

Case report. The 67-year-old woman was admitted to cardiology department with dyspnea, orthopnea, palpitations, and fatigue. Anamnesis: 10 years of atrial fibrillation and type 2 diabetes and 15 years with arterial hypertension. By the time of addressing, the patient has been administering anticoagulants for several months with warfarin while maintaining INR-2. Physical examination revealed an irregular pulse, at a rate of 110 beats/min. The electrocardiogram revealed an atrial fibrillation with rate 150-100 b/min. The chest X-ray - pulmonary congestion. TTE - revealed a severe mitral stenosis (GPmax – 33 mm/hg, area - 0,6 cm²) with third degree mitral regurgitation and left atrial mass (50*36 mm), third-degree tricuspid regurgitation. Left atrium was enlarged (67*84 mm), severe pulmonary arterial hypertension. These findings were confirmed by TEE. The preoperative coronarography showed neovascularization among the mass and huge fistula from the circumflex artery in the tumour mass and left atrium. We strongly suspected a vascular tumor, especially myxoma. Preoperative decision was made to perform cardiac MRI - “hook”- shaped mass formation, fixed to the upper rear wall of the LA, 7 cm long, massive thrombus. Cardio-surgical intervention was performed: MV prosthesis MDT “Hancock-II ultra” N29, complex plastic repair of TrV, removing the massive thrombus from the LA. After surgery, the patient had uncomplicated recovery.

Conclusions. Atrial mass management will be based on clinical history (mitral stenosis, permanent atrial fibrillation) and echocardiographic data. If atrial mass persists during treatment with anticoagulants, cardiac MRI and coronarography are useful for diagnosis. However, the final diagnosis is established during cardiac surgery.

Key words: atrial fibrillation, atrial mass, MRI, coronarography, surgery

3. SITUS INVERSUS WITH DEXTROCARDIA AND AORTIC VALVE REGURGITATION: A CASE REPORT

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Background. Dextrocardia with situs inversus is a rare congenital condition with less than 1 person in 10 000, in which the internal organs are mirrored inside the human body. The majority of the patients with dextrocardia and situs inversus are phenotypically normal and have a normal life without any complications related to their congenital condition. About 5-10% of these patients develop another congenital defects. There are only few published cases of the patients with situs inversus with dextrocardia associated with aortic valve regurgitation.

Case report. The 33 years old male with dextrocardia and situs inversus diagnosed in the childhood was consulted during routine medical examination. Chest radiography showed dextrocardia and situs inversus. The electrocardiogram showed sinus rhythm with right axis deviation and reverse R-wave progression in the precordial leads. He was examined by transthoracic echocardiography and third degree aortic regurgitation was found, moderate dilatation of the sinus of Valsalva – 43 mm, and no dilatation of the ascending aorta – 35 mm. There were no data for aortic dissection. The ejection fraction of the left ventricle was 55%. Computer tomography (CT) showed reversed positioning of mediastinal and abdominal organs – complete situs inversus and dextrocardia. On CT there were no signs of stenosis or dissections of the thoracic and abdominal aorta. The patient was referred to cardiac surgery for correction of valvular pathology. A complex aortic valve repair was performed. Postoperative period was without complications. On control echocardiography after one month there was no important aortic regurgitation.

Conclusions. Dextrocardia with situs inversus and aortic valve regurgitation is a very rare cardiac pathology. If cardiac surgery is necessary it can be challenging but feasible with good results.

Key words: dextrocardia, situs inversus, aortic regurgitation, CT, cardiac surgery

4. CEREBRAL COMPLICATIONS OF ATRIAL FIBRILLATION

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Background. Atrial fibrillation is one of the great problems that cardiologists around the world are trying to solve, according to the World Heart Federation (WHF) between 1990 and 2013. The total number of diagnosed AF cases has increased globally from less than 7 million to over 11 million, and this number continues to grow. The prevalence of AF varies between 0.5% and 1% in the general population and increases in relation to age, exceeding 6% among subjects over 80 years old. The incidence of AF is between 0.21 and 0.41 per 1 000 persons/year. It is estimated that by 2030, 14 - 17 million patients in the European Union will suffer from AF, plus 120 000 - 215 000 newly diagnosed patients per year. Taking into account the upper mentioned data, we decided to examine atrial fibrillation complications, evaluate anticoagulant treatment and maintenance of therapeutic INR importance in patients with AF, as well as the value of kinetotherapy in patients with stroke.

Case report. We will present a clinical case, about a 65 years old female, who has been suffering from AF for 5 years and who maintained INR (between 2 – 3) within the normal limits. She had interrupted the administration of the anticoagulant treatment, prior to a mini-invasive intervention, and as a result, the value of the INR has decreased < 1.1 in 4 days. The patient underwent a cardioembolic stroke. We examined this patient, clinically and paraclinically. She was examined before and after stroke, the following instrumental examinations being performed: electrocardiogram, echocardiography, doppler of carotid arteries, and cerebral Computed Tomography before and post fibrinolysis. We used CHA₂DS₂-VASc scores for AF stroke risk (that was at that moment 4 points from 9), HAS-BLED scores for bleeding risk assessment (that was at that moment 4 points from 9), and MMSE (Mini-Mental state Examination), for mental status examination, that at the moment of stroke was 5 out of 30 points. Now the patient's MMSE scores is 27 points because at the moment of the stroke the correct and fast measures were taken the right pharmaceutical and kinetotherapeutical treatment were administered.

Conclusions. The risk of cardioembolic stroke to the patient with AF is very high and depends on age and the presence of other comorbidities. Anticoagulant treatment in AF patients is paramount, cessation of anticoagulant treatment leads to serious complications such as stroke. Fibrinolytic therapy in stroke patients that is included in the therapeutic window significantly reduces post-thromboembolic sequelae. Kinetotherapy has to be performed and individualized as early as possible, which will allow the patient to recover spectacularly.

Key words: atrial fibrillation, stroke, anticoagulant treatment

5. TREATMENT FOR VENTRICULAR TACHYCARDIA IN THE ABSENCE OF STRUCTURAL HEART DISEASE.

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