AJPMHS GLOBAL RESEARCH NETWORK

AMERICAN Journal of Pediatric Medicine and Health Sciences
Volume 01, Issue 04, 2023 ISSN (E): XXX-XXX

CLASSIFICATION OF HEART ARRHYTHMIAS

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ABSTRACT:
Current at the time heart arrhythmias learning very big to the point have because _ they are breath system diseases between a lot spread out is a patient life for dangerous has been complications cause release can Also life for important has been internal members also causes damage will be

Heart rhythm violation as a result some in patients of the heart wrong hit feeling observed. Wrong hit his hard or stop to stay condition with will pass.

Arrhythmias are heart rhythm violation being is counted. To these the following the cause will be Arrhythmias of the heart main functions, automatism, excitability, conductivity and of contractibility violation as a result come comes out.

Arrhythmias come exit to the reasons according to xar different will be Theirs some of them patients in themselves they don't notice maybe, but some kind of arrhythmias because of patients from life the eye work even can That's why for arrhythmias for us to know big importance occupation is enough.

KEY WORDS: Reasons**,** Arrhythmias Classification

MAIN PART:

Arrhythmias come exit Causes: Heart rhythm to the violation take coming reasons the following being is counted.

- Your heart organic diseases (of the heart ischemic disease, rheumatism, myocarditis, cardiomyopathy, heart diseases, hypertension disease and others).
- Functional diseases (vegetative nerve system disease)
- Physics and chemical effects (of the body from except hot with withdrawal, alkagol , digitalis damage and urine the driver tools under the influence of
- Heart rhythm idiopathic violation.

In the norm heart contractions for impulses from the sinus node is issued. Sinus node the first in order rhythm driver being is counted . From the sinus node usually up to 60-90 in 1 minute

impulses is issued . From the sinus node came out pulses BACHMAN, VENKEBACH, TORREL fibers through into pieces and to the atrioventricular (AV) node is transmitted . from the AV node impulses GISS tuple through to PURKINE fibers and myocardium to the muscles is transmitted . AV junction second in order rhythm driver being one 40-60 pulses per minute releases GISS bundle bottom parts and Purkin fibers while the third in order rhythm driver being is counted and one 20-40 pulses per minute releases.

Heart excitement usually from the sinus node came out impulses to account surface will come Because the sinus node in measure from himself below is located rhythm of the drivers automatism weakening stands. So in the sinus node injury appear when rhythm driver function below is located second and the third in order automatism centers take can.

Arrhythmias classification:

- Automatism function violation with depends arrhythmias
- Sinus tachycardia
- Sinus bradycardia
- Sinus arrhythmia
- Sinus knot weakness
- Excitability function violation with depends arrhythmias

Extrasystole;

- Compartments extrasystole
- AV Union extrasystole
- Ventricles extrasystole

Paroxysmal tachycardia :

- Compartments paroxysmal tachycardia
- AV junction paroxysmal tachycardia
- Ventricles paroxysmal tachycardia
- Excitability and conductivity function violation with depends arrhythmias ;
- Compartments shaking
- Ventricles shaking
- Shocking arrhythmia is located to the place according to (pieces and ventricles)
- Heart contractions to the number according to (bradysystolic , normasystolic , tachysystolic)
- Conductivity function violation with depends arrhythmias :
- Sinoatrial blockade (complete and incorrect)
- Compartments blockade
- Atrioventricular blockade (levels 1-2-3)
- GISS bundle legs blockade
- Automatism function violation with depends arrhythmias :
- Sinoauricular at the node impulses harvest of being violation as a result sinusoidal tachycardia , sinus bradycardia , sinus arrhythmia and sinus node lethargy syndrome surface will come

Sinus tachycardia this is sinus rhythm saved without heart contractions increase of the number to 90-180. Sinus tachycardia physiological and pathological will be.

Physiological sinusoidal tachycardia from eating then, physical in tension, of the body hot leaving coffee, bitter tea from drinking then, when excited, atropine acceptance when you do appear will be.

Pathological sinusoidal tachycardia heart in deficiency, myocarditis, thyrotoxicosis, myocardium in a heart attack appear will be

Patients most of the time complaints sometimes not heart hit leaving bother to do can In view of patients face a little red, pulses the number is around 90-180 on auscultation heart tones a little increased. On EKG basically 2 different changes observed . 1. Sinus rhythm stored i.e. R tooth ventricles of the complex in front will come and positive will be, 2. RR sorry reduced heart beats the number is around 90-180 will be

Sinus bradycardia: sinus rhythm saved in case heart contractions to reduce the number to 40-50 it is said. Sinus bradycardia is also sinus tachycardia like physiological and pathological to be can.

Physiological sinusoidal bradycardia physical cocktail and sports with engaged in in people and sleep during observation can.

Pathological sinusoidal bradycardia lost nerve to be affected take coming in diseases surface will come To these head the brain pressure in the increase, head the brain in swelling, head to the brain blood in pouring, head the brain tumor enters Sinus knot damage with passing diseases flu, stomach typhus, rheumatism, myocorditis myocardium in a heart attack sinusoidal bradycardia observation can Medicine of means

4-aminoquinoline derivatives, beta adrenoblockers, heart glycosides, potassium salts, calcium antagonists sinusoidal bradycardia take will come

Sinus in bradycardia patients almost complaint does not, heart contractions the number is around 40 when head rotations, please gone stays observation can.

Sinus arrhythmia: sinus rhythm saved without periodic respectively heart contractions number speeding up or slowing down to stand it is said. Sinus arrhythmia too physiological and pathological to be can.

Physiological sinusoidal arrhythmia young in children, adolescents breath get with depends on to be possible and them breath arrhythmia is called

Pathological sinusoidal arrhythmia lungs in emphysema, head the brain pressure in increase, thyrotoxicosis, rheumatism, myocardium in a heart attack observation can.

Sinus knot lethargy syndrome: sinus knot his own main function rhythm the initiator task can't do it stay because of surface will come Sinus knot lethargy syndrome sinusoidal bradycardia, ectopic rhythms appear to be observation can Sinus knot lethargy syndrome node branch ischemia, cardiosclerosis, myocarditis, cardiomyopathies take coming can Most of the time patients complaint don't do it can. But sometimes sinus knot lethargy because of heart rhythm heavy disorders too observation can Such in scores constant electrocardiostimulation to do right will come

Atrioventricular rhythm: heart of rhythm manager sinus at the node not but atrioventricular compound in the field surface. Atrioventricular rhythm myocardium in heart attack, rheumatism surface coming can. Impulses of the AV junction upper, middle and bottom from the parts to squeal looking before into pieces or from fractions and to the ventricles one different at the time or before to the ventricles arrived to go can _ That's why on EKG for of impulses to puzzles retrograde direction gone R gear for Minus into the QRS complex in front coming can. Impulses the number around 40-60 per minute. In view neck veins pulsation is determined . Because pieces and ventricles one different at the time reduced because of blood from the case upside down hole to the veins flowing comes out and pulsation gives. Treatment constant cardiac stimulation.

Extrasystoles: of the heart out of line except arousal and to shorten it is said. Extrasystole the cause to be Heart ischemic disease, myocarditis, rheumatism, cardiomyopathy, medicine tools, nervousness, electrolytes balance violation being is counted. Most of the time in patients extrasystoles without symptoms past leaving and when an EKG is accidentally performed to be determined can. Many extrasystole during in patients relax, sometimes heart in the field strong impulse appear that it was feeling dizzy, unconscious leave cases observation can Pulse when checking pulse stop hit observed. On auscultation out of line except contraction, heart 1-tone crackling at the top in the aorta and the 2nd tone in the lungs is weakened will be

Ecstasystole exit to the place looking

- Compartments extrasystole
- AV junction extrasystole
- Ventricles extrasystole is separated .

Compartments extrasystole: Ectopic furnace from fractions in one is located being from him came out impulses sinus to the node and to the AV node looking directed will be That's why for ectopic of the furnace of fractions which in the part to the location depending on the ECG of the R wave shape deformed, two with a sickle to be can The QRS complex is from the R wave after come shape unchanged will be Compartments from extrasystole after incorrect compensator pause observed. Compensator extrasystolic as a pause from the complex until the next P-QRS complex has been to the distance it is said . if extrasystolic from the complex previous and next RR distance standard to the distance of two RR equal to if such compensator pause complete compensator pause is called if extrasystolic from the complex previous and next RR distance standard from a distance of two RR short if such compensator pause incorrect compensator pause is called.

Compartments 4 ECG signs of extrasystole observed.

1. In turn except reduction is the R tooth and his of the QRS complex coming.
2. Extrasystolic R wave polarity change and his deformation
3. QRS complex in sinus rhythm of an extrasystolic QRS complex with similarity
4. Compartments from extrasystole after incorrect compensator pause presence.

Atrioventricular compound extrasystole: ectopic furnace atrioventricular from compound comes out and impulses one of time in itself even to pieces, etc to the ventricles directed will be.

If ectopic furnace AV joint above in parts is located if impulses retrograde facing before into pieces arrived goes, then while to the ventricles arrived goes. That's why PQ interval is shortened on ECG. QRS complex in front Minus R tooth is located will be To the ventricles impulses own in the direction of that he went of the QRS complex The shape is sinus rhythm unchanged will be.

If ectopic furnace AV joint medium in parts is located if impulses piecemeal and to the ventricles one at the time arrived goes R wave QRS complex on EKG with by joining the arrival R gear for cannot be determined. To the ventricles impulsive own in the direction of that he went of the QRS complex The shape is sinus rhythm unchanged will be.

If ectopic furnace AV joint bottom in parts is located if impulses before to the ventricles, then while retrograde direction into pieces arrived goes. That's why for From the QRS complex on the ECG after negative P gear is located will be To the ventricles impulses own in the direction of that he went for QRS of the complex The shape is sinus rhythm unchanged will be.

Atrioventricular compound ECG signs in extrasystole.

1. sinus rhythm shape unchanged and from time before appear which is the QRS complex will come

2. P tooth Minus from the QRS complex before or after will come or P to the QRS complex by joining the arrival is not detected on the ECG.
3. Incorrect compensator pause surface will come

Ventricles extrasystole: In this ectopic furnace from the ventricles one's on the wall is located will be Ectopic furnace which in the ventricle is located if before that's it ventricle stirs, then a little late second ventricle stirs up. That's why for ventricles QRS complex in extrasystole deformed and his duration from 0.12 seconds a lot to be can _ AV node from himself impulses up i.e into pieces did not conduct because of ectopic from the oven came out impulses into pieces arrived doesn't go The compartments are from the sinus node came out impulses to account stirs up but R is a tooth deformed ventricles complex building by joining the arrival for the P wave on the EKG cannot be determined. Segment ST and T notch extrasystolic of the complex main to the tooth opposite (discordant) direction will be That is extrasystolic of the lomplex main tooth R tooth to account fruit has been if from the ST segment isoline below and T tooth Minus will be if extrasystolic of the complex main tooth S tooth to account fruit has been if ST srgment from the isoline above and T tooth positive will be Ventricles in extrasystole compensator pause complete will be

Ventricles 5 different ECG changes in extrasystole observed.

1. In turn except shape altered QRS complex appear will be
2. QRS complex deformation from 0.12 seconds of duration extended will be
3. Segment ST and T notch extrasystolic of the complex main to the tooth reverse discordant directed will be
4. Ventricles extrasystole P tooth in front won't be
5. Ventricles from extrasystole after complete compensator pause will be

Extrasystoles rhythmic to be returned according to bigymeny, trigynemy, quadrigemyny in the form of will be

Bighymenia is sinus rhythm with of extrasystole periodic in exchange to come it is said.

Trigymenia is two consecutively to incoming sinus rhythm one extrasystole right coming or two consecutively coming to extrasystole single sinus rhythm right to come it is said.

Quadrigimenia is this to a single sinus rhythm three consecutively coming extrasystole, or three consecutively to incoming sinus rhythm one extrasystole right to come it is said.

Extrasystoles exit to the place according to polytope (ectopic furnace two or from him a lot in the place located) or monotopic (ectopic furnace one in the place located) will be

Paroxysmal Tachycardias: Suddenly one per minute heart up to 140-250 times of contractions increased suddenly to stop it is said. Paroxysmal of tachycardia main properties one whole attack during harmony preserved stands Seizure suddenly starting suddenly ends. Paroxysmal tachycardia that's it with sinusoidal from tachycardia difference does. Paroxysmal tachycardia even extrasystoles like of impulses exit to the place according to the following to species is separated.

- Compartments paroxysmal tachycardia
- AV junction paroxysmal tachycardia
- Ventricles paroxysmal tachycardia .

Atrioventricular paroxysmal tachycardia : In this ectopic from the furnace AV joint comes out and impulses one of time in itself even to the compartment even to the ventricle directed will be if ectopic furnace AV joint above in parts is located if impulses retrograde direction before into pieces arrived goes , then while to the ventricles arrived goes _ That's why for P- Qinterval on ECG shortened , from the QRS complex before negative P gear is located will be To the

ventricles impulse own in the direction of that he went of the QRS complex The shape is sinus rhythm unchanged will be

if ectopic furnace AV joint medium in parts is located if impulses piecemeal and to the ventricles one at the time arrived goes P wave QRS complex on EKG with by joining the arrival P gear for cannot be determined. To the ventricles impulses own in the direction of that he went of the QRS complex The shape is sinus rhythm unchanged will be

if ectopic furnace AV joint bottom in parts is located if impulses to the ventricles after while retrograde direction into pieces arrived goes That's why for From the QRS complex on the ECG after negative P gear is located will be To the ventricles impulses own in the direction of that he went of the QRS complex The shape is sinus rhythm unchanged will be

Atrioventricular paroxysmal ECG signs of tachycardia .

- That's right rhythm saved without heart of contractions suddenly up to 140-250 times per minute increase and attack suddenly stop .
- P tooth Minus from the QRS complex before or after coming or P wave QRS complex with by joining coming due to not being detected on the ECG
- Paroxysmal attack when it stops incorrect compensator pause is determined .

Compartments shaking of fractions one up to 200-400 times per minute to shorten it is said . Compartments paroxysmal from tachycardia different respectively in compartments appear has been only a certain part of the impulse to the ventricles will be held . That's why for on the EKG ventricles of the complex in front of 2 or from him more than pieces complex (f waves) is stored . of the QRS complex shape from the norm unchanged will be because impulses own direction according to from fractions to the ventricles will be held .

Of fractions distribution : In fractions separately muscle of groups up to 350-700 beats per minute arousal and to shorten it is said . Compartments in different ways of fractions one whole arousal and reduction instead of separately group of the muscles error arousal and reduction observed . Compartments AV node in the cell from fractions coming of impulses all of them transfer ability have not because _ of impulses most of the AV node reflector to the situation right will come Compartments in different ways ventricles reduction per minute

150-200 times right will come and the range of RRs one different will be of fractions one whole reduction not observed because of the P tooth instead of many in the EKG arrhythmic f waves observed . f waves in ECG big to smallness according to big and small wavy pieces arousal observed . Big wavy pieces in the excitation of f waves amplitude greater than 0.5 mm , small wavy pieces of f -waves in the distribution the amplitude is less than 0.5 mm will be

Ventricles contractions to the number according to tachysystolic (ventricles contractions the number 60-90 per minute), bradystolic (ventricles contractions the number less than 60 per minute).

Compartments EKG signs of mottling .

- P wave on EKG not to be
- P tooth instead of arrhythmic f waves to be determined
- between RRs distance xar variety
- QRS complex of form unchanged .

Ventricles Trembling : In the ventricles circle to the calculation of pulses (re-entry). their up to 200-300 times per minute rhythmic to shorten it is said . Ventricles in trembling agitations wave ventricles muscles known throughout _ out of the way rhythmic turning around stands _

CONCLUSION:

Heart blood vein system diseases the world according to present to the day until disability and of death main reason as it is remains _ the world Health Save Organization information according to all scientist 56% of cases are heart blood vein system diseases due to come comes out Europe in countries heart blood vein system diseases 4.3 million (48%) population per year to his death the cause will be

State statistics committee to the news according to Uzbekistan in the Republic

January-June 2021 months death reached in the case of 62.1% of citizens exactly blood rotation system diseases reason by doing shown .

Arithmology - modern Arithmology and electrophysiology separately clinical to discipline became _ Official 1992 Joint _ in the states appear has been this trend modern medicine of technologies fast development because of initially suddenly heart death risk determination and his prevention get measures work to exit directed .

This clinical of the rise modern medicine for importance all countries heart arrhythmias and conductivity violations surgery the way with treatment heart of operations big part organize is doing

Electrocardiography (ECG) appears to be with Arithmology separately direction separated .

Arithmologist _ heart to diseases specialized heart rhythm and of conductivity violation with depends diseases learning cardiologist _

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