**St Peter’s Institute of Pharmaceutical Sciences**

**Course: Bachelor of Pharmacy**

**Subject: PATHOPHYSIOLOGY (THEORY)**

**Subject Code:** BP 204T

**Angina Pectoris**

Angina distinguished by paroxysmal pain in the substernal or precordial region of the chest which occurred by increase in demand of heart and pain decreased by rest. The pain mainly radiates to the left arm, neck, jaw or right arm.

There are three types of angina

1. Stable or typical angina

2. Prinzmetal’s variant angina

3. Unstable or crescendo angina

**1. Stable or typical angina:** distinguished by attacks of pain in physical exertion and emotional excitement. This type of pain decreases in rest.

* The myocardium cannot get adequate amount of blood due chronic stenosing coronary atherosclerosis.
* In ECG ST Depression is seen due to poor supply of blood to sub endocardial region of left ventricle.
* Enzyme levels in blood will be normal because there is no irreversible myocardial injury.

2. Prinzmetal’s variant angina: Pain may occur anytime and not related with physical activity.

* It may be due to sudden vasospasm of a coronary trunk by coronary atherosclerosis.
* In may be due to release of mast cells in coronary adventitia.
* ST elevation seen in the ECG

 **3. Unstable or crescendo angina:** alsocalled as pre-infraction angina or acute coronary insufficiency. It characterized by prolong pain even in the rest.

* Causes may be coronary atherosclerosis, coronary plaques, vasospasm of coronary artery, and platelet thrombi etc..,

**References:**

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