CLINICAL ASPECTS OF ANGINA PECTORIS

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Angina Pectoris is an extruciating pain in the chest region commonly associated with chronic coronary heart disease. It is usually a symptom of coronary artery disease. There are three types of Angina Pectoris which include Stable, Unstable and Variant angina.

Risk factors of angina pectoris include; smoking, increase of bad cholestrols level such as low density lipoproteins, obesity, hypertension, sedentary lifestyle.

Angina Pectoris results when there is a plaque formation in the heart coronary artery which supplie the cardiomyocytes with oxygen and nutrition. It deprives the heart muscles with oxygen overtime and finally can causes local necrosis due to the ischemia caused by atherothrombosis. Basically oxygen demand by the cardiomyocytes outweighs the oxygen supply.

Diagnostic methods used in patients with angina pectoris include echocardiogam, electrocardiogram, stress test, chest x-ray, blood troponins levels test, coronary angiography, cardiac computerized tomography scan.

Management of angina pectoris:

* Stable angina may be controlled by rest; Nitroglycerine, long-acting nitrates and calcium channels blockers can be administered to control symptoms due to their vasodilatory action;
* Cholesterol lowering drugs are prescribed to every patient to reduce atherosclerotic lesions of coronory arteries;
* To prevent atherothrombosis, administration of antiplatelet drugs such as Asprin or Plavix is recommended;
* Administration of beta blockers and/or Ivabradine slows heart rate and dilates blood vessels of the heart causing a consequent reduction of the heart muscle demand of oxygen and nutrition thus controlling the condition;
* ACE blockers or angiotensin II receptors antagonists are used to prevent myocardial remodeling and developing of heart failure;
* Lifestyle modification may decrease chances of developing such conditions.

Surgical treatment ways of angina pectoralis includes:

* Stent placement within the affected coronary vessel can help with the restoration of normal blood flow to the heart muscles by pushing the plaque away from blocking the lumen
* Coronary artery bypass graft can also be used if the plaque is too big for a stent placement or there is a multifocal lesion.