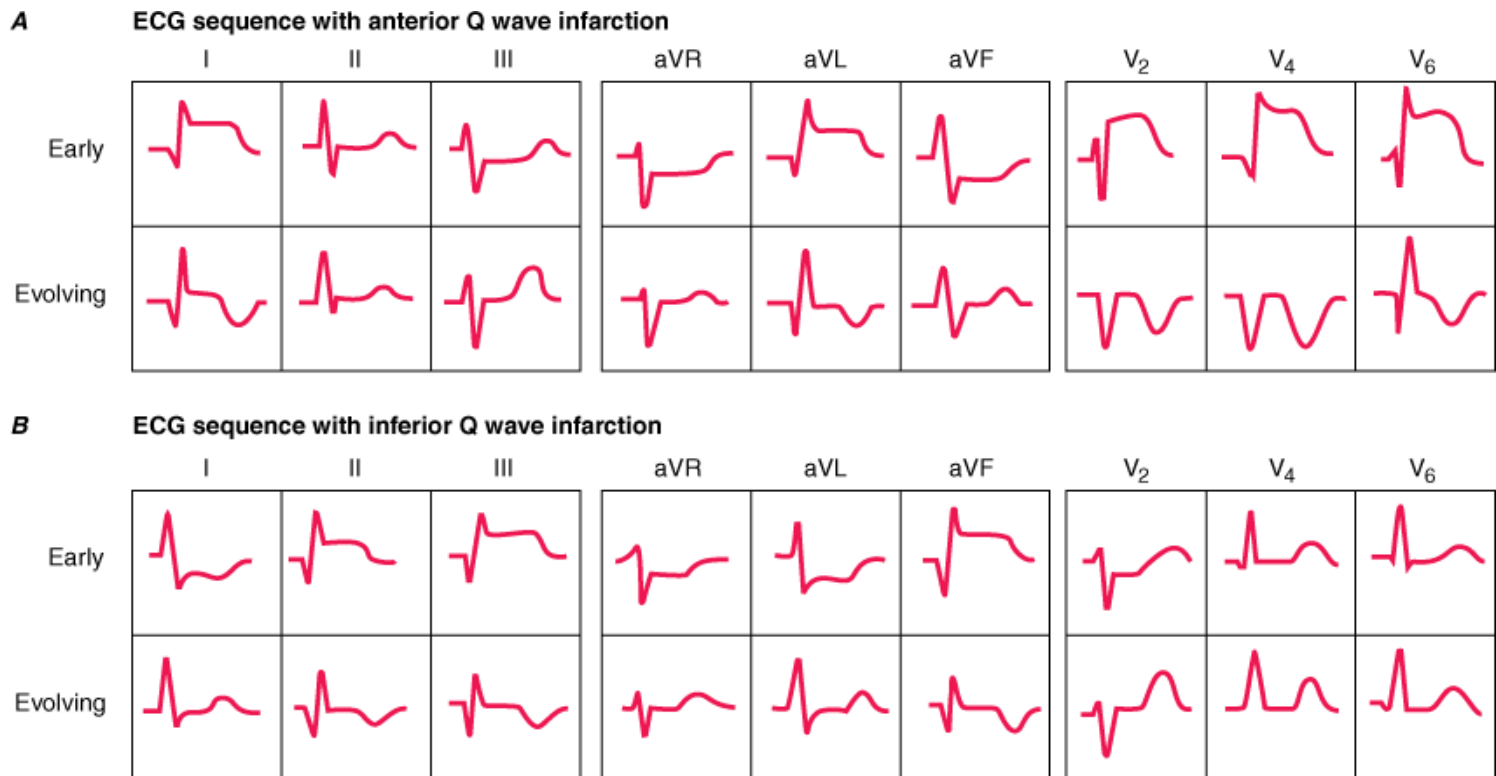
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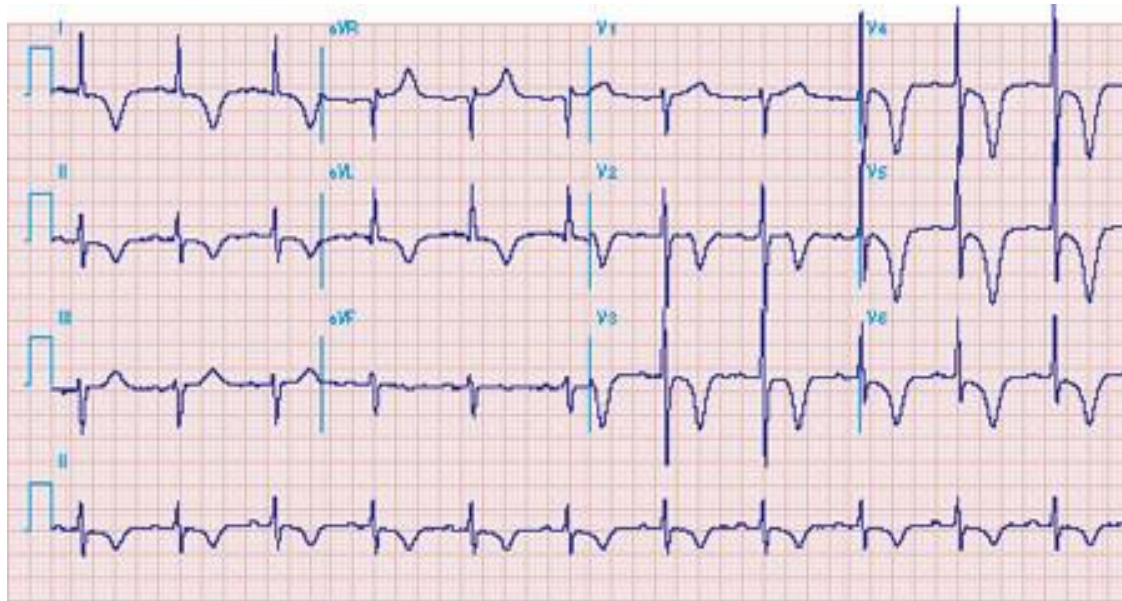
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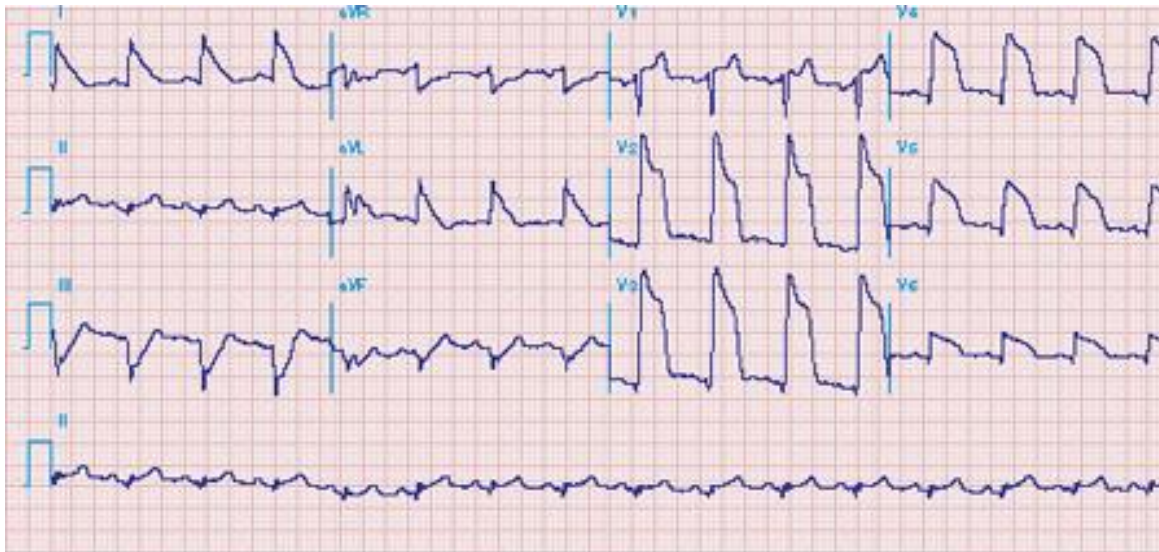
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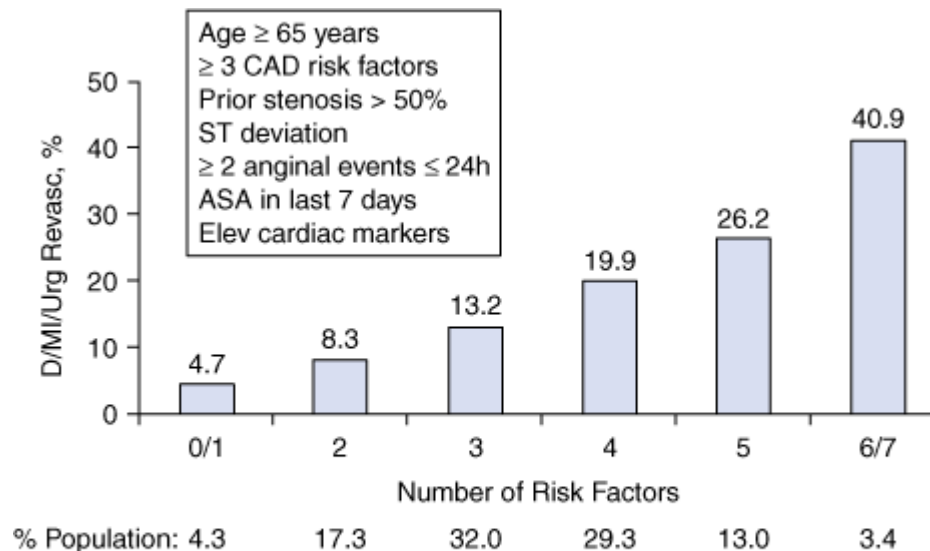
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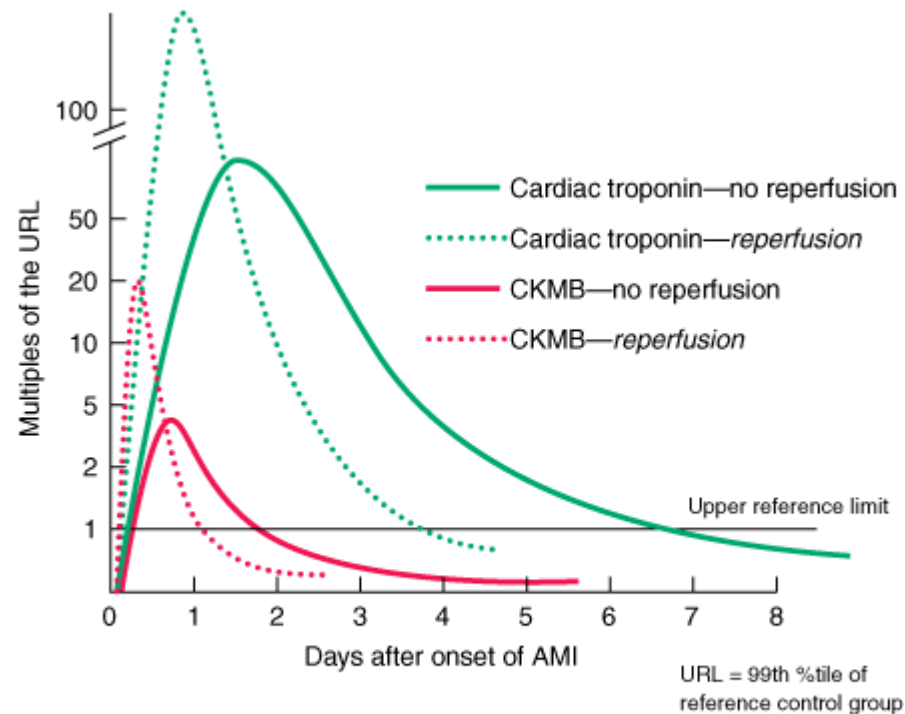
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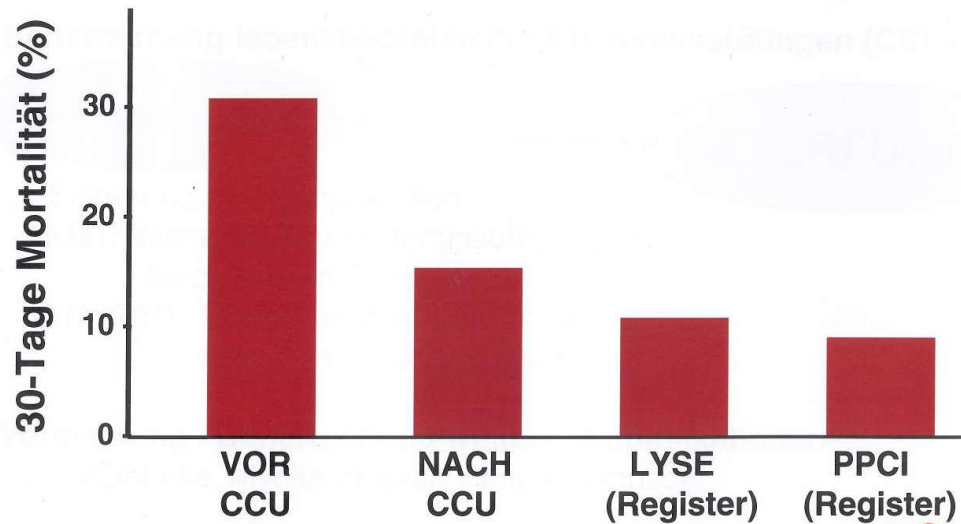
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Optimierung der Herzinfarkt- therapie in Österreich

Akuter Herzinfarkt

Änderung der Mortalität durch verbesserte Therapie



AKTION SCHACH DEM HERZTOD



Kammertachykardie

Full Disclosure Ausdruck: EKG-Ausdruck

Druckdatum: 24 Nov 2010
Druckzeit: 3:32
Krankenhaus: KH Kirchdorf
Abteilung: Intensiv
Standort: Bett 2
Patienten-ID:
Nachname: **MAX**
Vorname: **Mustermann**

Identifikation:

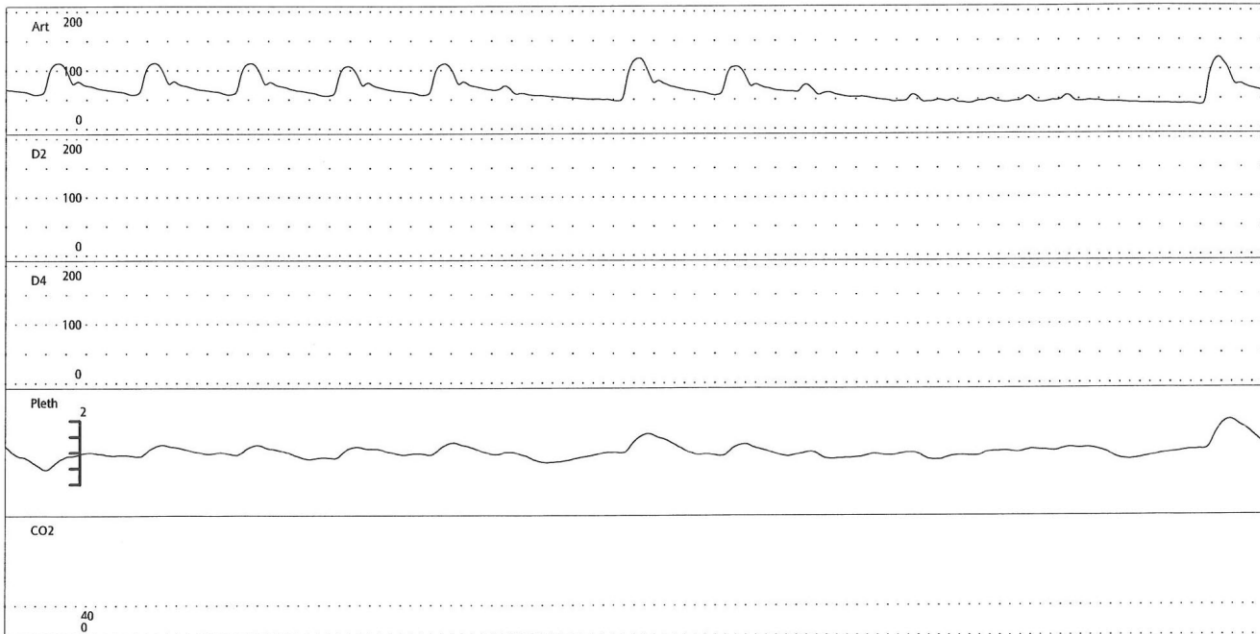
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Kammertachykardie

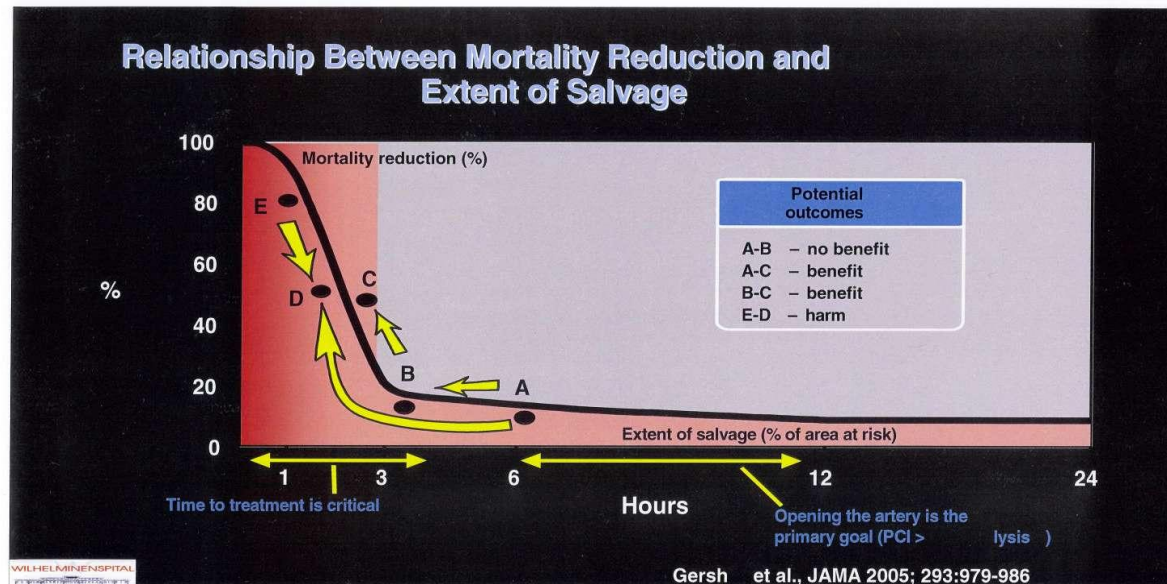
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Patienten-ID: Nachname: MAX Vorname: Mustermann		



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Optimierung der STEMI Therapie

SCHACH DEM
HERZTOD



Gersh et al. JAMA 2005, 293: 979-986

AKTION SCHACH DEM HERZTOD

Kardiologie



Optimierung der Herzinfarkt- therapie in Österreich

REPERFUSION Primär PCI versus Thrombolyse

Metanalyse von 10 Studien mit insgesamt 2573 Pat.
(Cochrane Database Syst Rev 2003; 3:CD001560)

Relative Risikoreduktion
durch PCI vs. Lyse

30-Tage
Mortalität
32
%

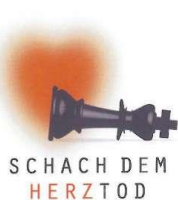
Re-
Infarkt
52
%

Tod oder
Infarkt
46
%

Schlag-
anfall
66
%

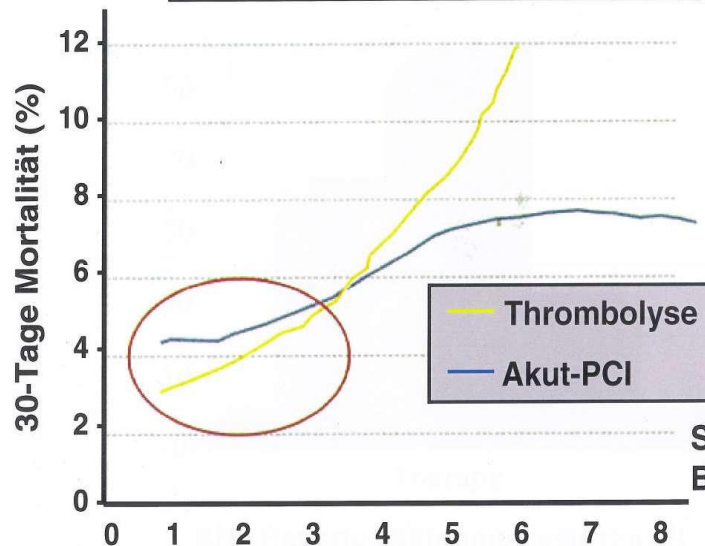
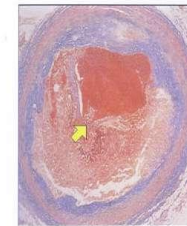


Kardiologie



Optimierung der Herzinfarkttherapie in Österreich

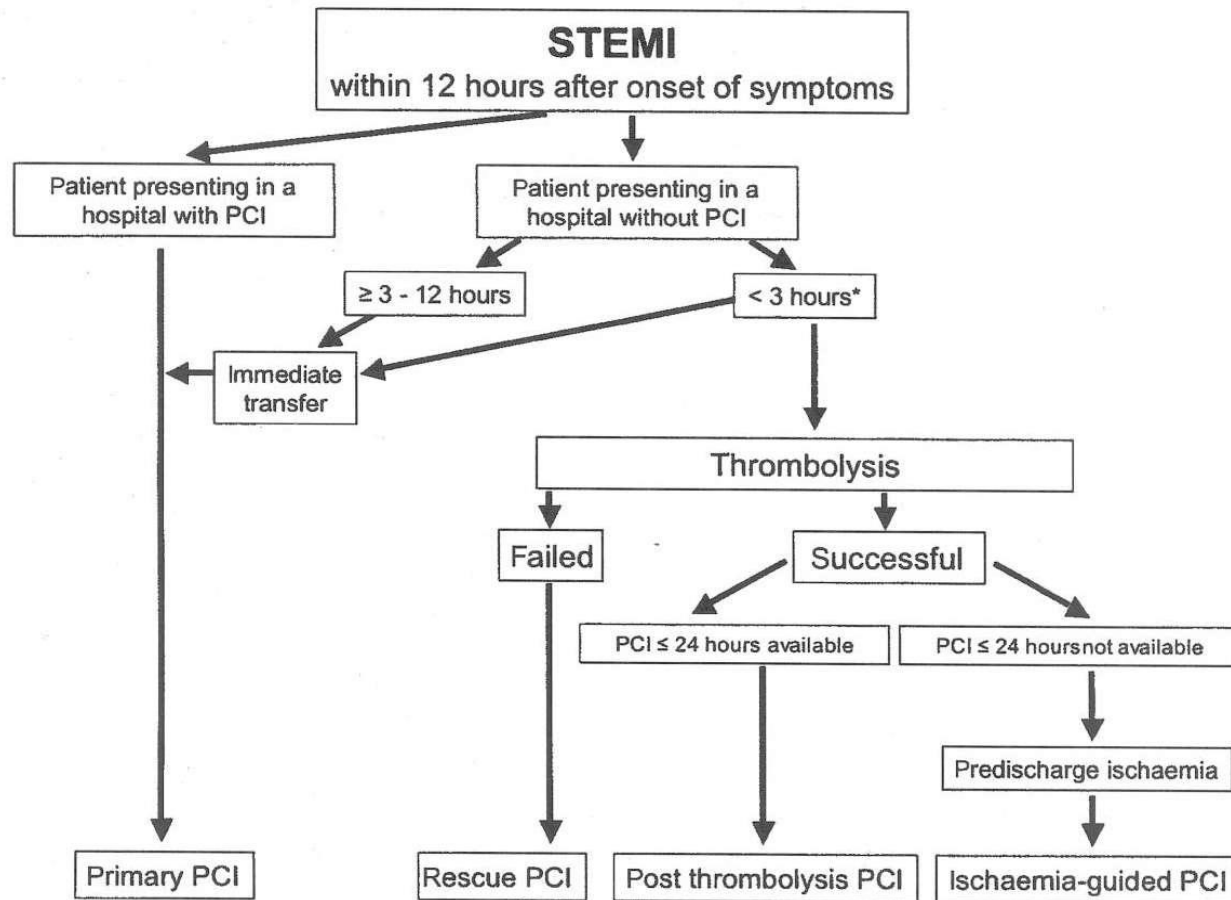
FAKTOR ZEIT
FAKTOR REPERUSIONSMETHODE



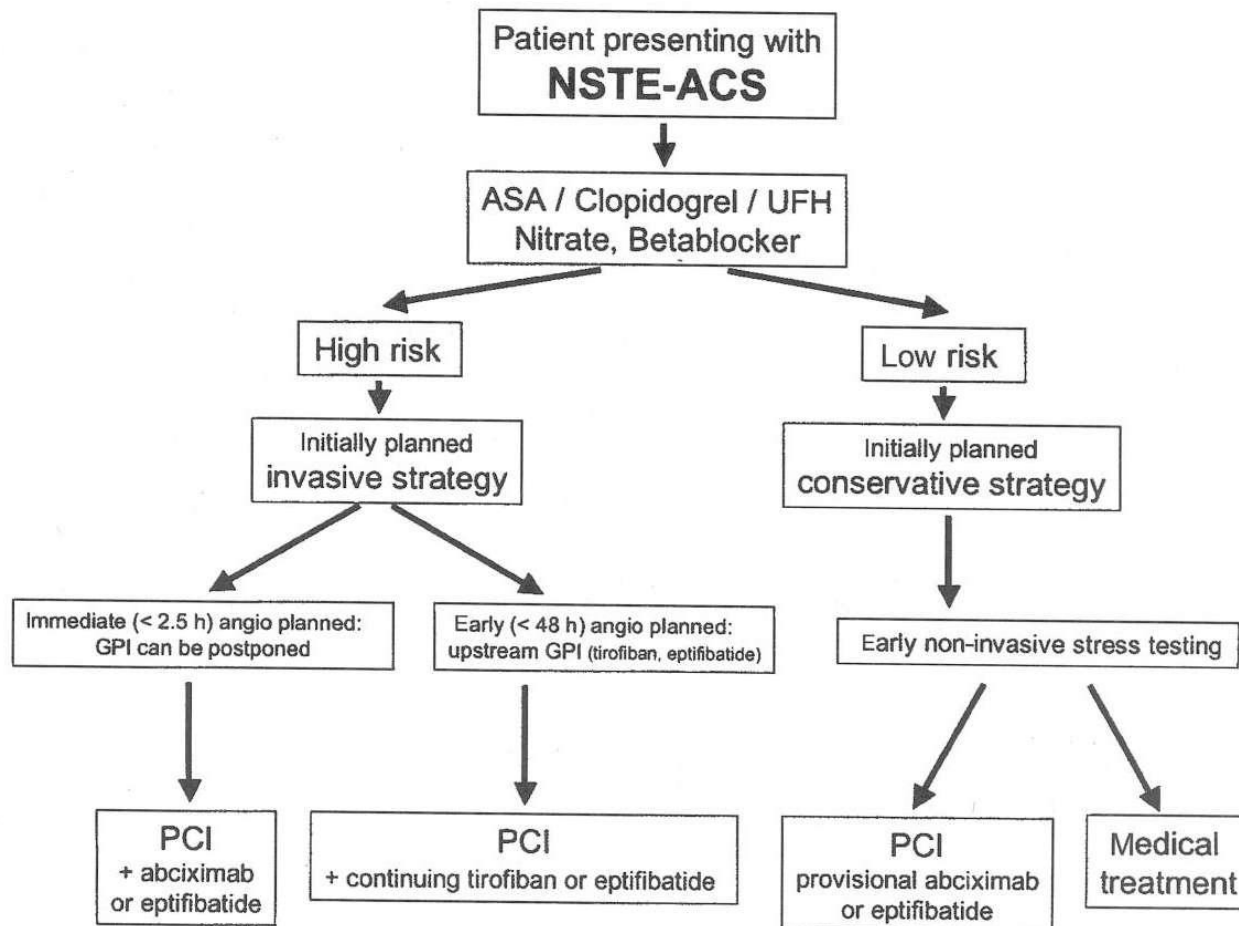
Huber K
Eur Heart J 2005

Stunden (Schmerz- bis
Behandlungsbeginn)

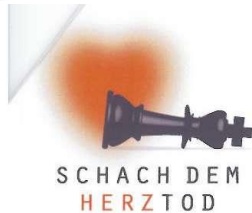
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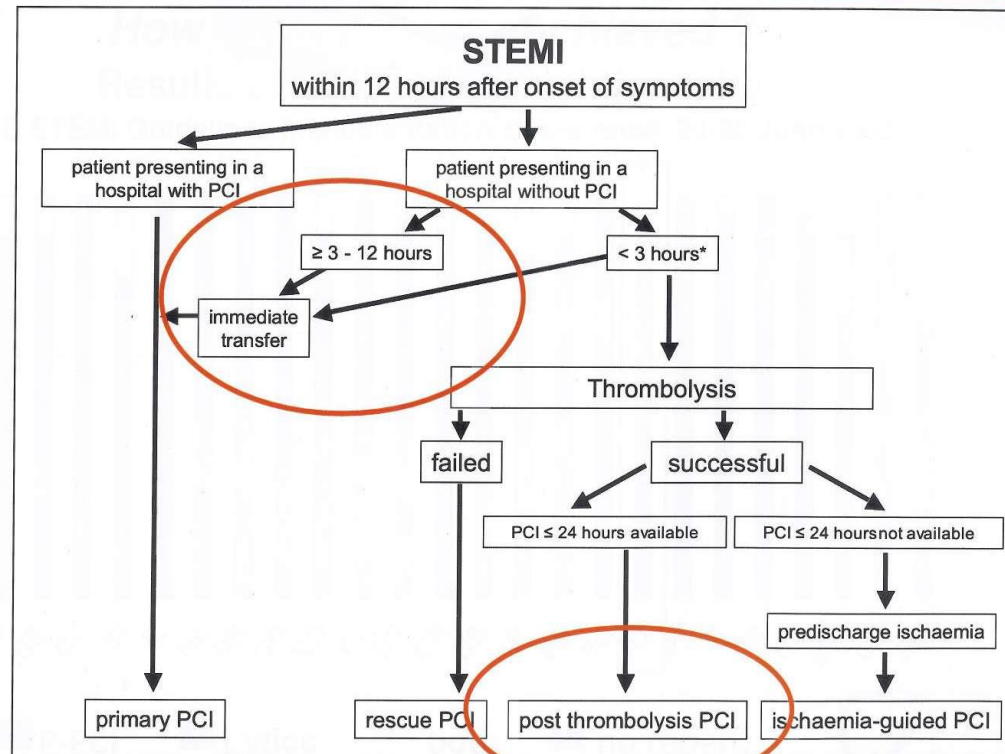
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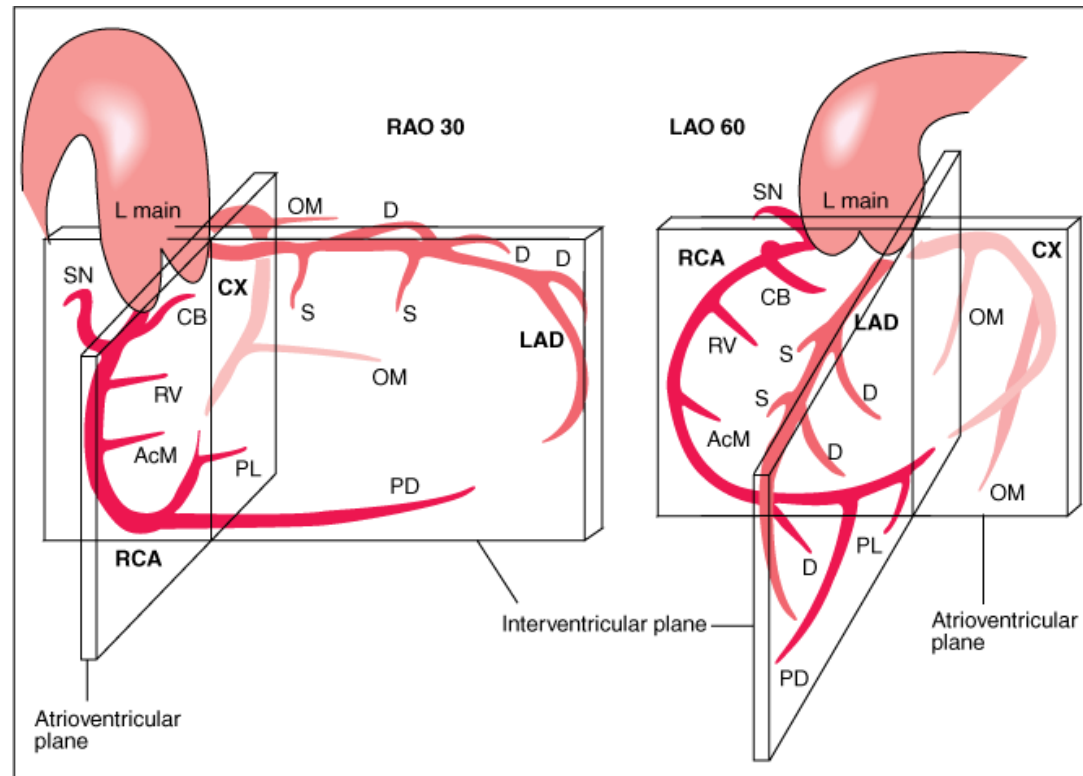
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PCI bei STEMI - Leitlinien der ESC 2005

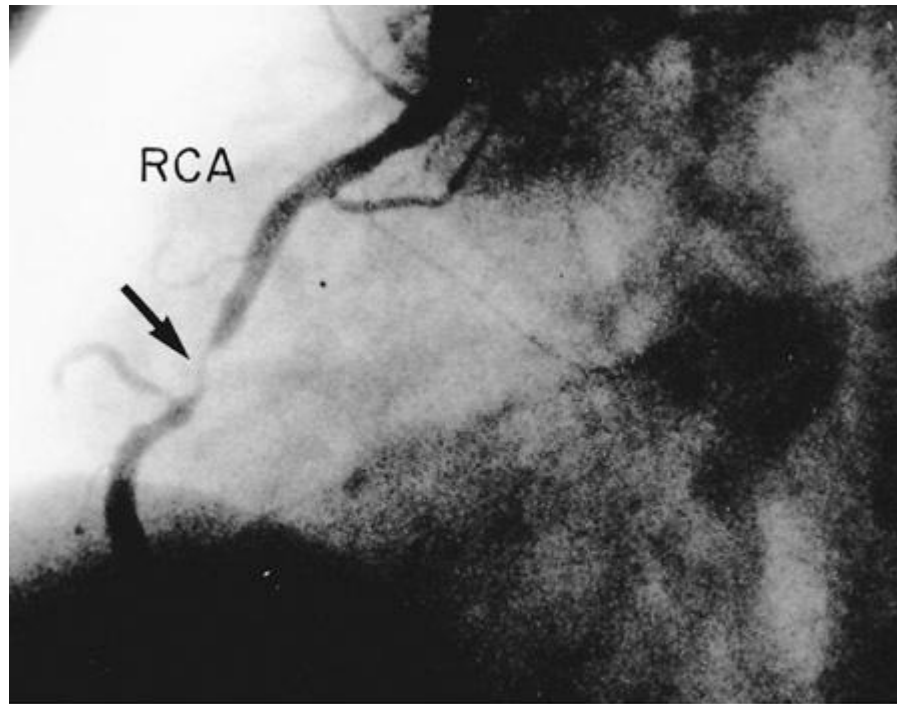


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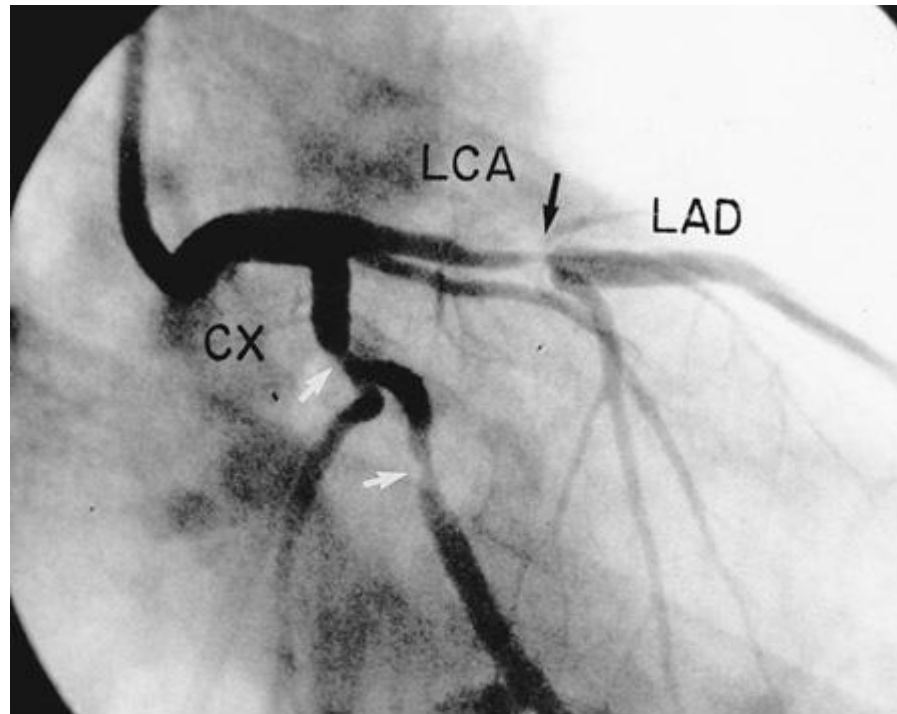
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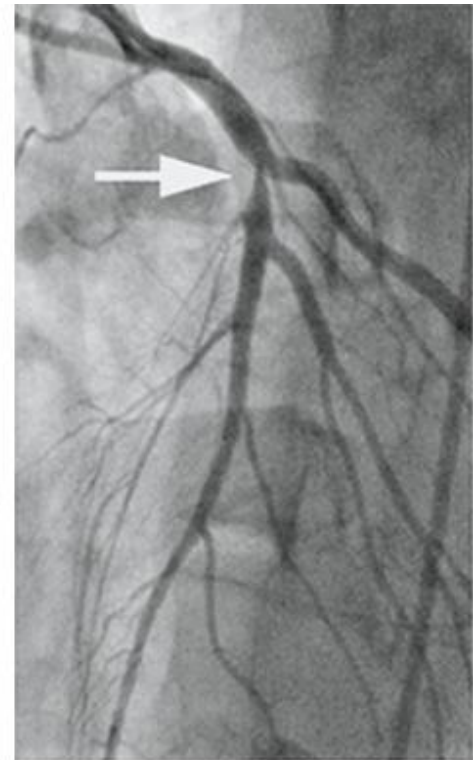
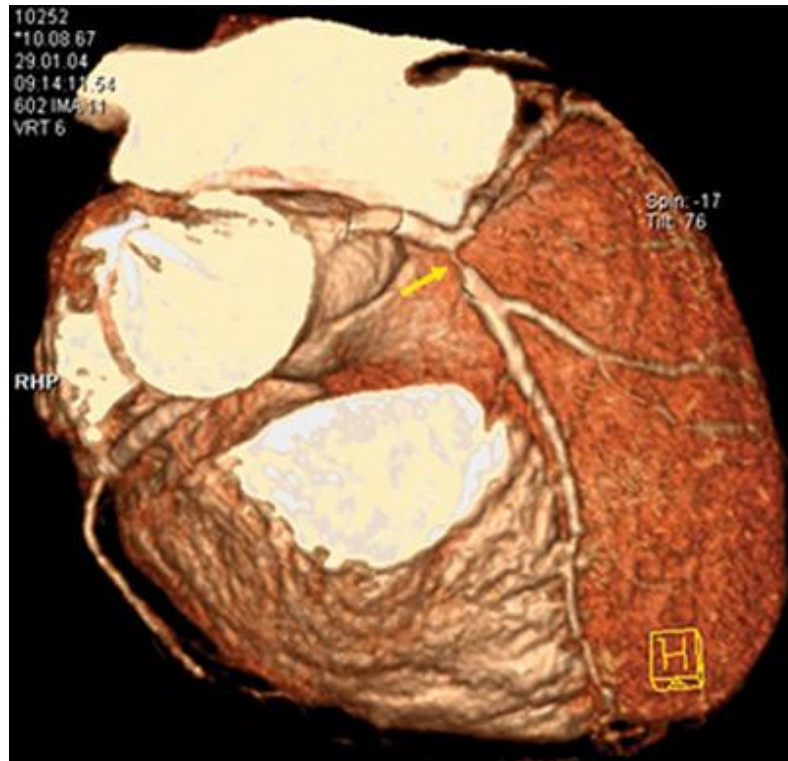


B

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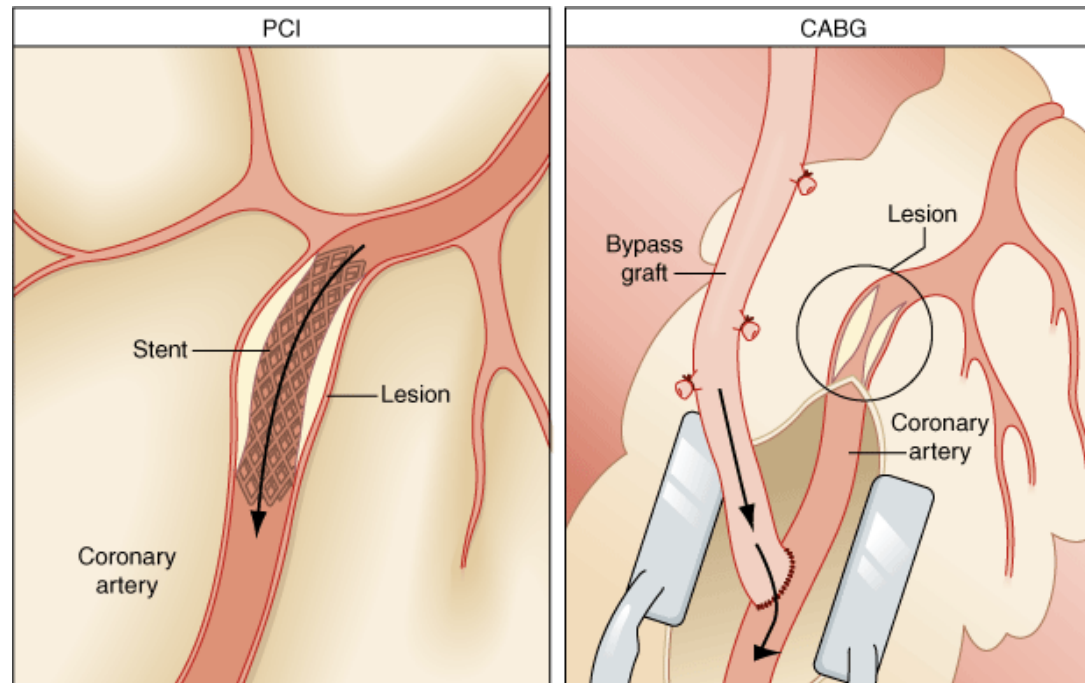
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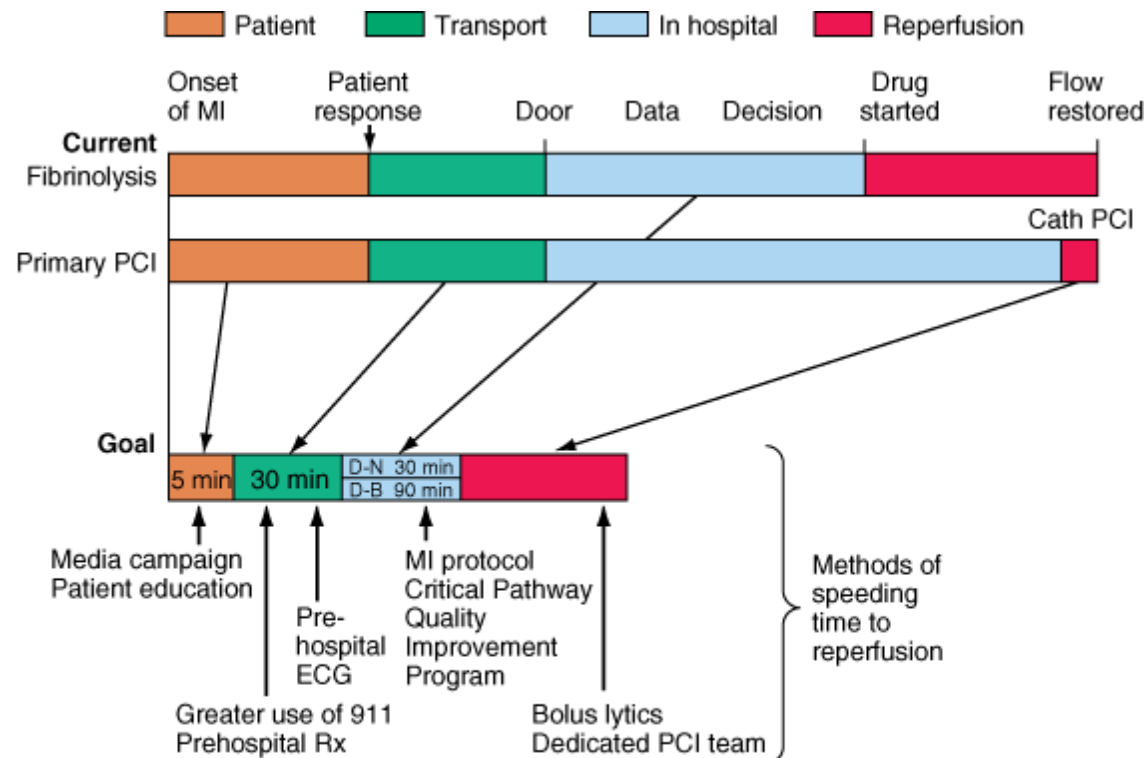


Stent addresses the existing lesion but not future lesions.

Bypass grafting addresses the existing lesion and also future culprit lesions.

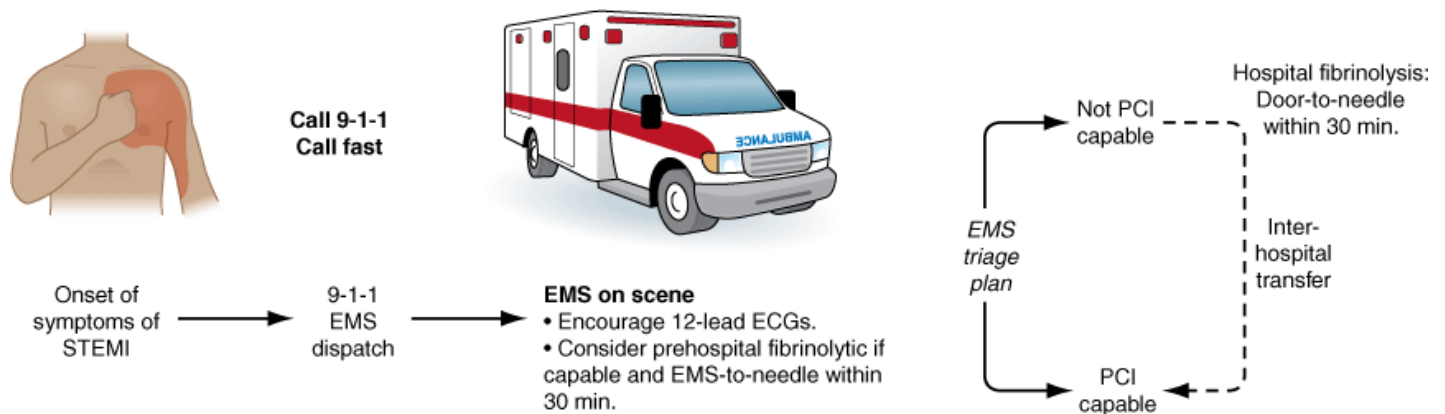
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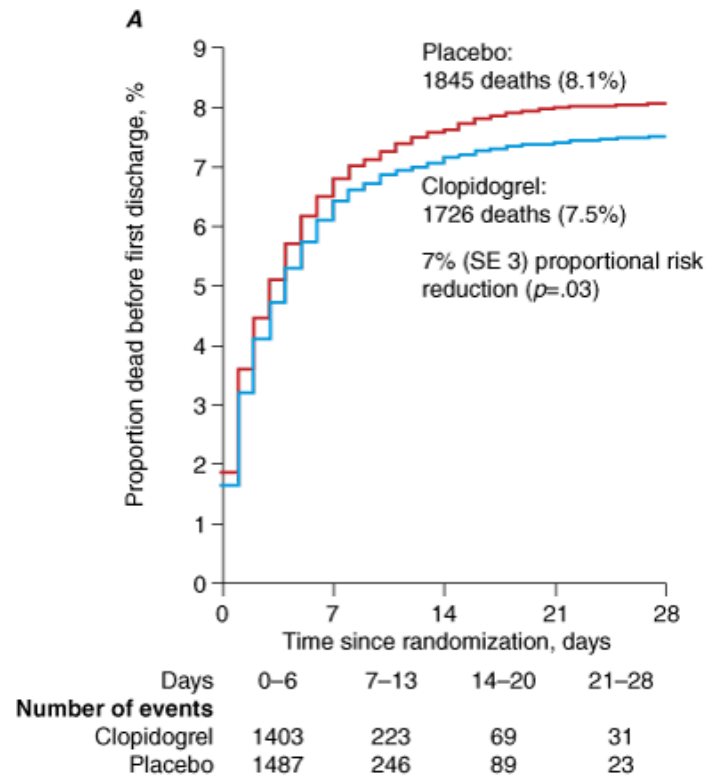
GOALS

5 min. Patient	8 min. EMS	EMS transport	
Dispatch 1 min.		Prehospital fibrinolysis EMS-to-needle within 30 min.	EMS transport EMS-to-balloon within 90 min. Patient self-transport Hospital door-to-balloon within 90 min.

Golden hour= first 60 min.

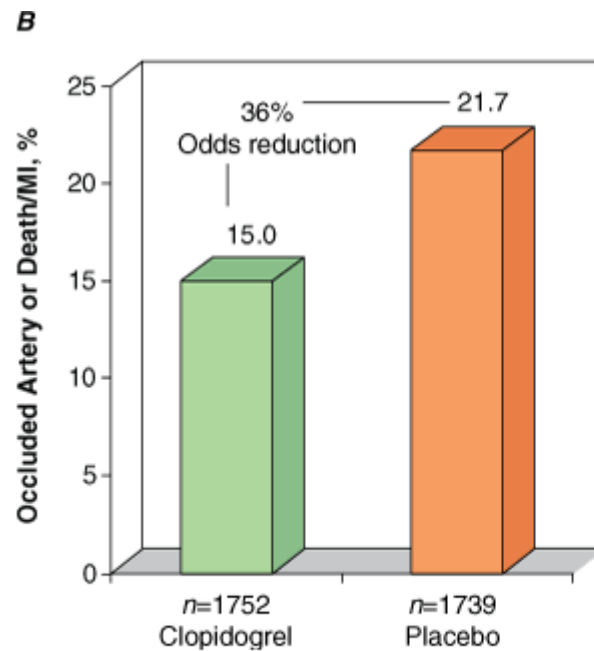
Total ischemic time: within 120 min.

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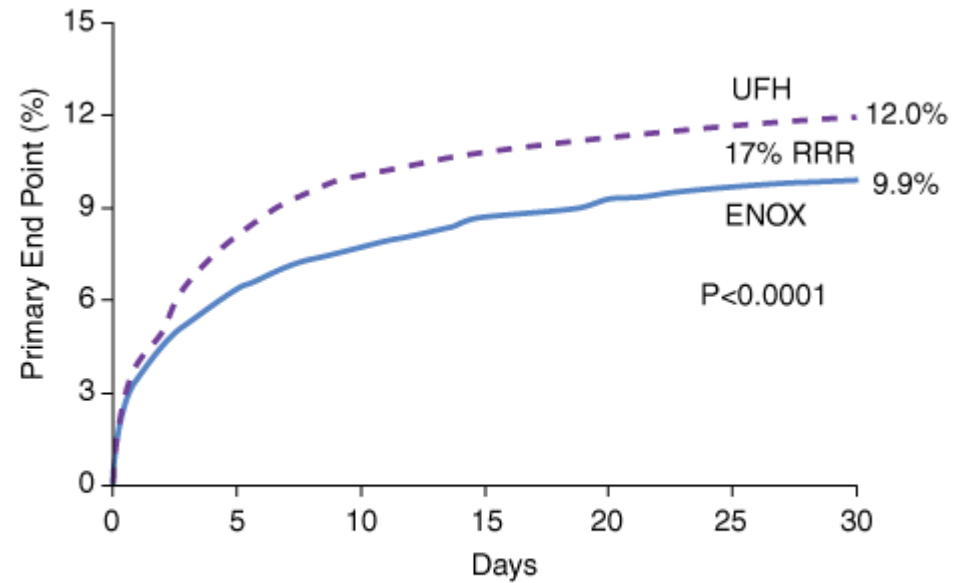
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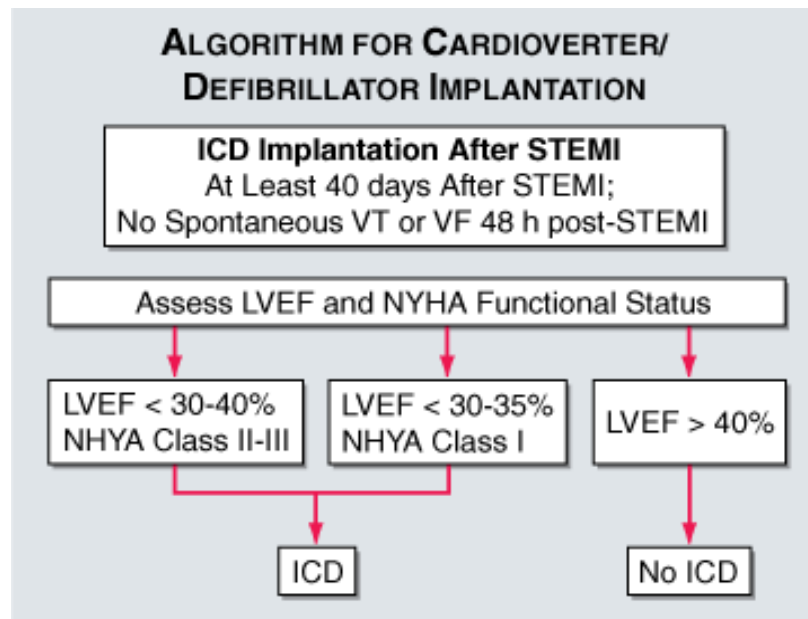
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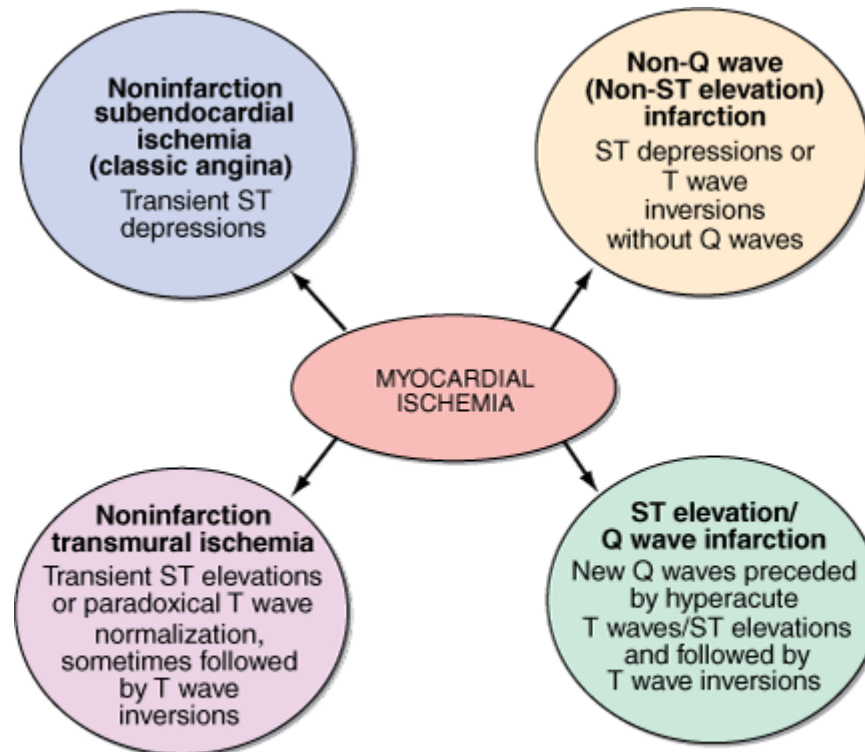
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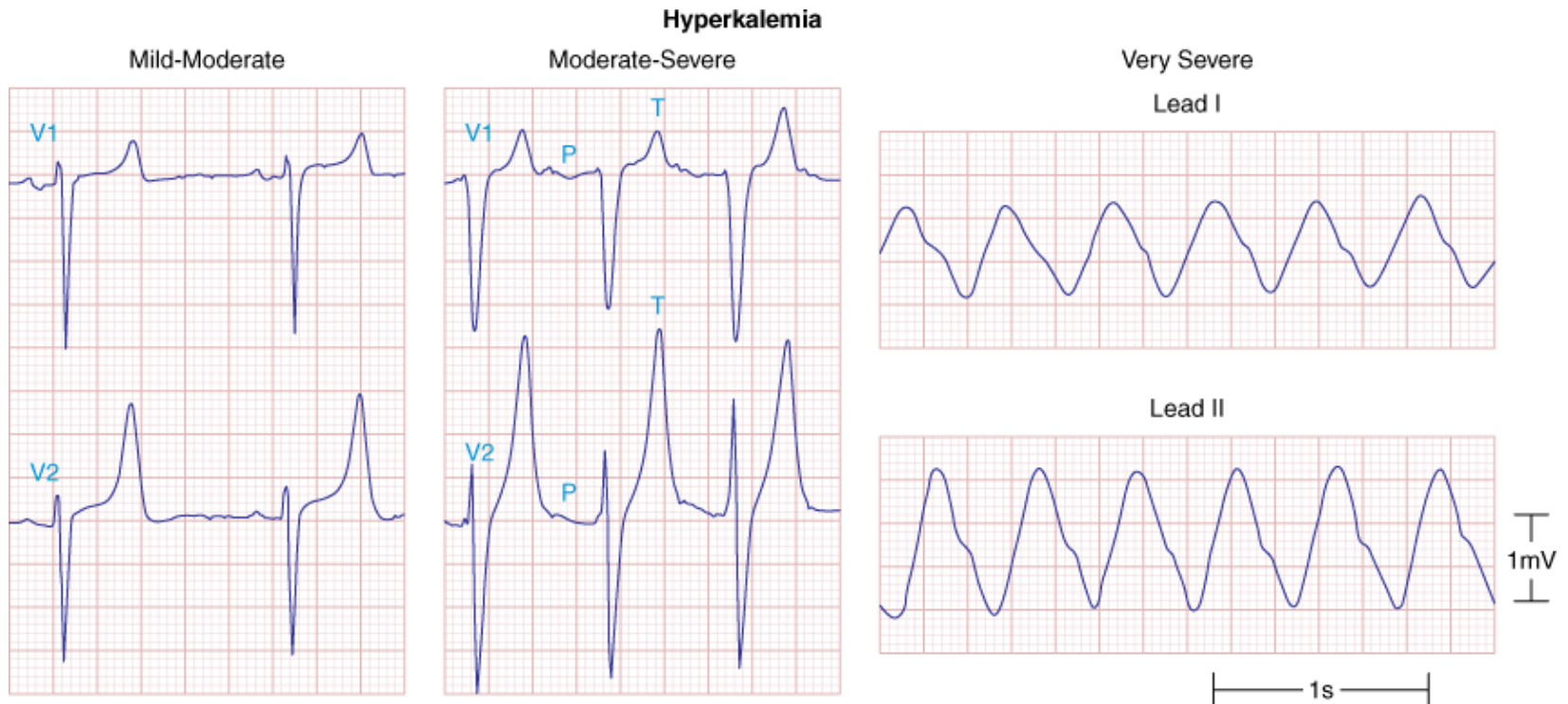
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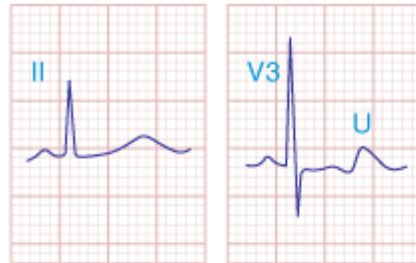


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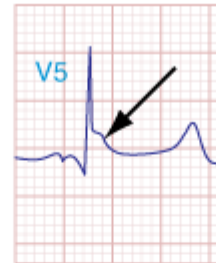
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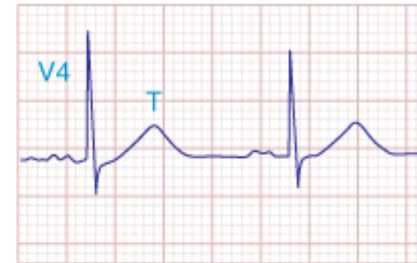
Hypokalemia



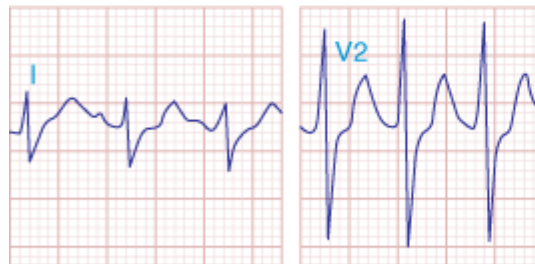
Hypothermia



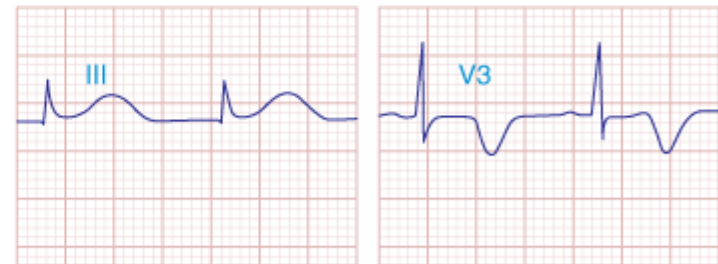
Amiodarone



Tricyclic overdose



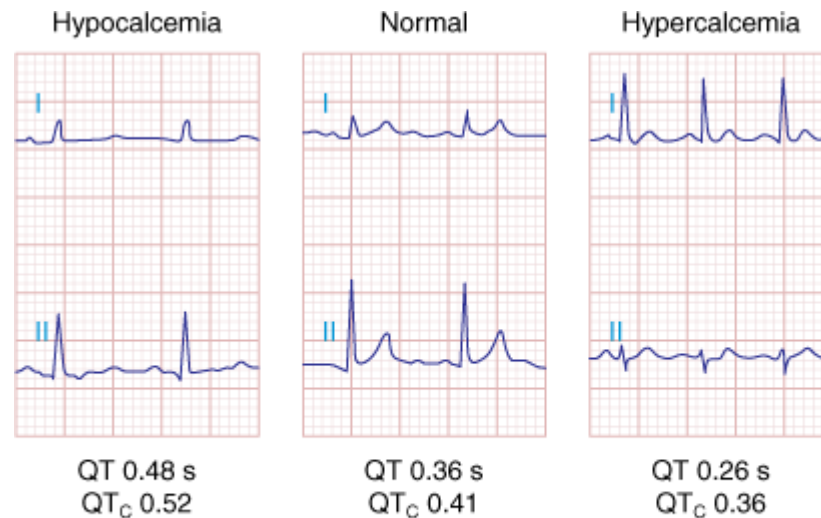
Subarachnoid hemorrhage



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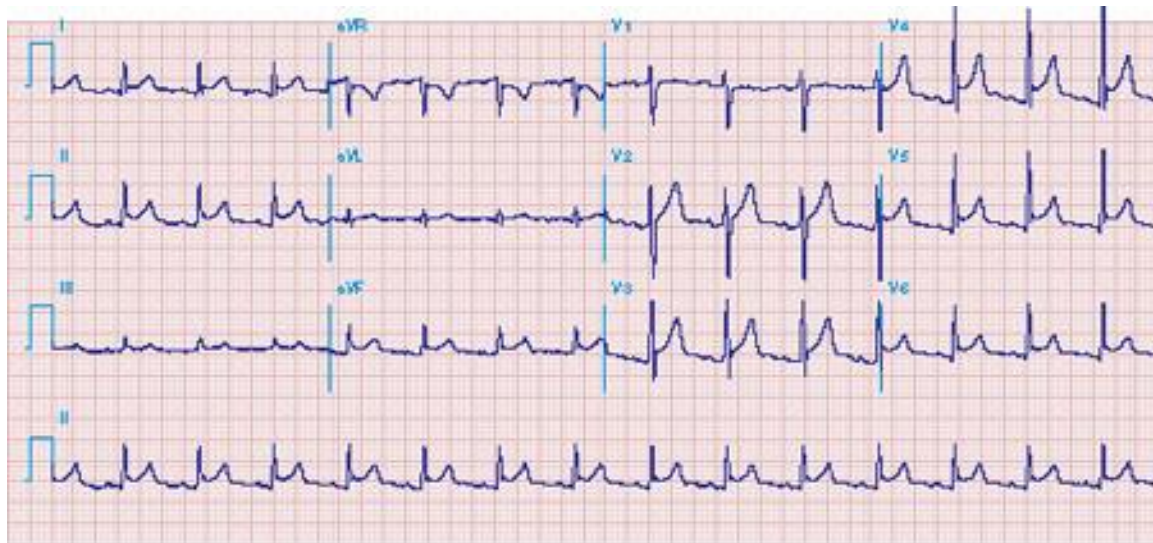
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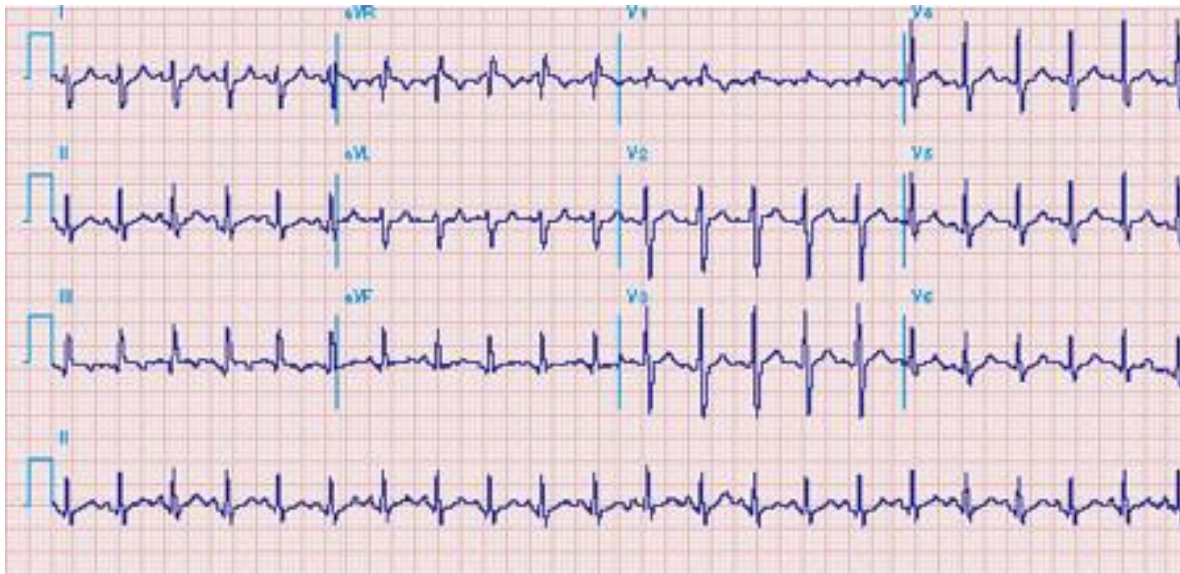
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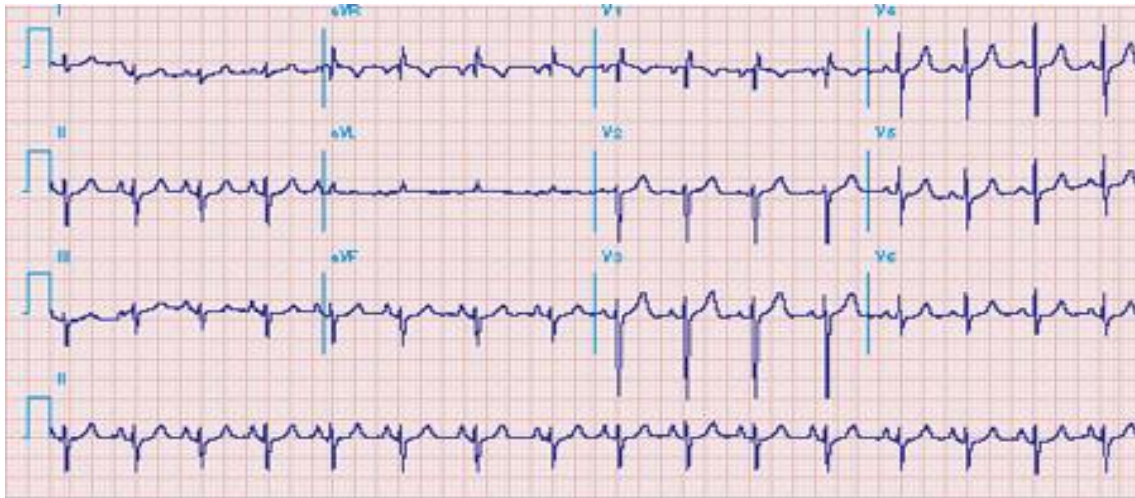
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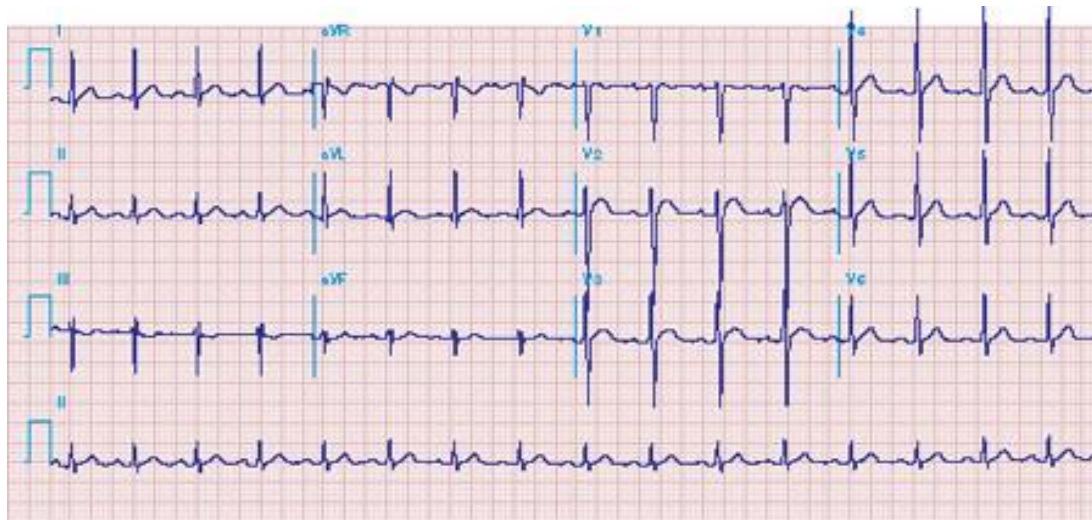
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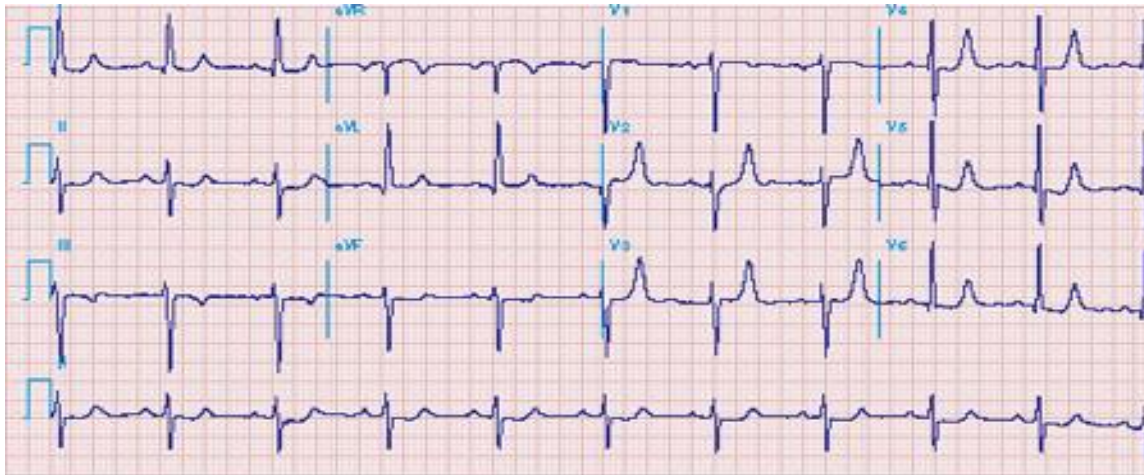
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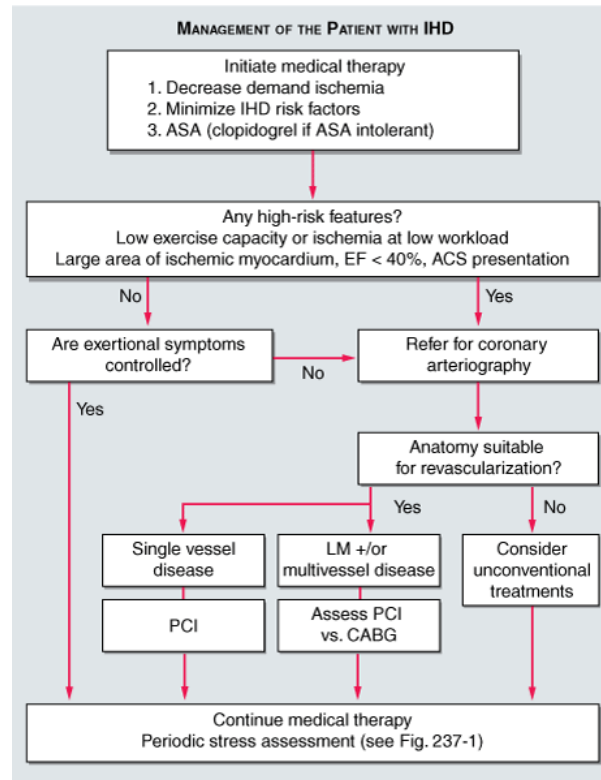
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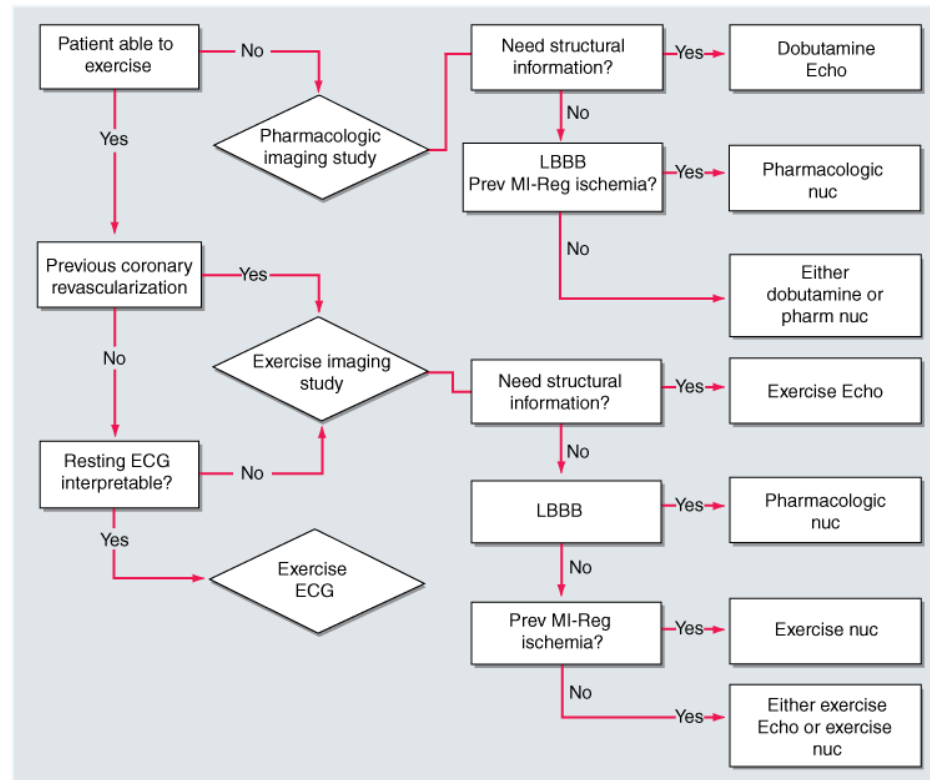
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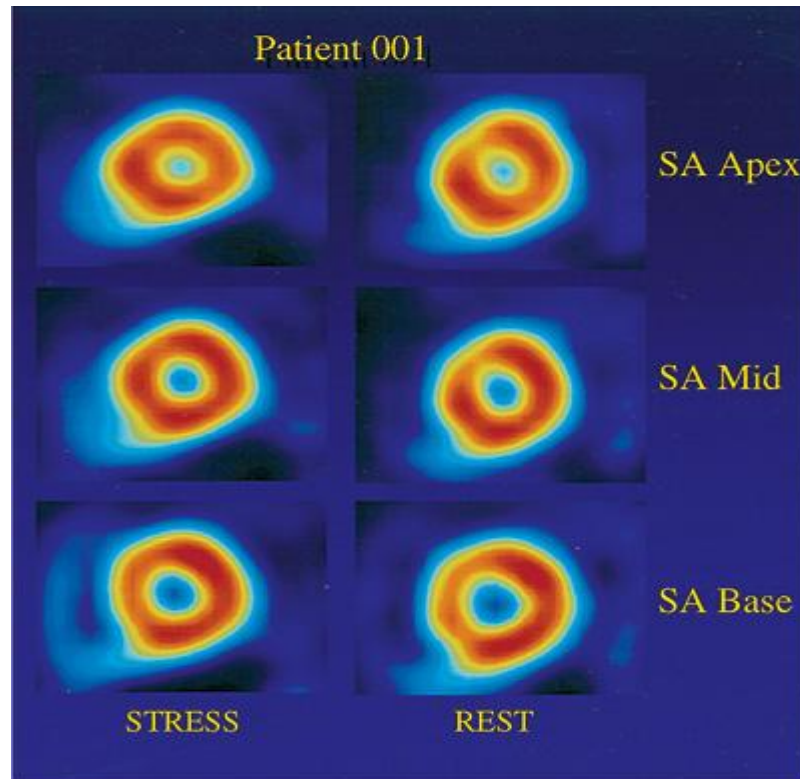


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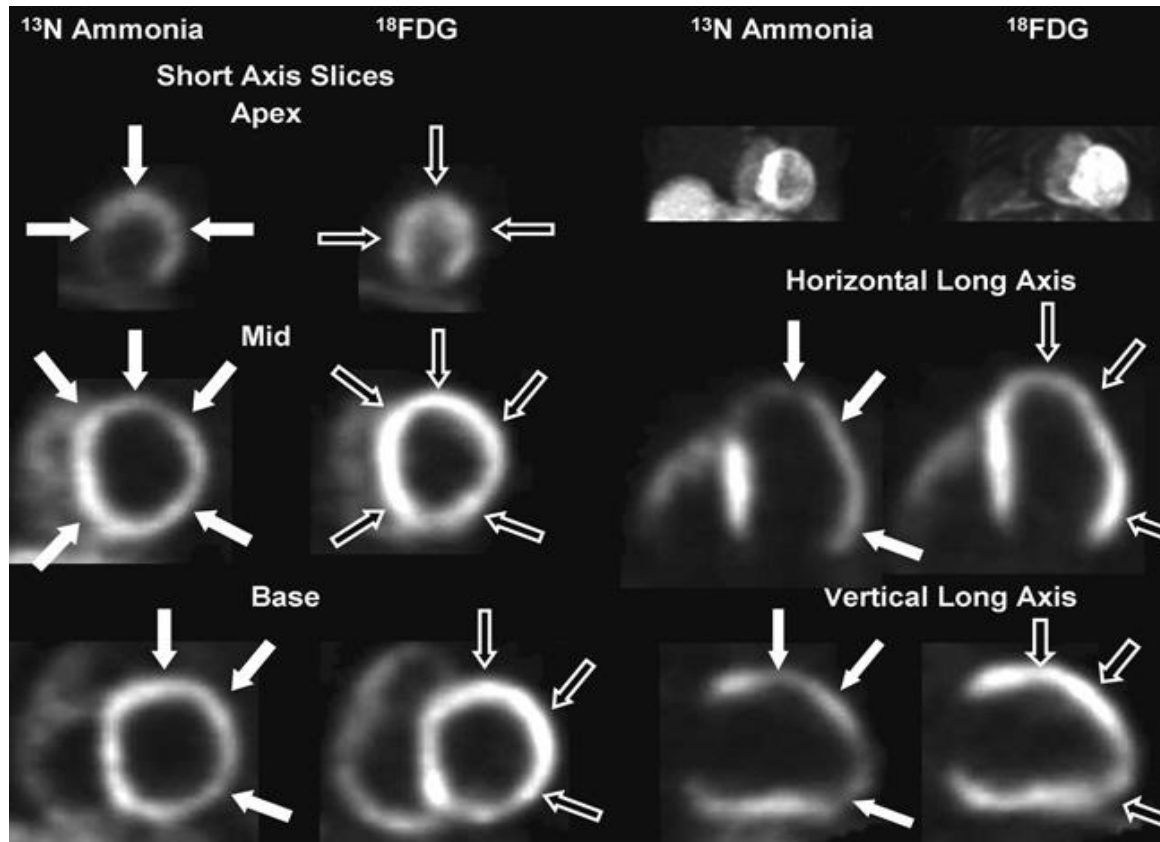
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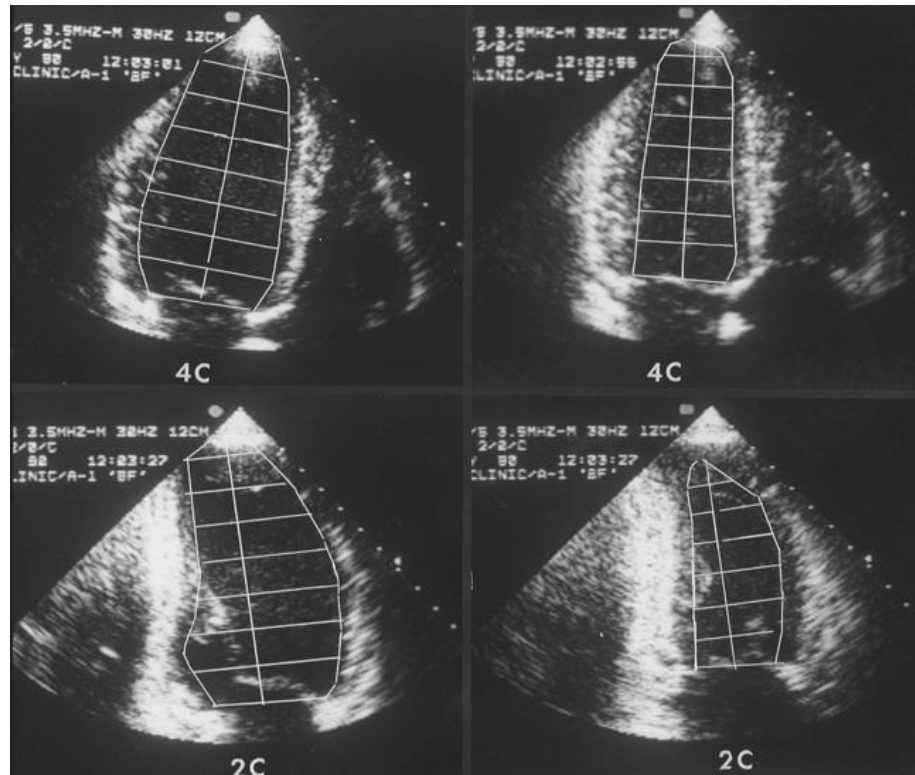
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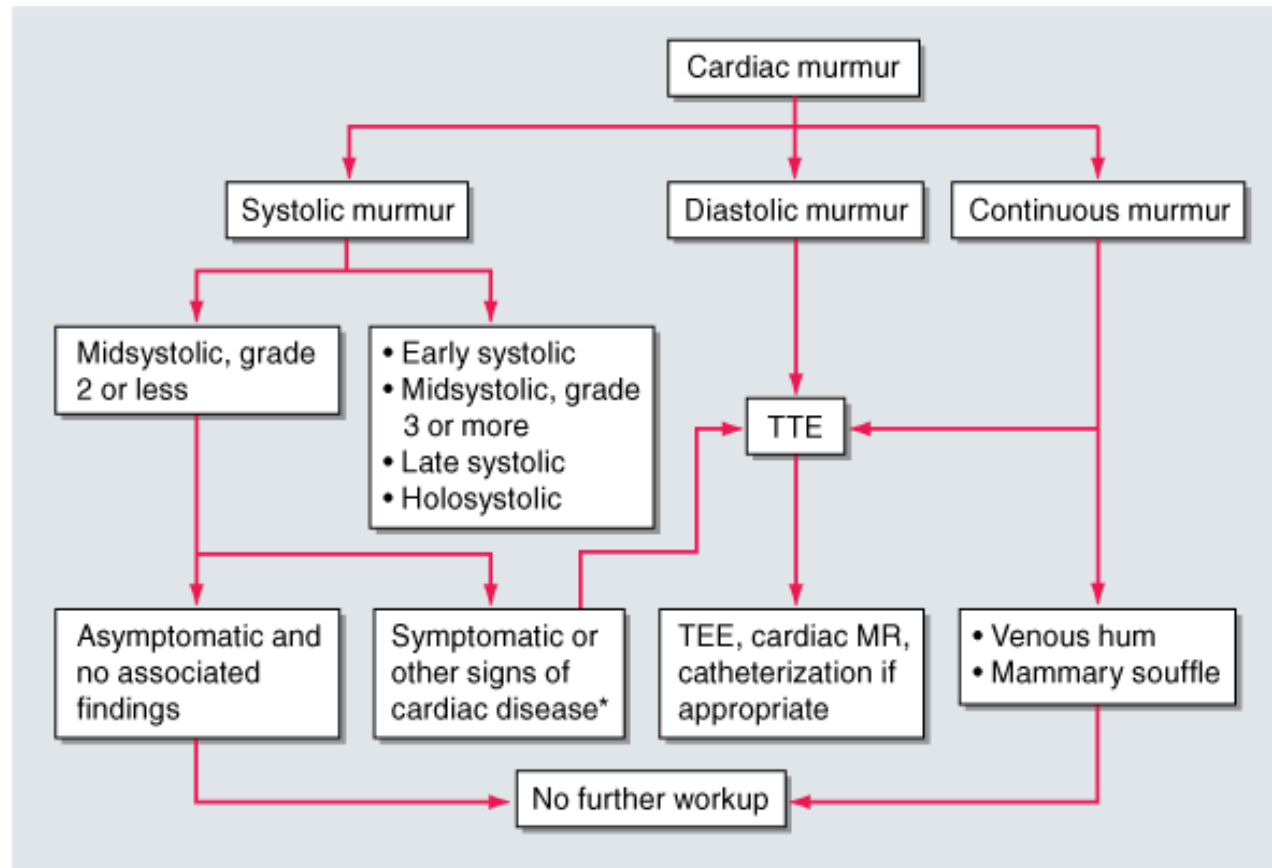
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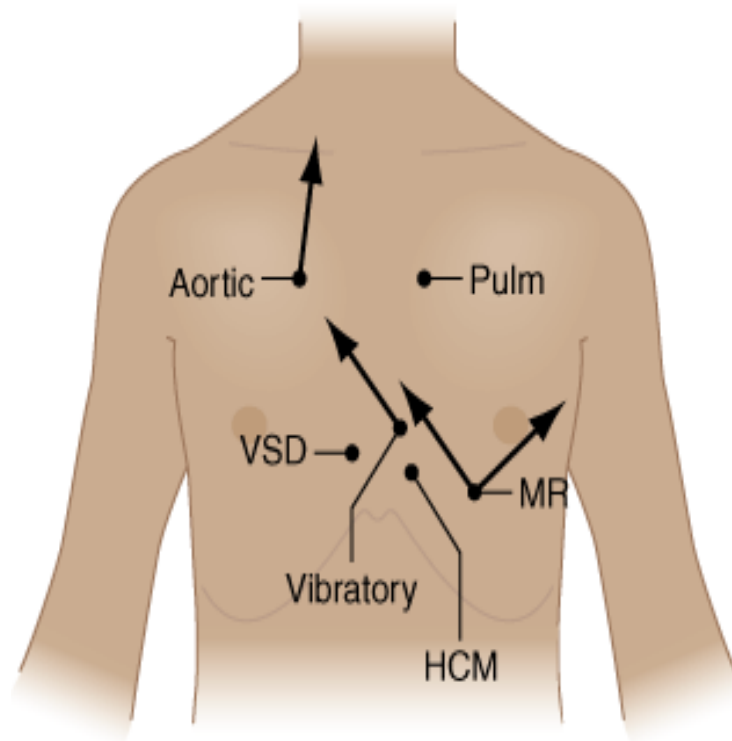
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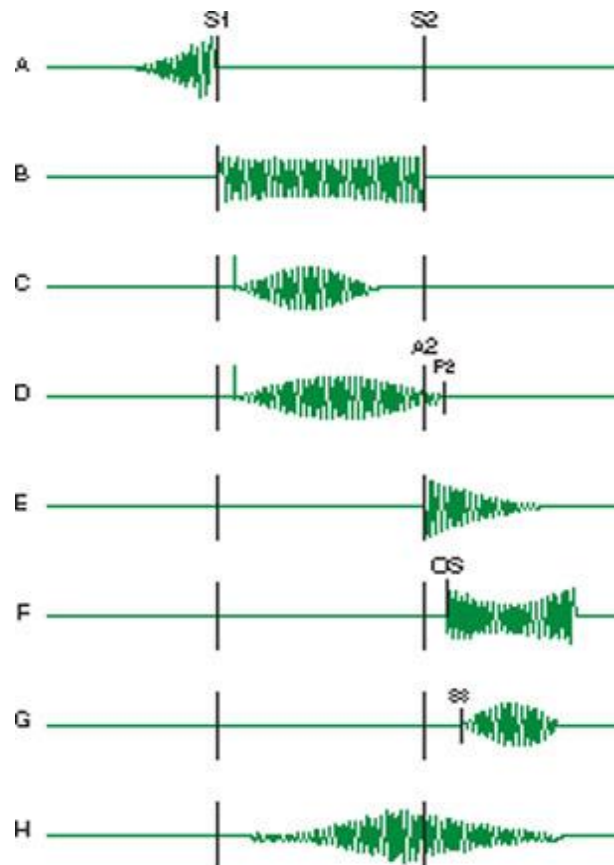
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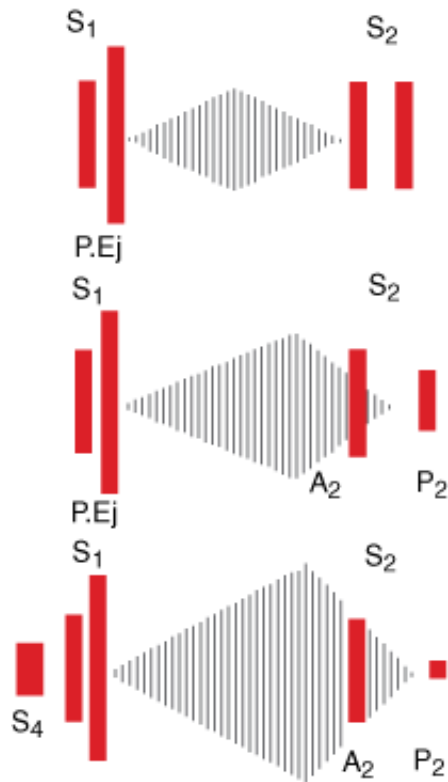
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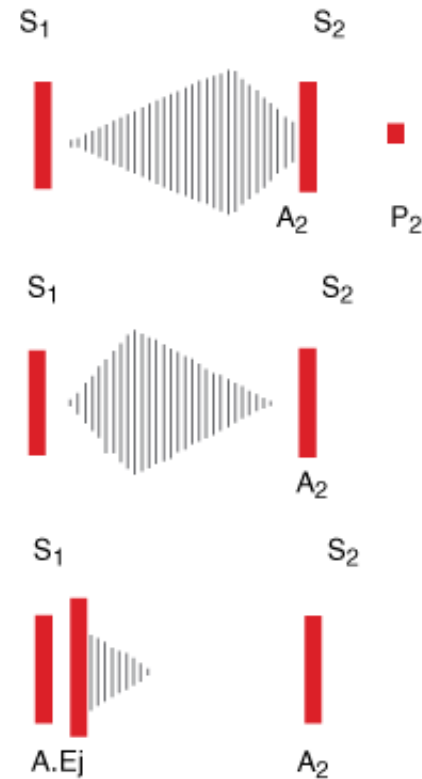
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Pulmonic stenosis



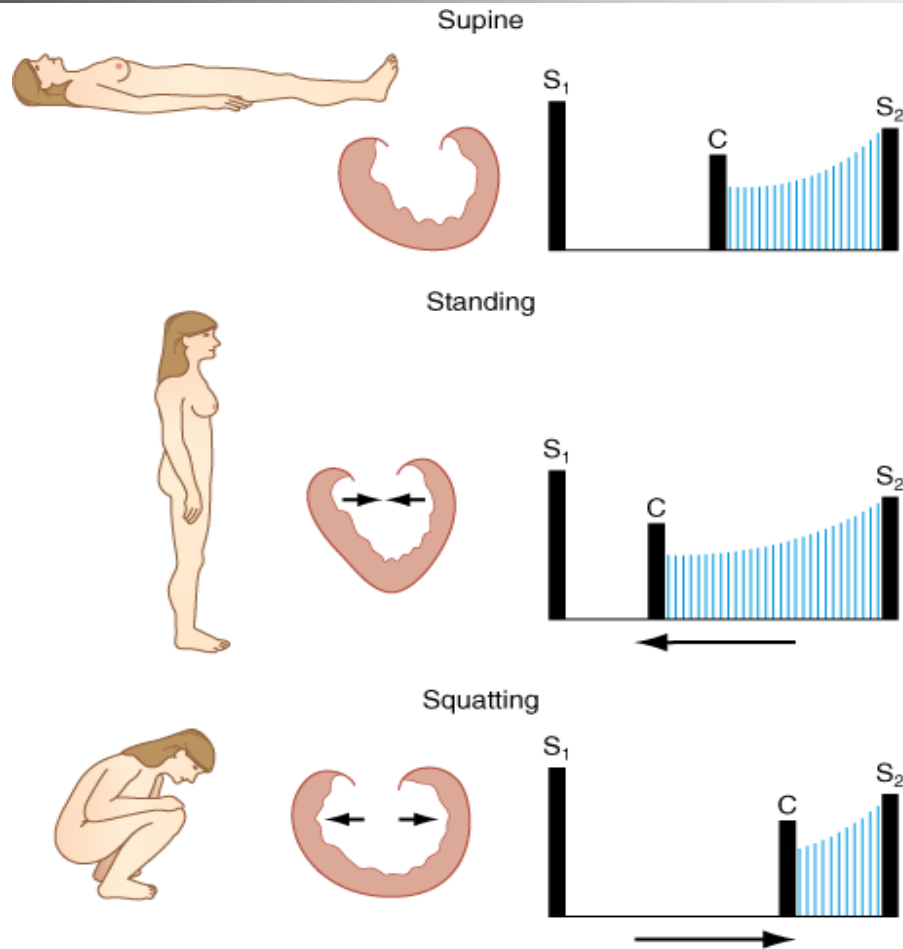
Tetralogy of Fallot



P.Ej = Pulmonary ejection (valvular)

A.Ej = Aortic ejection (root)

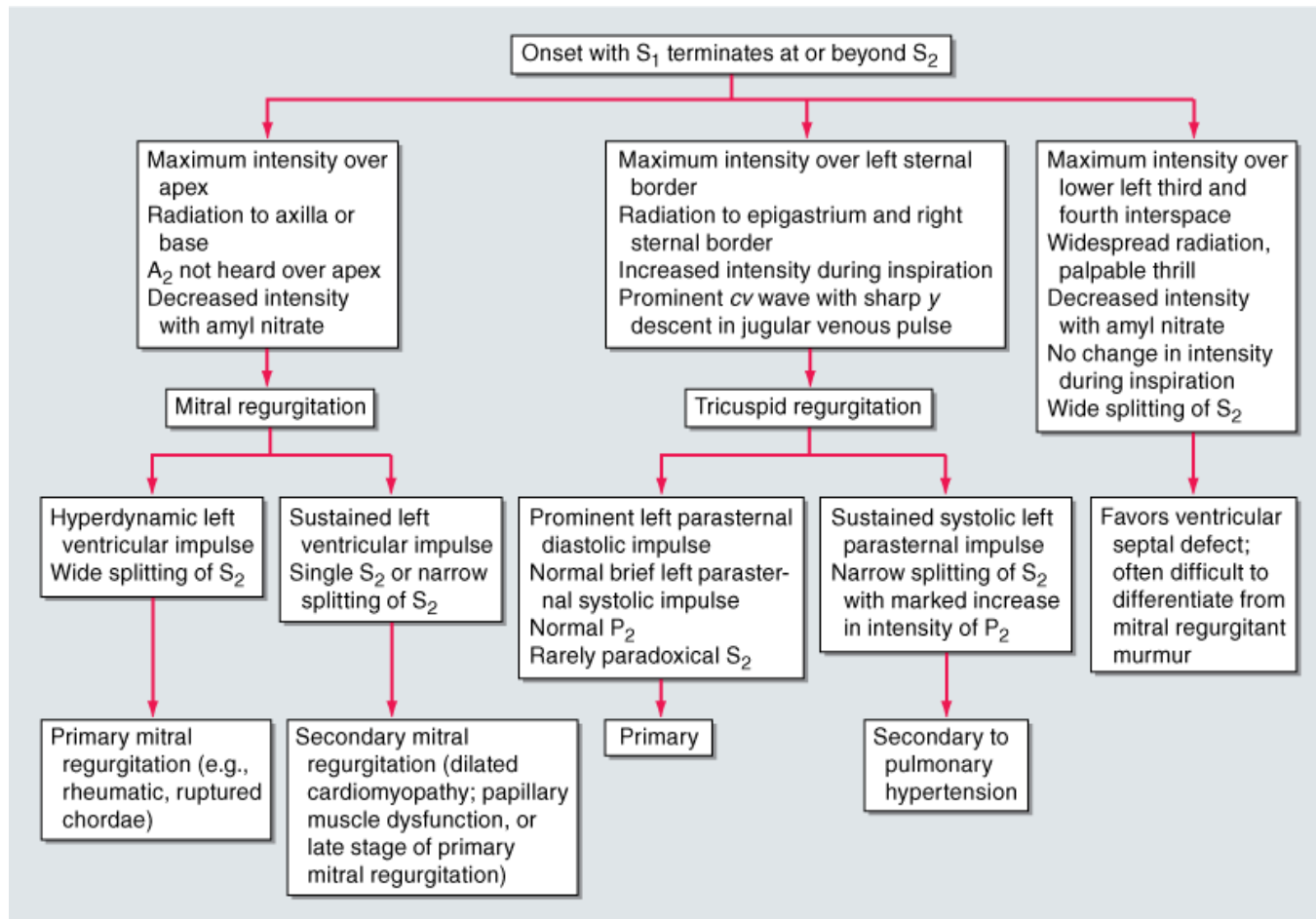
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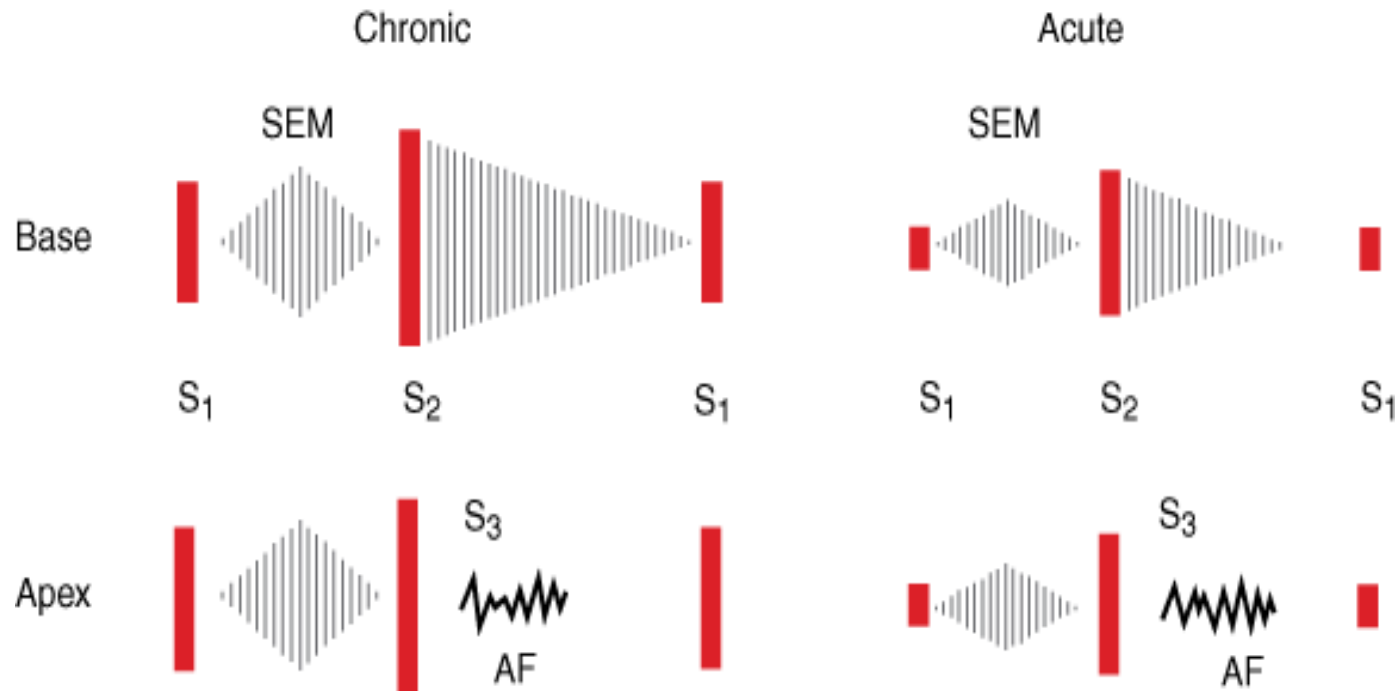
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Aortic Regurgitation

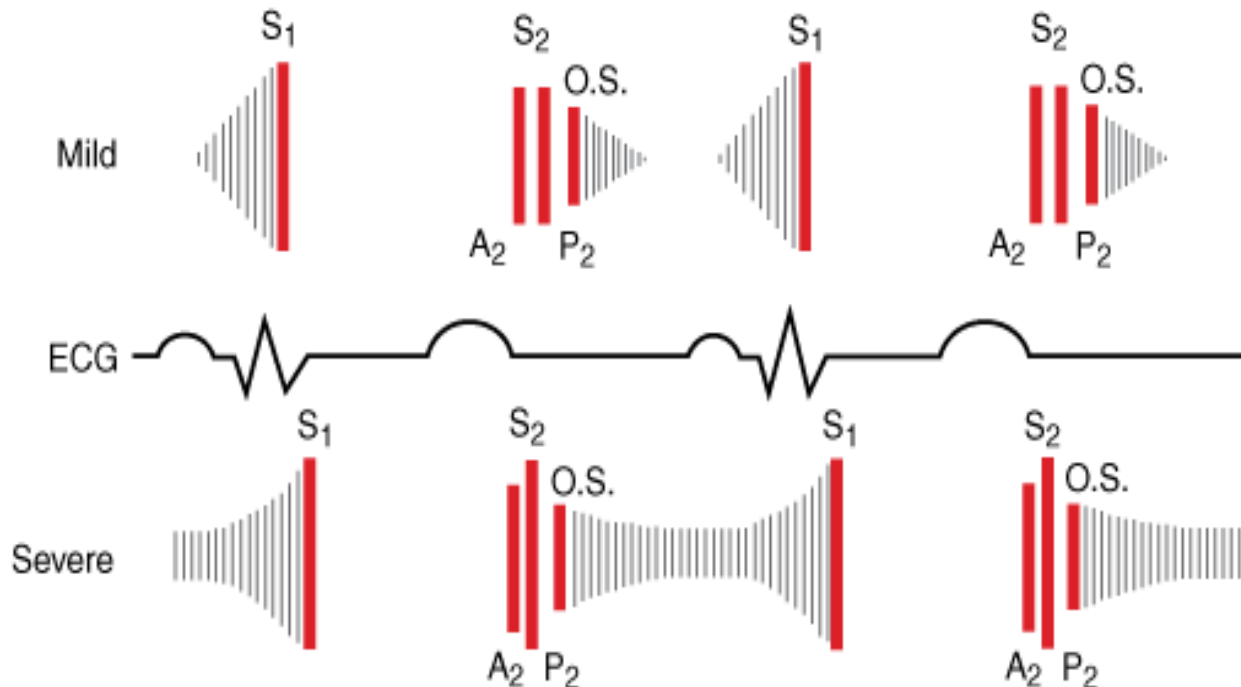


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Diastolic Filling Murmur (Rumble) Mitral Stenosis

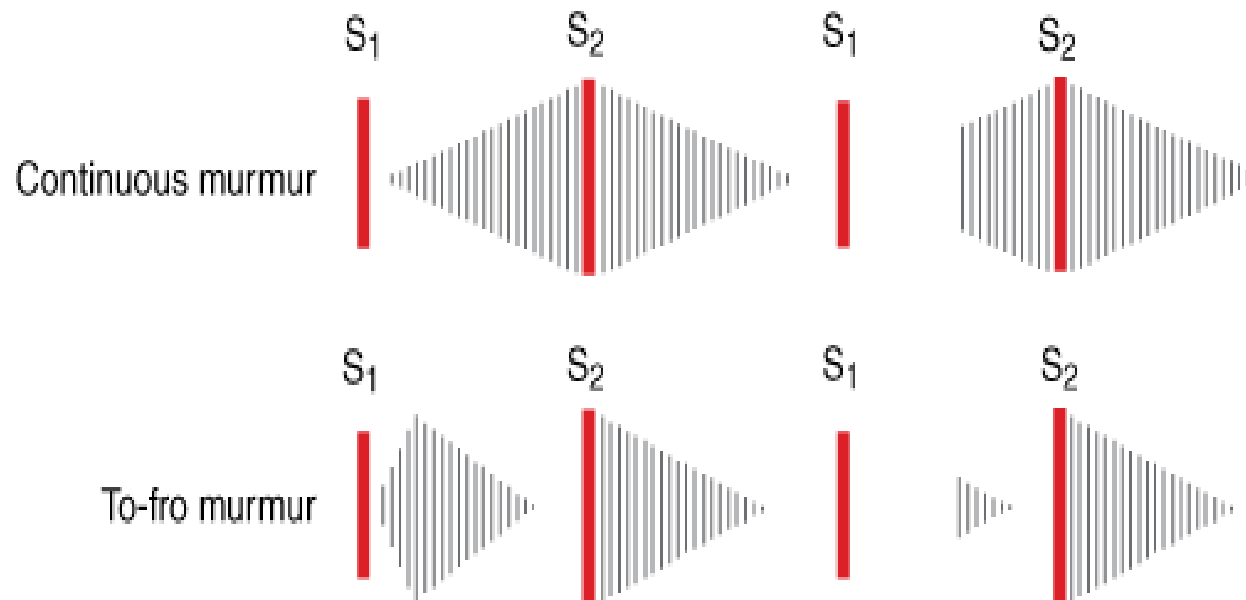


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Continuous Murmur vs. To-Fro Murmur

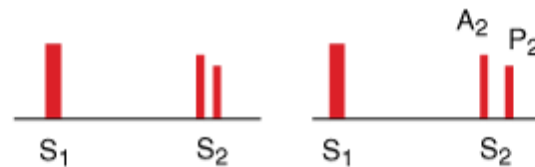


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Kardiologie

Normal Physiological Splitting

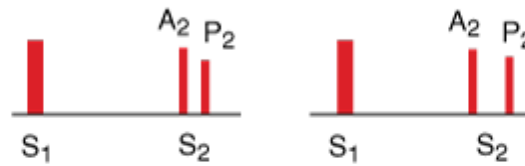


Audible Expiratory Splitting

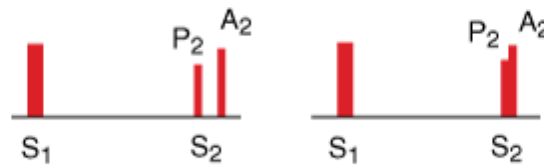
Expiration

Inspiration

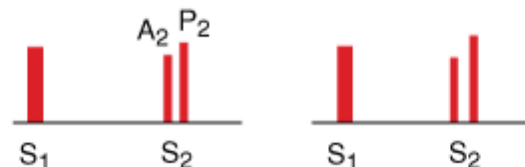
Wide physiological splitting



Reversed splitting



Narrow physiological splitting ($\uparrow P_2$)



Symptomatologie

