10.3 Haemodynamic disorders

Name: _____ Class: _____ Date: _____ **Total: 24 marks**

KEY WORDS oedema • infarction

Objective

Compute oedema from Starling forces; walk Virchow's triad to infarct.

1 Key knowledge and worked examples

■ The arithmetic

Hydrostatic out ~30 mmHg (arterial) / ~15 (venous); oncotic (albumin) ~25 pulls back; lymph drains the surplus ✓. Oedema: ↑ hydrostatic, ↓ oncotic, ↑ permeability, lymph block.

■ Worked example: triad to infarct

Endothelial injury + stasis + hypercoagulability → thrombus → embolus → infarct ✓. Shock: cardiogenic, hypovolaemic (class III ~30 %, class IV >40 %), distributive (septic, warm first).

2 Practice

2.1 Name the four oedema mechanisms. [3]

2.2 Which protein provides most oncotic pressure? [3]

2.3 The three elements of Virchow's triad. [3]

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3 Exam-style questions

3.1 A fictional patient: right heart failure with dependent pitting oedema; a second with nephrotic syndrome and periorbital oedema.

For each, trace the Starling term that changed (venous hydrostatic rises; albumin lost $\geq$3.5 g/day so oncotic falls) and explain the different distributions (dependent vs periorbital) ✓. State the two further mechanisms with one example each (permeability – inflammation, exudate; lymph block – post-surgical) ✓. [8]

3.2 A fictional long-haul flight after surgery: calf pain, then sudden breathlessness.

Walk the chain: stasis + post-op hypercoagulability → calf thrombus → embolus to pulmonary arteries ✓. Explain why infarcts are pale in solid organs but red in lung (dual supply, loose tissue) ✓. Classify the three shock families with one example each. [7]

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