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Diagnosis of Keshan disease

(English Translation)

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1 Scope

This standard specifies the key points for diagnosis of Keshan disease and the technical indicators for classification.

This standard applies to the diagnosis of Keshan disease.

2 Terms and definitions

The following terms and definitions apply to this document.

Keshan Mountain sease an endemic cardiomyopathy of unknown cause, the main pathological changes are degeneration, necrosis and scarring of the myocardial parenchyma, and the heart is myogenic Sexual expansion, the heart chamber expands, and the ventricular wall tends to thin. The main clinical signs are cardiac insufficiency and arrhythmia.

3 Principles of diagnosis

Living in Keshan disease area continuously for more than six months, with Keshan disease onset time and population characteristics (see Appendix A). Have cardiomyopathy or Clinical manifestations of cardiac insufficiency, or myocardial tissue with the pathological anatomical changes of Keshan disease, can rule out other heart diseases, especially

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myocardial diseases patient.

4 Diagnosis

It conforms to the diagnosis principle of Keshan disease, has any one of D~c), and meets any one or one of the performances of Phi~D, Keshan disease can be diagnosed.

5.1 Urgent

The onset is sudden, manifested by extensive and severe acute myocardial degeneration and necrosis.

The muscle contractility is significantly weakened, but the heart is enlarged or acute pulmonary edema is severe and acute Keshan disease.

5.2 Sub-acute

The course of the disease progressed slowly, and cardiogenic shock occurred.

6.2 Subacute Keshan disease needs to be the same as acute

Differentiation of vitamin hyperplasia, pericarditis, etc.

[Bronchiopneumonia, Endocardial Elastic Fiber

6.3 Chronic Keshan disease needs to be differentiated from dilated cardiomyopathy, [Jb package inflammation, rheumatic heart valve disease, etc.].

6.4 Latent Keshan disease needs to be the same as focal myocarditis and non-infarct

6.5 Refer to Appendix E for the differential diagnosis criteria of various types of Keshan disease.

Appendix A

(Good specification appendix) Epidemiological characteristics of Keshan disease A. l Regional the sick areas in my country are distributed in the narrow and low-selenium zone from the northeast to the southwest. According to the historical situation of the counties, townships, and villages where Keshan disease occurred, all the country's identified sick areas include Hebei, Shanxi, Inner Mongolia, Liaoning, Jilin, Heilongjiang, Shandong, Henan, Hubei, Chongqing, Sichuan, Guizhou, Yunnan, West 16 provinces (autonomous regions and municipalities) in Tibet, Shaanxi and Gansu. Keshan disease areas are all rural, mostly remote areas or mountainous areas with inconvenient transportation and underdeveloped economy.

A. 2 The crowd chooses best the cases are all farmers in the ward or non-ward residents

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who have lived in the ward for more than six months and have the same lifestyle as the farmers in the ward;

The disease is more common in women during the reproductive period, after weaning to preschool age (2 to 7 years old) children; it may be more frequent in families.

A.3 Timeliness

Acute and slow acute attacks mostly occur in the winter in the north (November to March of the following year), and the subacute type mostly occurs in the southwestern region (mainly it is found in Yunnan, Sichuan and Chongqing during the hot and humid summer (June~September).

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