



Effect of Nutrients on Second Degree Atrioventricular Block

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DESCRIPTION

Second-degree Atrioventricular (AV) block, or second-degree heart block, is a disease of the cardiac conduction system in which conduction of atrial impulses through the atrioventricular node and/or His bundle is delayed or blocked. Patients with second-degree AV block may be asymptomatic or present with a variety of symptoms such as dizziness and syncope. Second-degree heart block is classified into two types: Type I and Type II. In second-degree heart block, impulses are intermittently blocked.

Second-degree heart block is two types. Type I also known as Mobitz Type I or Wenckebach AV Block. This is a milder form of second-degree heart block. The electrical signal gets slower and slower until your heart skips a beat. Type II, also known as Mobitz Type II. While most electrical signals occasionally reach the ventricles, some don't and your heart rate becomes irregular and slower than usual.

Second-degree heart block has a slower and sometimes irregular heartbeat. Not all signals reach the ventricles, and some heartbeats are interrupted. Second-degree AV block (type 2) is almost always a disease of the distal conduction system located in the ventricular portion of the myocardium. The ECG QRS will most likely be wide because the mass occurs in the His bundle or bundle branch and conduction through the ventricles is slowed.

Second degree heart block can cause dizziness, Fainting, feeling your heart stop for a moment, shortness of breath, nausea, severe fatigue (fatigue). Patients with second-degree AV block may be asymptomatic or present with a variety of symptoms such as dizziness and syncope. Mobitz type II AV block can progress to complete heart block, increasing the risk of death.

Mobitz type II AV block can progress to complete heart block, increasing the risk of death. Type II AV block is a transient complete failure of the conduction system below the level of His bundle. This means that both the left and right branches of the bundle do not conduct electrical impulses electrocardiogram. Second-degree heart block can progress to a more serious type of

heart block. This can lead to sudden loss of consciousness or sudden cardiac arrest.

It can arise secondary to multiplied vagal tone. The AV node is richly innervated with vagal fibers. Consequently, multiplied vagal tone normally produces a kind I as opposed to a kind II second-degree AV block. Chronic breathing disorder is a not unusual place motive of second-degree AV block secondary to multiplied vagal tone in dogs. Digitalis is an instance of a drug that may produce second-degree AV block, basically *via* its capacity to growth vagal tone. Other pills that may motive second-degree AV block through vagal stimulation encompass xylazine and intravenous atropine. The growth in vagal tone with intravenous atropine takes place earlier than the lower in vagal tone and is transient. Second-degree AV block also can be because of conduction machine disorder.

The most common cause of heart block is myocardial infarction. Other causes include cardiomyopathy, commonly known as cardiomyopathy, heart valve disease, and structural heart problems. Heart block can also be caused by damage to the heart during open-heart surgery, a side effect of certain medications, or exposure to toxins. Heredity can be another cause. You have a congenital heart defect. You have a condition that affects your heart, including rheumatic heart disease or sarcoidosis. You have an overactive vagus nerve (heart beat slows). You are taking medicines that slow the conduction of electrical impulses from the heart, including certain heart medicines (beta blockers, calcium channel blockers, digoxin), blood pressure medicines, antiarrhythmics; muscle relaxant.

Atrioventricular block is associated with many known cardiovascular risk factors and conditions. In this study, common, easily measurable, and modifiable risk factors for high systolic blood pressure and higher fasting blood glucose were independently associated with AV block. Together, these 2 directly modifiable variables could potentially explain more than half of AV blocks in the community. Effective treatment of hypertension and maintenance of normal blood glucose levels may be useful strategies to prevent AV obstruction.

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