



# Hemodynamic Disorders, Thromboembolic Disease and Shock (Part 2)

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*250 years of EXCELLENCE  
in medical education,  
research & innovation  
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# Hemodynamic disorders

- Hyperemia (active and passive)
- Edema
- Hemorrhage
- Thrombosis
- Embolism
- Infarction
- Shock

# INFARCTION

# ISCHEMIA

- **Definition:** Decreased perfusion of organs and tissues
- **Causes:** arterial obstruction,
  - (relative ischemia)
- **Transient ischemia** (eg: coronary arteries -angina pectoris, cerebral arteries- TIA)
- **Long standing ischaemia:** reversible - irreversible injury

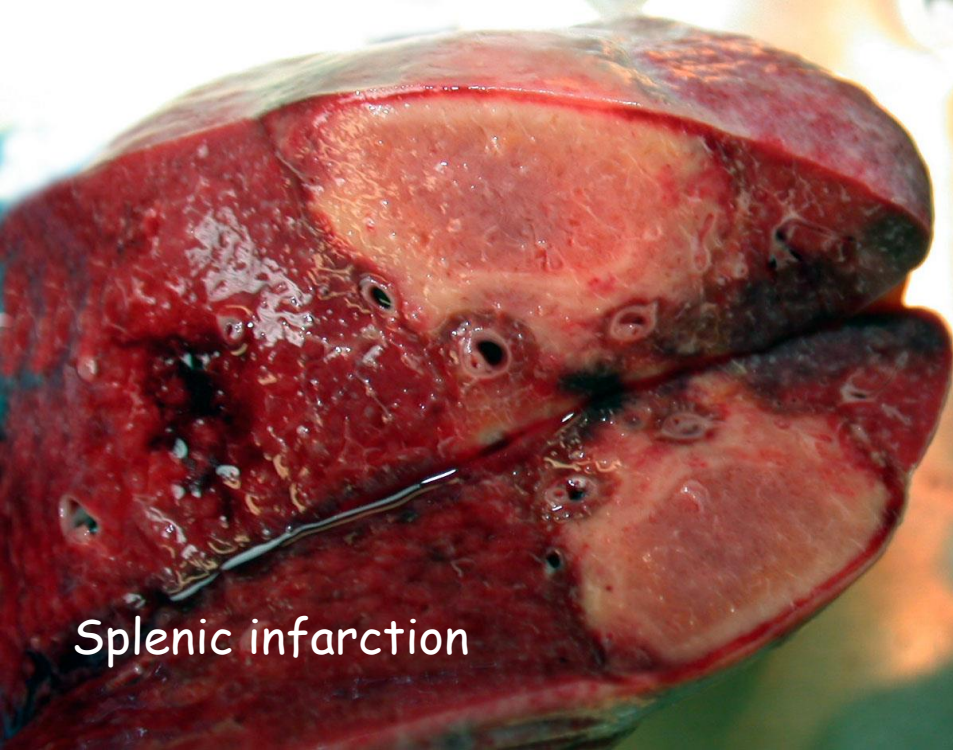
# INFARCTION

- **Ischemic necrosis** due to impaired arterial supply or venous drainage
- In **99%** due to thrombosis or embolism (mainly **arterial occlusion**)
- **Other mechanisms:** vasospasm, hemorrhage to atherosclerotic plaque, vascular compression (e.g. by a tumor), torsion (testis, ovary)

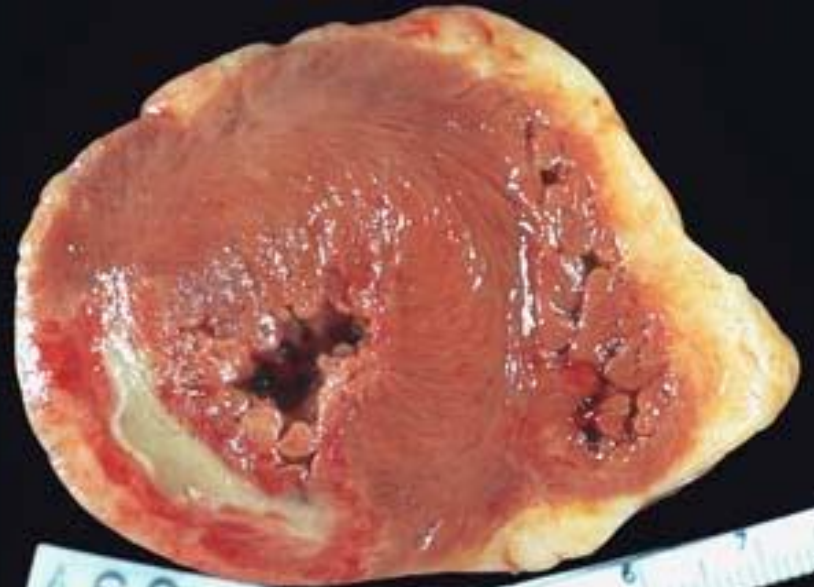
# SUBTYPES OF INFARCTION 1.

## ANEMIC (white) INFARCTS

- Coagulative necrosis
- Arterial (end arteries) occlusion
- In solid parenchymal organs
- Heart, spleen, kidney



Splenic infarction



A69-263

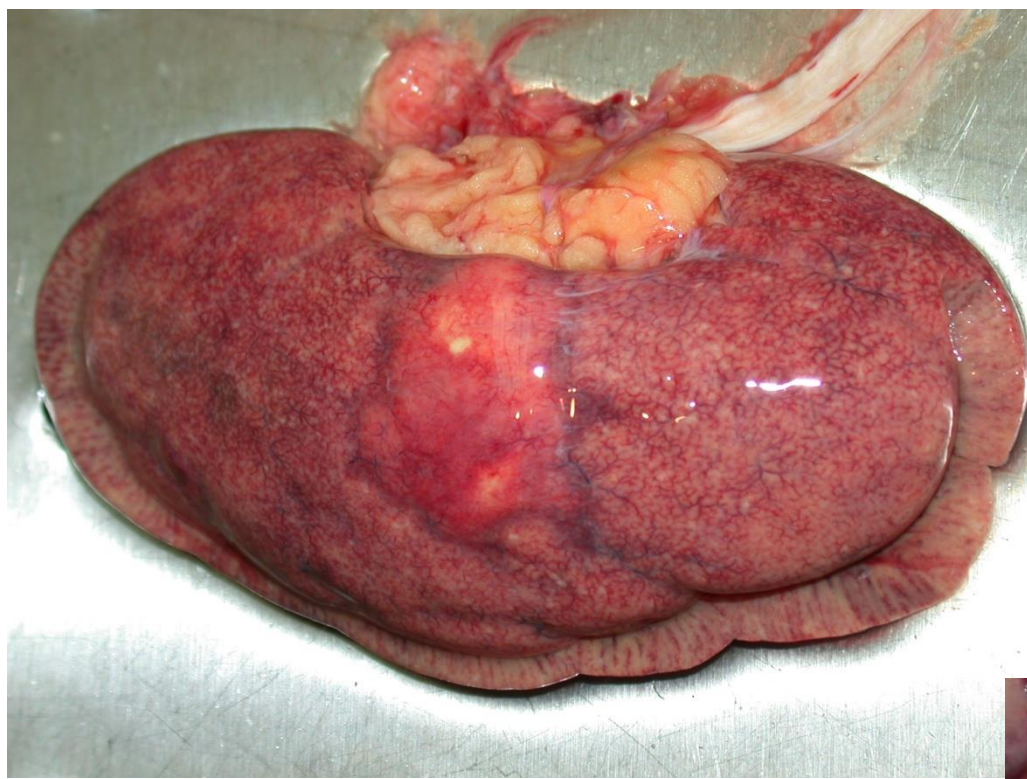
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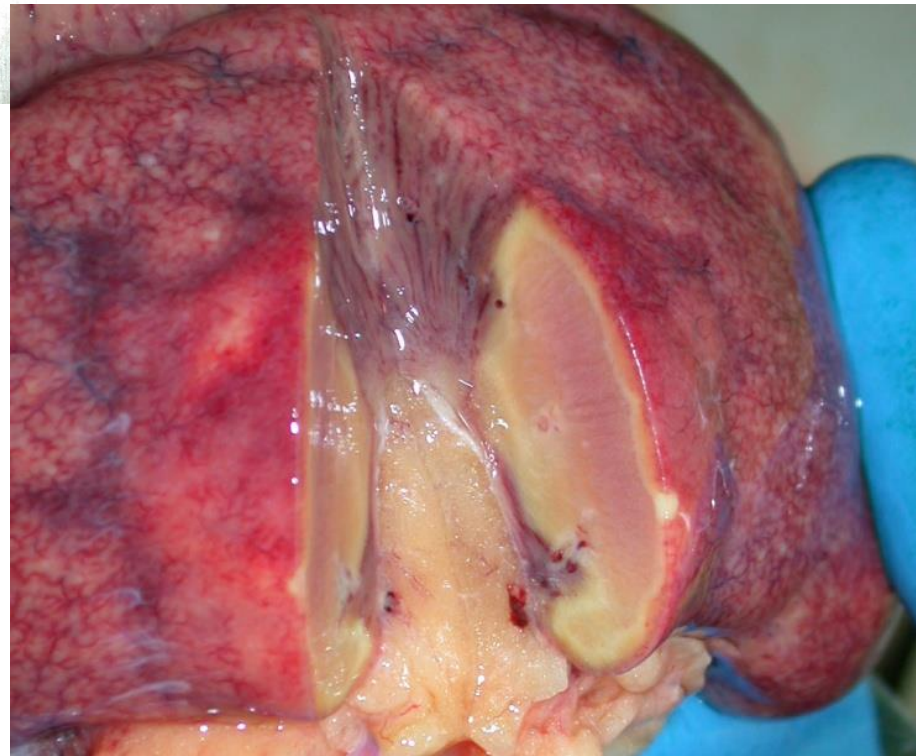
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Renal infarction

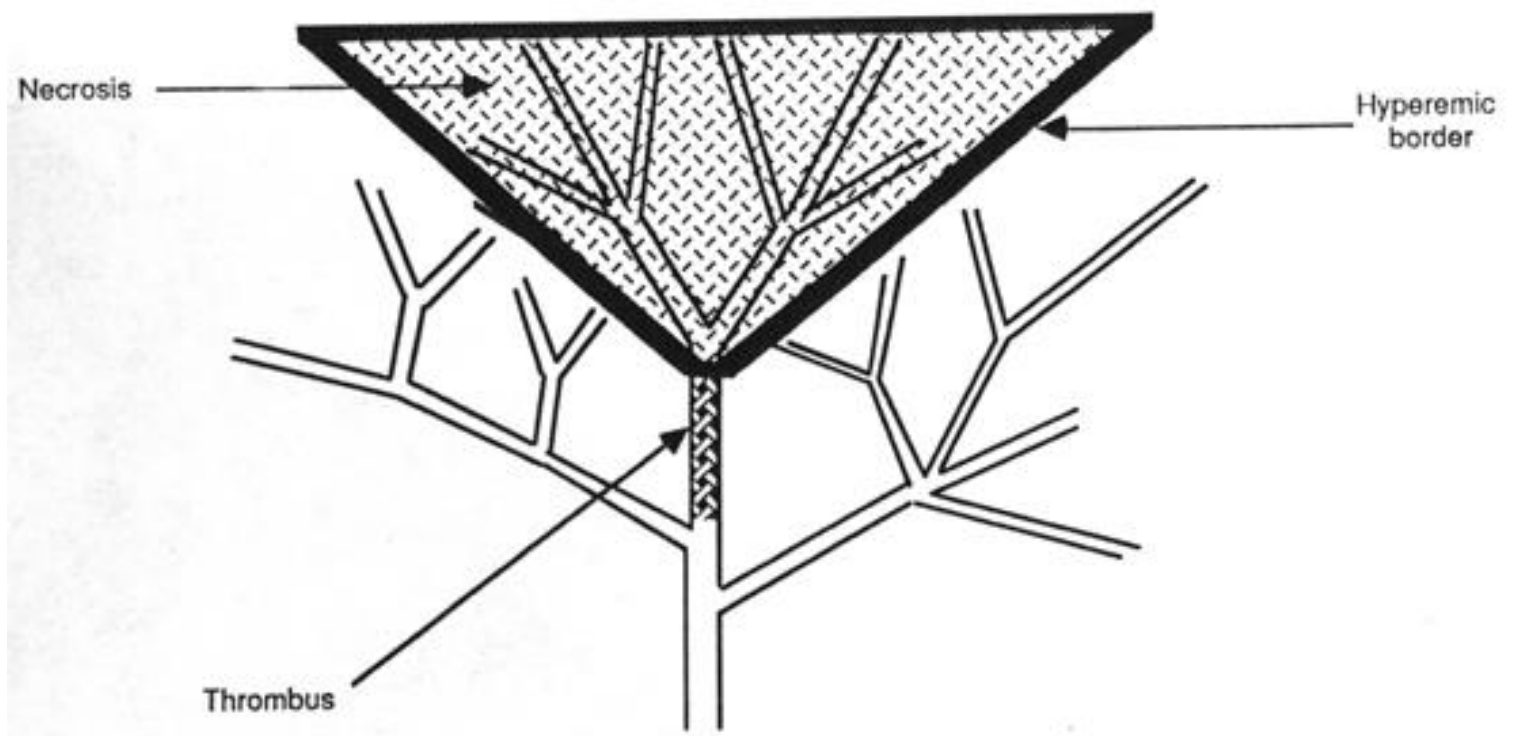




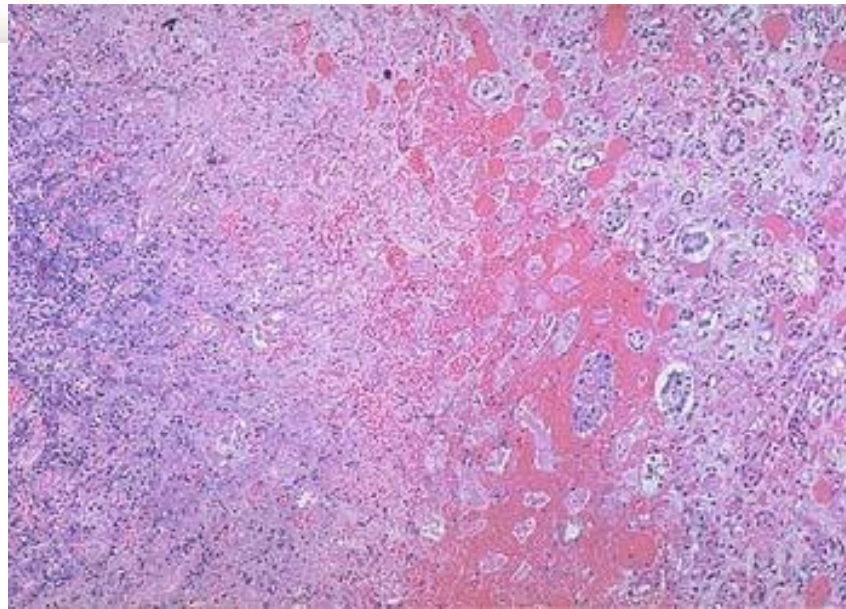
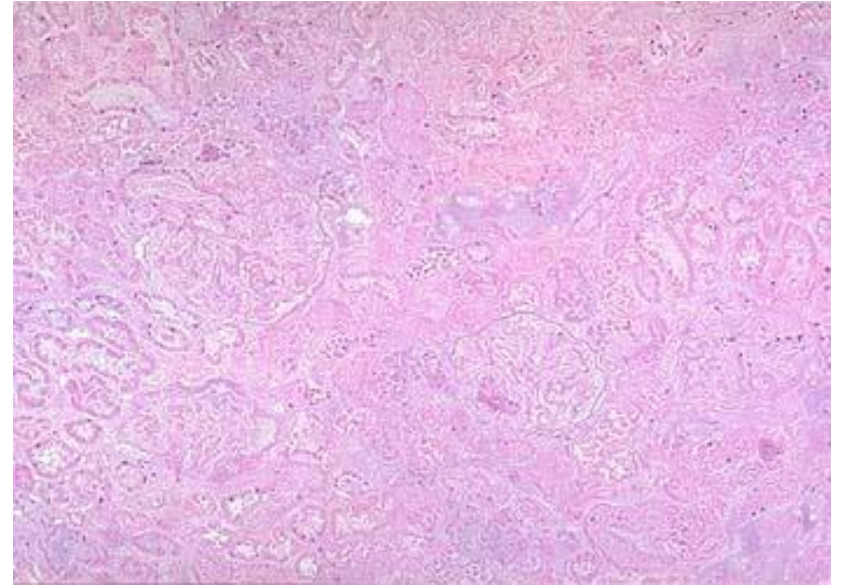
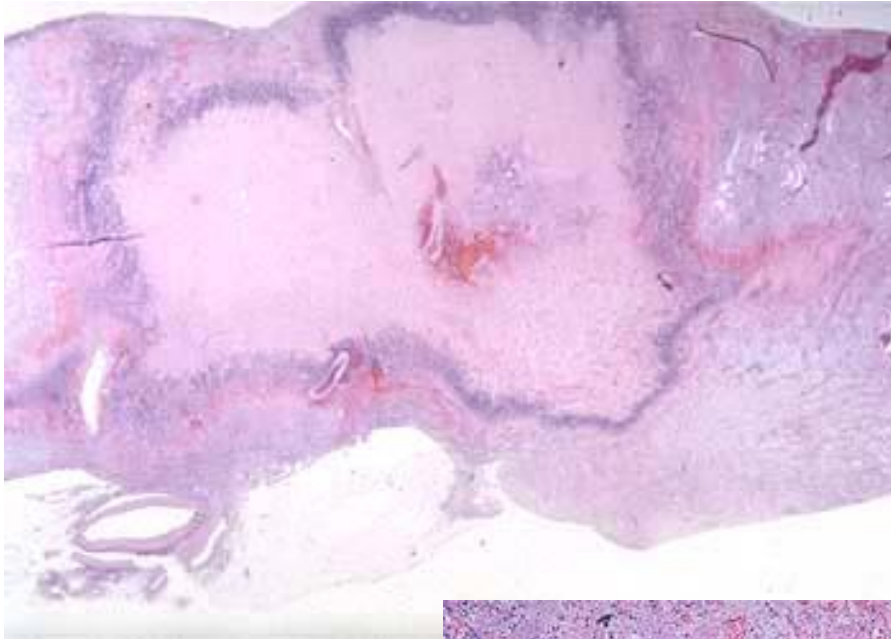
Renal infarction (+?)







# Anemic infarction- kidney



# SUBTYPES OF INFARCTION 2.

## HEMORRHAGIC (red) INFARCTS

1. Obstruction to venous outflow
2. In loose tissues
3. In organs with a **dual circulation**  
(eg. **lung, bowel**)
4. If preceded by congestion
5. When blood flow is re-established





Hemorrhagic infarct-lung





Hemorrhagic infarcts



Hemorrhagic infarction-testis



# 15721



# SPECIAL ORGANS 1.

## LIVER

**HEPATIC ARTERY** thrombosis, embolism-  
(eg. vasculitis, sepsis)

1. No infarction
2. Anemic infarction
3. Hemorrhagic infarction

# SPECIAL ORGANS

## LIVER cont.

### PORTAL VEIN THROMBOSIS

(pylethrombosis)

Intrahepatic - no infarction, only marked congestion (**Zahn infarction**- misnomer!)

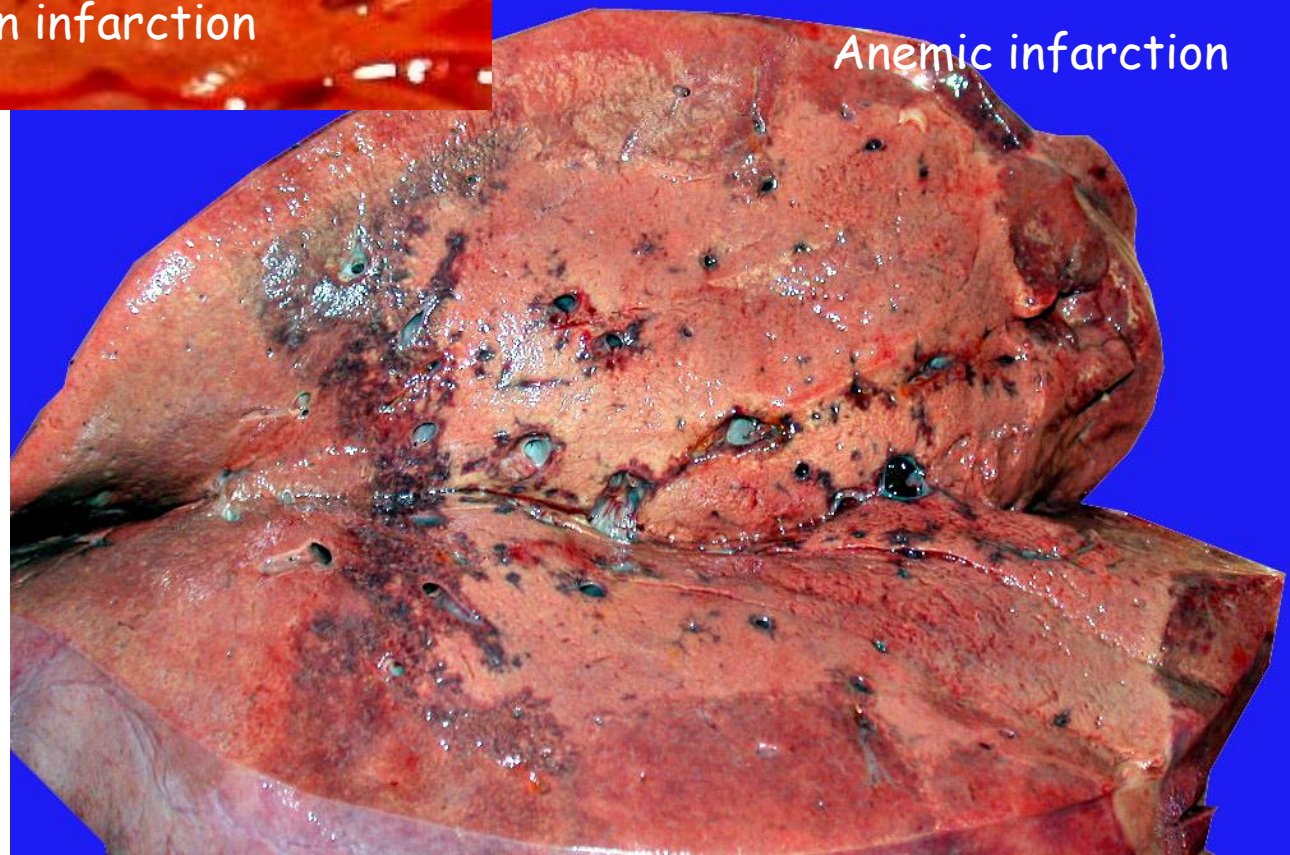
Extrahepatic - severe- abdominal pain, ascites, portal hypertension, bowel infarction

### HEPATIC VEIN THROMBOSIS

Budd-Chiari syndrome



Zahn infarction



Anemic infarction

# SPECIAL ORGANS

## BRAIN

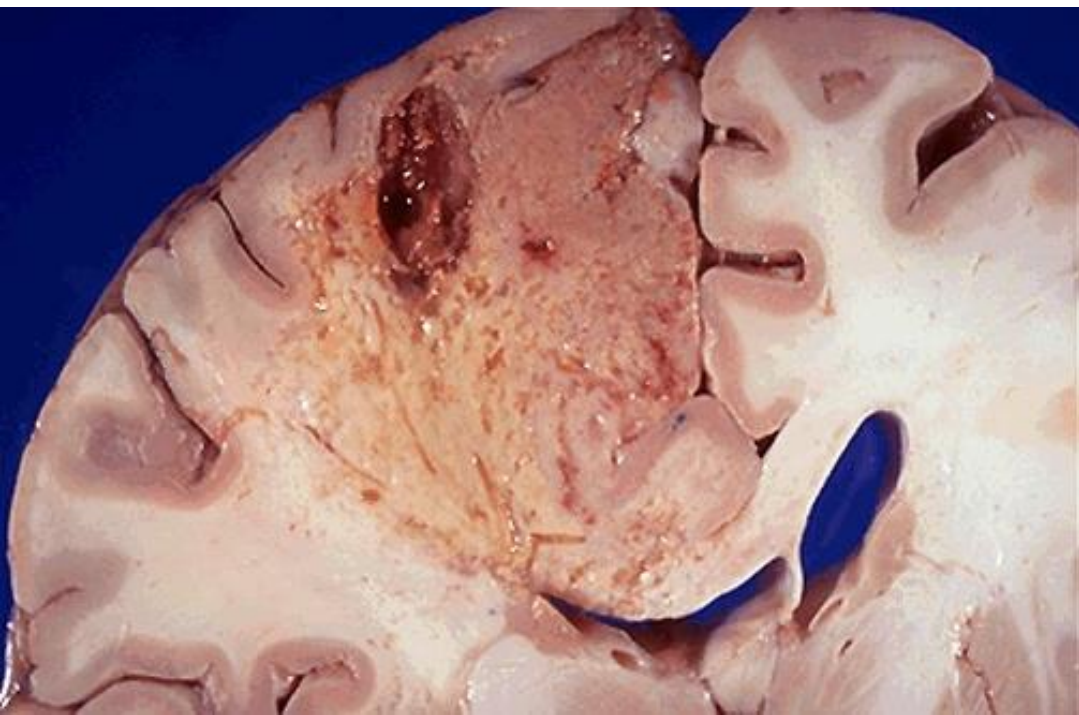
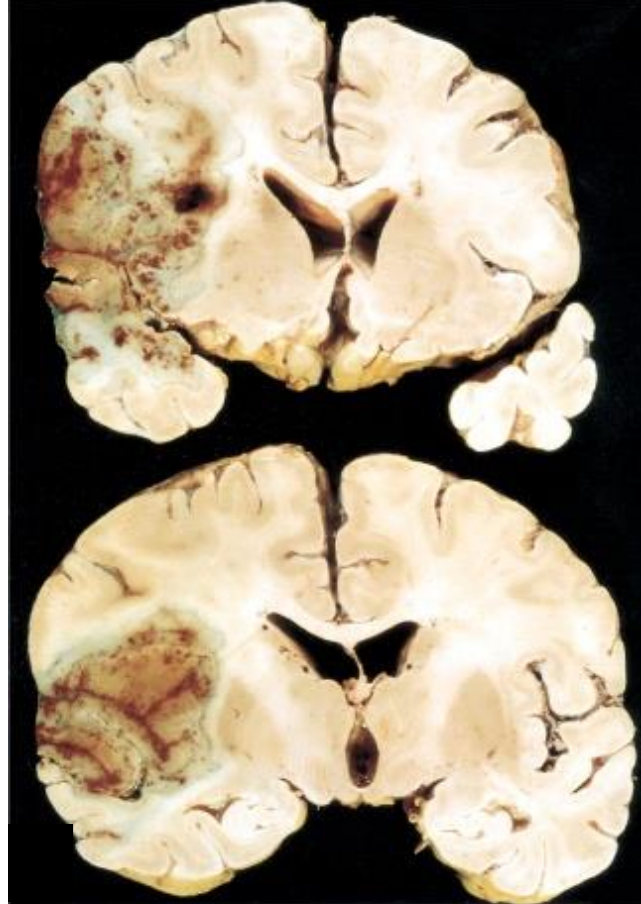
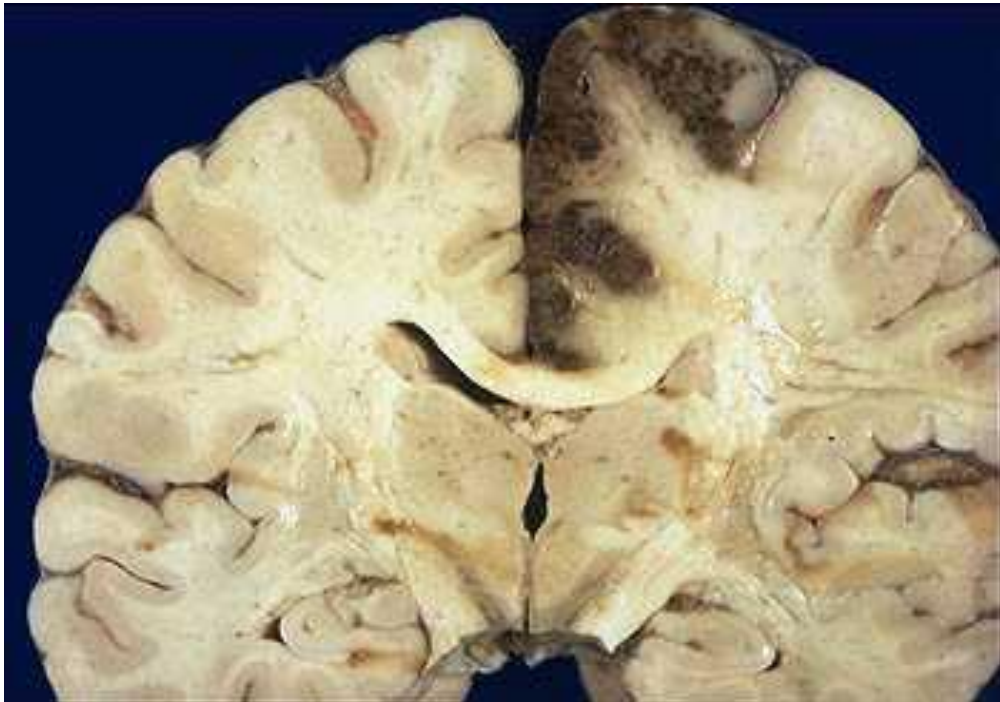
Liquefactive necrosis

Emmolitio (encephalomalacia) alba- anemic

Emmolitio (encephalomalacia) rubra-  
hemorrhagic

Cysta ex emollitione- cyst





# SHOCK

- **Definition:** clinical symptoms due decreased cardiac output resulting in systemic hypoperfusion, cellular hypoxia
- **Clinical signs:** Blood pressure↓, tachycardia, tachypnoe, skin cold and cyanotic (or flushed and warm)
- **Forms:**
  - Hypovolemic
  - Cardiogenic
  - Shock associated with systemic inflammation (Septic/Endotoxic)
  - Neurogenic
  - Anaphylactic
  - Endocrine
  - Traumatic

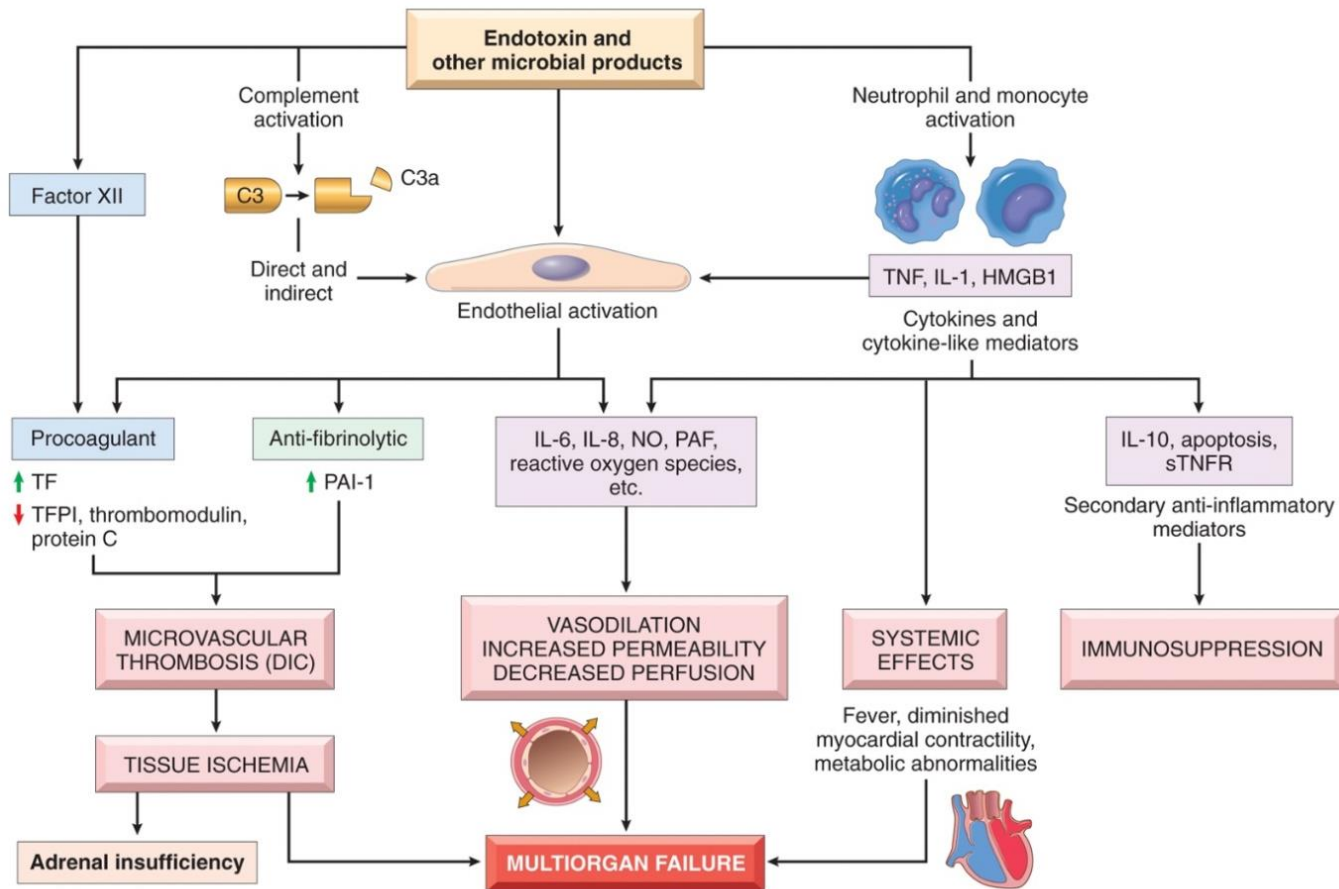


# Major forms of shock

Type of Shock	Clinical Example	Principal Mechanisms
Cardiogenic	Myocardial infarction Ventricular rupture Arrhythmia Cardiac tamponade Pulmonary embolism	Failure of myocardial pump resulting from intrinsic myocardial damage, extrinsic compression, or obstruction to outflow
Hypovolemic	Fluid loss (e.g., hemorrhage, vomiting, diarrhea, burns, or trauma)	
Shock associated with systemic inflammation	Overwhelming microbial infections (bacterial and fungal) Superantigens (e.g., toxic shock syndrome) Trauma, burns, pancreatitis	Activation of cytokine cascades; peripheral vasodilation and pooling of blood; endothelial activation/injury; leukocyte-induced damage, disseminated intravascular coagulation

Robbins, 8<sup>th</sup> edition

# Events in septic shock



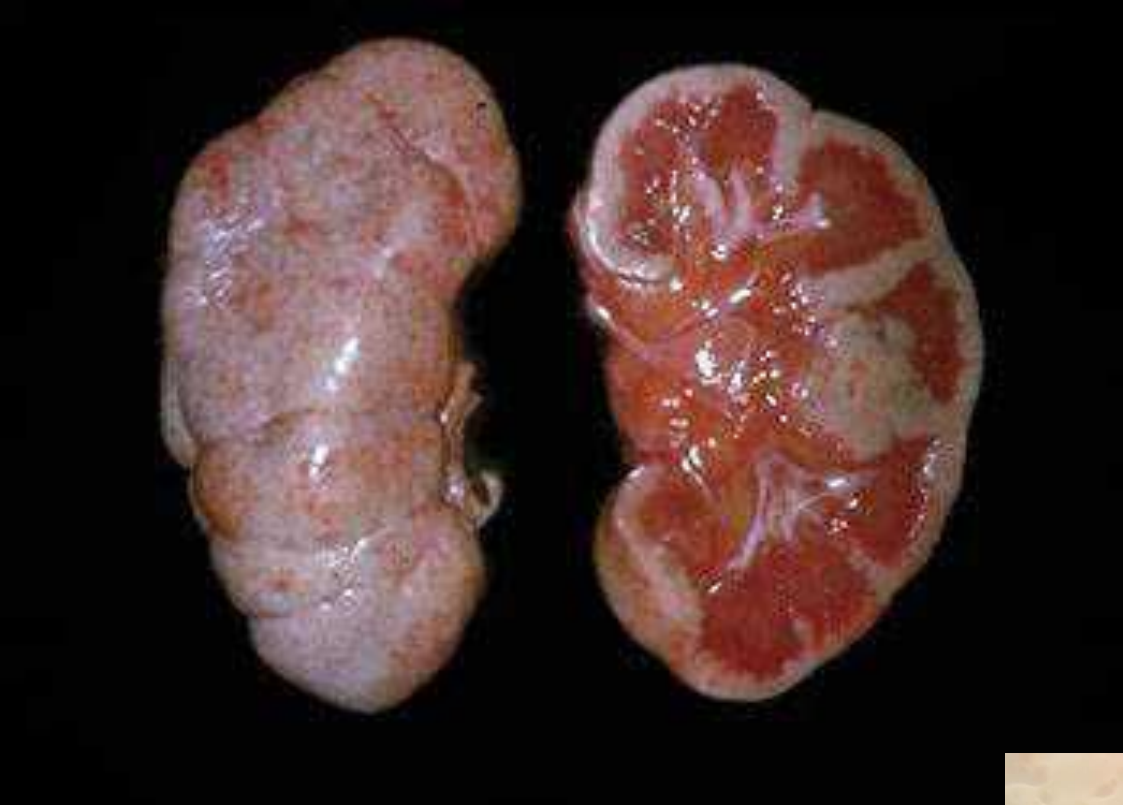
# Stages of shock

- **Nonprogressive phase**- blood supply of vital organs still maintained (neurohumoral reflexes!)
- **Progressive phase**- increasing circulatory and metabolic disturbance (acidosis!)
- **Irreversible phase** - tissue damage so severe that survival is not possible

# Manifestations of shock (results of hypoxia)

- **Kidney**
  - Macr: cortex pale and widened, medulla cyanotic
  - Micr: arteriole constriction, fibrin thrombi, tubular epithelial damage (**acute tubular necrosis**)
- **Lung**
  - Macr: livid, firm
  - Micr: **ARDS** (diffuse alveolar damage) in septic shock
- **Liver**
  - Microthrombi, **centrilobular necrosis**
- **GI tract**
  - Erosions, acute ulceration, hemorrhage
- **Brain**
  - Purpurae, hemorrhage, cortical necrosis (**pseudolaminar necrosis**), **watershed necrosis**
- **Heart**
  - Coag. necrosis, subendocardial hemorrhage
- **Endocrine organs**
  - Hemorrhage and necrosis (**Sheehan sy**, **Waterhouse- Friderichsen sy**), cortical cell lipid depletion in the adrenals, fibrin thrombi in **DIC**

→ **MULTIORGAN FAILURE**

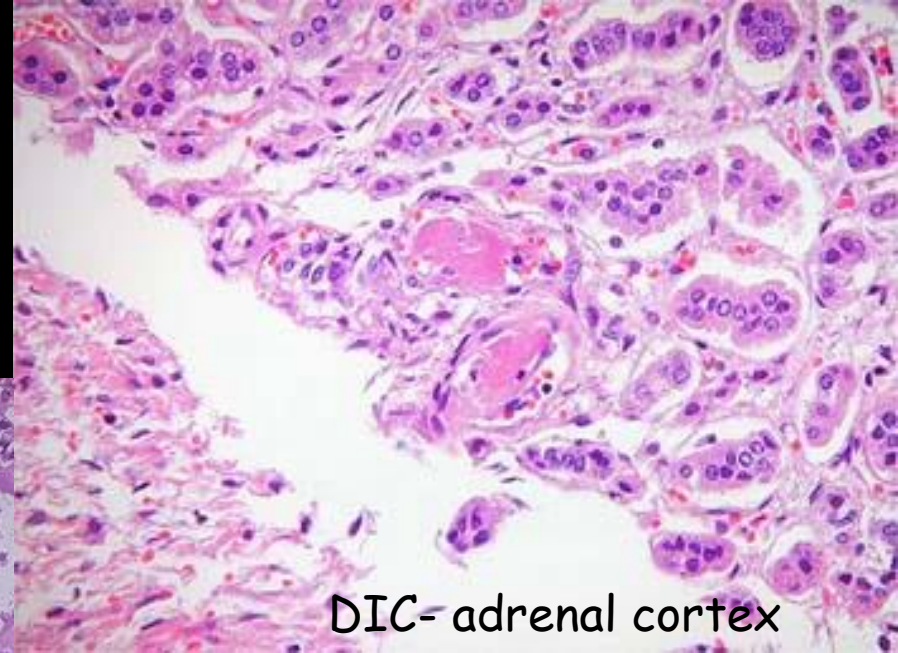


Shock- kidneys

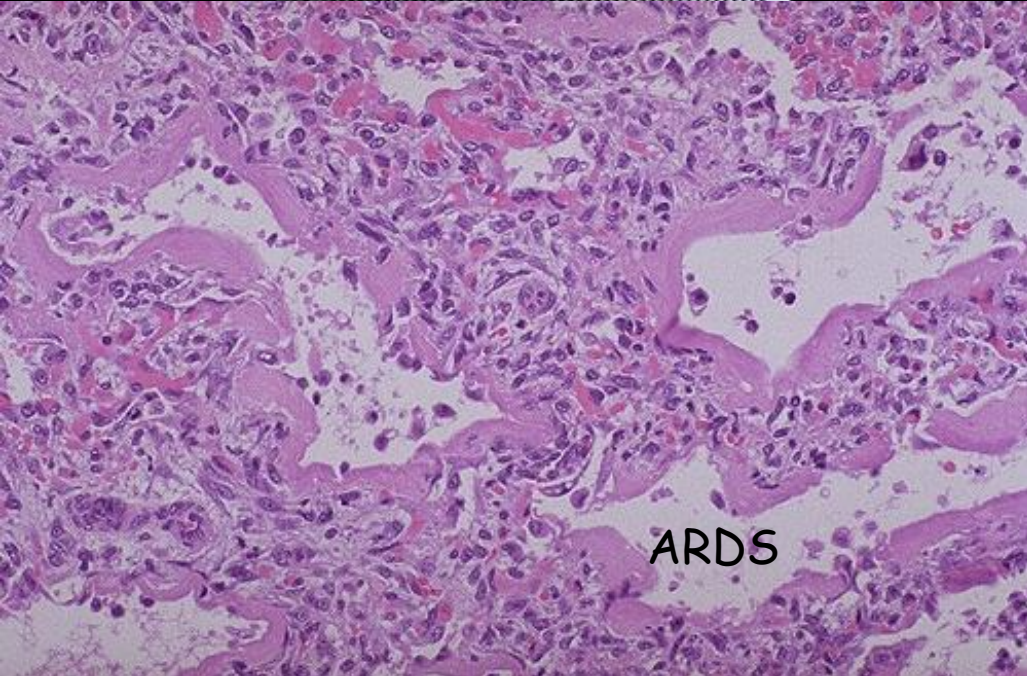




Brain- pseudolaminar necrosis



DIC- adrenal cortex



ARDS