Pathology of water-electrolyte exchange and laboratory diagnostics



Types of water exchange disorders

Dehydration

Water retardation



to the 'outside':

Losses

burns

Losses to the 'inside': ileus, ascites, edemas

A. Causes of Hyperhydration









Violation of the water-salt balance in the body occurs for various reasons.

- For example:
- Imbalanced diet (intake of excess carbohydrate foods)
- Wrong liquid diet
- Alcohol abuse
- Intense physical activity Cardiovascular diseases
- Endocrine pathologies
- Kidney and liver diseases
- Kidney and fiver diseases
- Metabolic disorders (Diabetes, etc.)
- Excessive use of diuretics Pregnancy toxicoses

adynamia Diarrhea and vomiting Hyperthermia, etc.

Symptoms of dehydration: Plaque on the surface of the tongue Bad breath from the mouth Dry skin Acceleration of breathing Nausea Pain in joints and muscles Tachycardia Weight loss

Symptoms of hyperhydration:

Weakness Vomiting Edema Don't convulse Arrhythmia loss of consciousness

Clinical and laboratory-instrumental examination carried out by doctor's appointment

increased urination \rightarrow dehydration,

- violation of the filtration process \rightarrow hyperhydration
- A common cause of chronic renal failure is \rightarrow arterial hypertension and diabetes
- General and biochemical analysis of blood and examination of urine:
- urea * glucose, pH, *creatinine *potassium, sodium,
- chlorine, etc. * protein
- * study of glomerular filtration rate. *Ultrasound examination is performed

In the pathology of the gastrointestinal system accompanied by vomiting and diarrhea \rightarrow dehydration If the doctor suspects an intestinal infection \rightarrow serological examination of blood to detect the causative agent, *faeces and vomit mass, etc. bacteriological study

Pilostenosis in children \rightarrow dehydration and body causes a violation of water-electrolyte balance. Dehydration \rightarrow blood clotting

Edemas According to its pathogenesis According to its origin

Hydrostatic Oncotic Lymphatic Osmotic Membranogenic Cardiac origin Renal origin Hepatic origin Cachectic Inflammation, etc.

CHART 6-1 Causes of Edema

Increased Capillary Pressure

Increased vascular volume Heart failure Kidney disease Premenstrual sodium retention Pregnancy Environmental heat stress Venous obstruction Liver disease with portal vein obstruction Acute pulmonary edema Venous thrombosis (thrombophlebitis) Decreased arteriolar resistance Calcium channel-blocking drug responses

Decreased Colloidal Osmotic Pressure

Increased loss of plasma proteins Protein-losing kidney diseases Extensive burns Decreased production of plasma proteins Liver disease Starvation, malnutrition

Increased Capillary Permeability

Inflammation Allergic reactions (e.g., hives, angioneurotic edema) Malignancy (e.g., ascites, pleural effusion) Tissue injury and burns

Obstruction of Lymphatic Flow

Malignant obstruction of lymphatic structures Surgical removal of lymph nodes

It refers to examination methods during edema:

*to determine local characteristics of edema or signs of systemic diseases by physical examination

- * to determine the period of existence of edema
- *to investigate the presence of pain in the area of edema
- * pay attention to the color of the skin in the area of edema
- * to conduct a doppler ultrasound examination of the lower extremities

* to perform computer tomography of organs
*Biochemical and general analysis of blood
*general analysis of urine

Applies to instrumental studies:

*electrocardiogram (ECG)
*echocardiography
*ultrasound examination
* X-ray of organs located in the chest, etc.