Pathology of Ischemic and Hypertensive Heart Disease

DATE: September 25, 2018

Required Viewing:
Histology for Pathology Module: Histology of the Cardiac System

Reading Assignment:
Robbins Basic Pathology (Kumar, Abbas, Ester), 10th Ed.
Chapter 10, pp 376-378
Chapter 11, pp 399-403; 408-422

Helpful Additional Resource:
Pathophysiology of Disease: An Introduction to Clinical Medicine, 7th Edition, 2014
Editors: Stephen J. McPhee, Gary D. Hammer
Chapter 10: Section: Congestive Heart Failure
(Available on line through LUMC Health Science Library E-Books)

EDUCATIONAL OBJECTIVES:

- Define
  - Congestive heart failure
  - Systolic heart failure
  - Diastolic heart failure
  - Heart failure with reduced ejection fraction
  - Heart failure with preserved ejection fraction
  - Left sided heart failure
  - Right sided heart failure
  - Biventricular heart failure

- Summarize the primary signs/symptoms of left sided heart failure vs right sided heart failure

- Describe and explain the role of fixed coronary obstruction, acute plaque change, coronary thrombosis and vasoconstriction in the pathogenesis of ischemic heart disease.

- Compare and contrast the characteristic clinical features and mechanisms of the various types of angina:
  - Stable Angina
-Unstable Angina
-Prinzmetal Angina

- Describe the epidemiology, pathology, pathogenesis, and clinical consequences and complications of myocardial infarction.

- Correlate the age of a myocardial infarct with the associated morphologic changes, and potential complications.

- Compare and contrast the morphologic features and causes of a transmural infarct and a subendocardial infarct.

- Correlate the anatomic distribution of the coronary arteries with the location of a myocardial infarct.

- “Define vulnerable plaque”

- Compare and contrast systemic and pulmonary hypertensive heart disease with respect to etiology.