Circulatory disturbances

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Summary

- 1. Edema
- 2. Hyperemia and Congestion
- 3. Hemorrhage
- 4. Thrombosis
- 5. Embolism
- 6. Ischemia / Infarction

Edema means increased \(\extstyle \) fluid in the interstitium

- cavities hydrothorax, hydropericardium, ascites
- anasarca = severe generalized edema
- 3 major factors:
 - hydrostatic pressure
 - plasma colloid osmotic pressure
 - lymphatic drainage
- inflammation

- 1. increase ↑ hydrostatic pressure
 - impaired venous return
 - congestive heart failure
 - constrictive pericarditis
 - liver cirrhosis ascites
 - venous obstruction or compression
 - thrombosis
 - external pressure

- 2. Decrease ↓ Plasma colloid osmotic pressure
- loss or reduced albumin synthesis
 - nephrotic syndrome
 - protein-losing gastroenteropathy
 - liver cirrhosis
 - malnutrition

- 3. lymphatic obstruction
- \rightarrow lymphedema
 - inflammatory \rightarrow elephantiasis
 - Filariasis Wuchereria bancrofti
 - Erysipelas Streptococcus pyogenes
 - neoplastic breast carcinoma (orange peel skin)
 - post-surgical (LN resection) + postirradiation

- subcutaneous tissue (pitting edema) + cavities
- generalized x locally prominent
- right-sided heart failure lower limbs
- left-sided heart failure pulmonary edema
- nephrotic syndrome periorbital edema (eyelids)
- brain edema localized x generalized.

2. Hyperemia and Congestion

Hyperemia and congestion mean increased↑ blood volume in particular tissue

- a. hyperemia active (arteriolar dilation)
 - red color
 - striated muscle exercise
- b. congestion passive (impaired venous return)
 - systemic x local
 - blue-red color (cyanosis), edema
 - event. hypoxemic necrosis, e.g. bowel
 - accumulation of deoxygenated Hb
 - chronic → chronic hypoxia → regressive changes + small hemorrhages → siderophages

2. Hyperemia and Congestion

- pulmonary congestion
- acute
 - by blood fulfilled septal capillaries
 - septal + alveolar edema + small hemorrhages
- chronic
 - septa thickening → fibrosis (induration)
 - alveoli siderophages (heart failure cells)

2. Hyperemia and Congestion

- liver congestion
- acute
 - by blood fulfilled central veins + sinusoids
- chronic "nutmeg liver" red-brown + fatty color
 - centrilobular necrosis + hemorrhage
 - periportal fatty change
 - in time cardiac fibrosis
- bowel congestion
 - hemorrhagic necrosis

3. Hemorrhage

Hemorrhage is the extravasation of blood from blood vessels

- external (+ in hollow organs)
- internal: within tissue hematoma
- hemorrhagic diatheses insignificant injury
 - vasculopathies
 - trombocytopenia + -patia
 - coagulopathy

Hemorrhage is classified into four types (types of hemorrhage)

- 1. Petechiae (1-2 mm) skin + mucosa
- increase ↑ intravascular pressure, decrease ↓ platelets
- 2. **Purpuras** (3-5 mm)
 - trauma, vasculitis, vascular fragility
- 3. Ecchymosis (1-2 cm) = hematoma (bruise)
 - RBC phagocytosis by macrophages
 - Hb (red-blue) → bilirubin (blue-green) → hemosiderin (golden-brown)
- 4. According to the location in the Cavities
 - hemothorax, hemopericardium, hemoperitoneum
 - hemarthros

3. Hemorrhage - sequelae

- 1. loss volume
 - ->20% \rightarrow hemorrhagic shock
- 2. loss rate
 - acute → hemorrhagic shock
 - chronic (peptic ulcer, metrorrhagia, colonic adenoma)
 - iron deficiency anemia
- 3. site
 - subcutaneous x brain

Disseminated Intravascular Coagulation (DIC)

- basis: widespread activation of thrombin
- Microscopically: fibrin thrombi in microcirculation
- 1. stage
- multiple fibrin thrombi in microcirculation → consumption of PLT + coagulation proteins
- 2. stage
 - fibrinolytic system activation → serious bleeding

DIC - causes

- 1. obstetric complications
 - septic abortion
- 2. infections
 - sepsis (Gram +, Gram- bacteria)
 - meningococcemia
- 3. neoplasms
 - carcinomas of pancreas, prostate, lung, leukemias
- 4. tissue injury
 - burns

4. Thrombosis

Thrombosis is means intravascular blood clotting

- Causes:
- 1. endothelial injury
 - physical hypertension, turbulence
 - chemical hypercholesterolemia, smoking, vasculitis
- 2. alteration of blood flow
 - stasis immobilization, cardiac chamber dilation
- 3. hypercoagulability
 - primary (genetic) x secondary
 - neoplasms, drugs

Thrombosis can be classified into 2 types (types of thrombi)

- 1. Arterial thrombi
- occlusive
- coronary + cerebral + femoral aa.
- upon AS plaque + bifurcation
- Grossly: gray-white, friable
- Microscopically: PLT + fibrin, RBC + WBC

4. Thrombosis

- 2. Venous thrombi (phlebothrombosis)
- occlusive
- deep veins of LL + pelvic plexus
- Grossly: firm, red, attached to the wall
- Microscopically: RBC + fibrin
- !!! asymptomatic (50%) !!!

Fate of thrombus

- 1. propagation
- 2. embolization
- 3. dissolution
 - fibrinolysis (recent thrombi)
- 4. organization
 - endothelial cells, smooth muscle cells, fibroblasts, capillaries
- 5. recanalization
 - new small lumina

5. Embolism

Embolism means detached intravenous solid, liquid, or gaseous mass carried by the blood to a distant site from point of origin.

- 1. thromboembolism (99%)
 - pulmonary x systemic \rightarrow infarction
- 2. fat
- 3. air
- 4. foreign bodies catheter.
- The embolism has 2 types:
- 1. pulmonary thromboembolism.
- 2. systemic thromboembolism.

6. Ischemia / Infarction

Ischemic necrosis due to occlusion of arterial supply or venous drainage.

causes:

- thrombotic or embolic events (99%)
- vasospasm, hemorrhage in AS plaque
- external compression (tumor)
- twisting (testicular + ovarian torsion, bowel volvulus)

Infarction can be classified into 3 types (types of infarcts)

1. Red infarcts

- venous occlusion
- loose tissue (lung) blood collection
- dual circulation lung + bowel
- previously congested organs
- reperfusion (angioplasty, drug-induced thrombolysis)

2. White infarcts

- arterial occlusion
- solid organs heart (yellow), spleen, kidney

3. Septic infarctions

- infective endocarditis (vegetations)
- suppurative thrombophlebitis
- infarction \rightarrow abscess \rightarrow granulation tissue
 - \rightarrow scar

8. Shock

Shock means systemic hypoperfusion due to a reduction of cardiac output / effective blood volume circulation

- hypotension → cellular hypoxia
- features hypotension, tachycardia, tachypnea,
 cool cyanotic skin (x septic s. warm)
- initial threat + shock manifestations in organs
- prognosis
 - origin + duration

Shock classified into 5 types (types of shock)

- 1. Cardiogenic shock: failure of myocardial pump
 - myocardial infarction, arrhythmias
 - pulmonary embolism
- 2. Hypovolemic shock: inadequate blood/plasma volume
 - hemorrhage
 - fluid loss (vomiting, diarrhea, burns, trauma)
- 3. Septic shock: vasodilation + endothelial injury
 - Gram+, Gram-bacteria
- 4. Neurogenic shock: loss of vascular tone
 - spinal cord injury
- 5. Anaphylactic shock: as IgE—mediated hypersensitivity

Thank you