

Opening pulmonary valve in patients of cardiac arrest

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Abstract

Pulmonary valve is the most dangerous _ the first killer in the world ,and the heart of 3 valves is better than that of 4 valves. Opening it by a stent or by a sond, gives great benefit for 2 types of patients ; TYPE I;congestive heart failure[DCM]& TYPE II; Systemic arterial hypertension [HTN] Opening it by a stent or by a sond, gives indirect benefit for other types of patients. The new procedure is a new sond like PM sond designed to leave the PV always opened, it is a reversible procedure [if there is deterioration in the RV function , the sond is easily withdraw]. Scientific facts are we have to accept that pulmonary insufficiency[PI] is goodly tolerated for many decades , in pure congenital pulmonary stenosis,the best approach is balloon percutaneous intervention with excellent results,[that means PI is symptomatic],and no need in future for pulmonary val replacement[PVR].the only need for PVR is post Tetralogy of Fallot in only 10% after 20years, knowing that there is hypoplastic in RV outlet and pulmonary arteries and sometimes the need to do blalock[central shunt],and to put a patch to widen the outlet ,and almost all the operations of PVR are done for pts of patches, and those with preserved annulus and valvectomy do not need PVR ,that means the cause of right heart failure is iatrogenic and I think the operation PVR is not valid and malevaluated,I think it is avery particular case, and I shell exclude it Notice; it is impossible for the lone PI to cause right heart failure. The idea of the protocol is the Heart failure is the pathophysiology state in which the heart is unable to pump blood at a rate commensurate with the requirement of the metabolizing tissues.

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Biography

Samer AKL is medical doctor (MD) by profession and works with one of the private hospitals and lecturer in private institute of medical science in Syria. He holds an MD in

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