

risk factors being obesity and sedentarism. The incidence of complications such as AMI and stroke in this interval of age is equal for both men and women, while pre-menopause women are less affected due to the protective role of estrogen.

Key words: hypertension, dyslipidemia, myocardial infarction, stroke, hypoestrogenemia.

52. THE IMPACT OF ORAL BACTERIEMIA IN DEVELOPMENT OF INFECTIVE ENDOCARDITIS

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Introduction. Infective endocarditis (IE) is a severe disease. The incidence in patients after dental treatment is 1 to 533.9 treated persons, predominant etiological agents in this case being streptococcus, mainly *Streptococcus viridans*.

Aim of the study. To evaluate the particularities of "oral" endocarditis.

Materials and methods. 287 patients with defined IE, mean age - 50 ± 0.3 years, were examined clinically and paraclinically. Patients with IE were divided into 2 groups, group I - IE caused by oro-dental infection IORD + (45.7%) and group II IORD- (54.4%).

Results. Patients with IE with IORD + had a history of dental extractions in 31.3%, gingivitis - 26.7%, caries - 17.6%, periodontitis - 1.5%, tonsillitis - 9.9%, and poor oral hygiene in 37.2%. The clinical manifestations that predominated in patients from group I were the toxico-infectious syndrome in 95% and in 28% the musculoskeletal syndrome: myalgia (29%), arthralgia (26%) and arthritis - 7.6 (%). Positive haemocultures in group I - 35.9% vs 30.1% in group II. In group I prevailed *Streptococcus viridans* in 10.7% and *Staphylococcus aureus* in 8.4%, in group II - *Staphylococcus* in 18.4% and Gram negative bacilli in 4.6%. The echocardiographic examination diagnosed vegetations in 74.8% of cases in group I versus 68.2% in group II. Complications in group I were: pneumonia 35.1%, and nephritis 4.6%. The patients from group I received more often Amoxicillin 17.6% and Gentamicin 50.4%, but those in group II were treated with Cephalosporin 41% and Vancomycin 21.8%.

Conclusions. Infective endocarditis of oro-dental etiology was more benign, with a predominant toxico-infectious and musculoskeletal syndrome; the main pathogenic agent was *Streptococcus viridans*, the most frequent complications being pneumonia and nephritis with less aggressive treatment than in those without oro-dental pathology.

Key words: infective endocarditis, oro-dental pathology, positive haemocultures

53. THE IMPACT OF ARTERIAL HYPERTENSION ON AORTA GEOMETRY AFTER SURGICAL REPAIR OF AORTA COARCTATION IN CHILDREN

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Introduction. Arterial hypertension is one of the worst predictors after surgical repair of aortic coarctation (ACo). Knowing the likelihood of hypertension development depending on age of primary repair is useful for long-term surveillance and counseling.

Aim of the study. Studying the impact of arterial hypertension (AH) on aorta geometry after surgical repair of ACo in children.