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: hypertention, 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 Amoxacillin 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 viridians, 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.

Materials and methods. The research included 49 children with ACo operated with different remaining pressure gradients. Respondents were examined by transthoracic echocardiography. Outpatient blood pressure monitoring was performed with the TA Holter for 24 hours. All the children included in the research were computed for the Z score for aortic dilatation.
Results. In 34.69% of cases with children with AC operated and with a pre-existing gradient, AH values at 24h> 90 percentile monitoring, 65.3% TA ≤ 75 percentile (AH based on age and height). Percentage of time was over. 30.61% of respondents had aortic diameters increased in height and body surface area (Z score).
Conclusions. ACo is part of congenital aortic disease (CAD), often debilitating, resulting in AH and with a poor progression. Dilation of the aorta is a severe and irreversible complication within ACo, in combination with HTA.
Key words: congenital, aorticopathies, aortic coarctation, arterial hypertension, children.

54. CARDIOVASCULAR RISK ASSESSMENT IN PATIENTS WITH RHEUMATOID ARTHRITIS

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Introduction. Several studies have highlighted a significant association between rheumatoid arthritis (RA) and accelerated atherosclerosis. It has been found that high disease activity and the presence of cardiovascular risk factors play an important role in these patients.
Aim of the study. Evaluation of patients with rheumatoid arthritis in terms of traditional and non-traditional cardiovascular risk factors and analysis of established cardiovascular diseases.
Materials and methods. A prospective cohort study was performed, which included 52 patients (mean age 54.1 □ 13.3 years), male/female ratio 1:3.3. General evaluation assume assessment of the CV risk factors, and the disease activity was assessed according to the DAS-28 index. The mSCORE diagram was used to assess CV risk in patients with rheumatoid arthritis. Statistically, the material was processed using the t-student program, MedCalc.
Results. The presence of CV risk factors was reported in 51(98.1%) of 52 patients included in the study, predominantly females - 40(76.9%), dyslipidemia - 35(67.3%) patients, HT at 31 (59,6%), hypodynamia - 29(55.7%), family history of CV diseases - 16(30.7%), age(M> 55, F> 65) – 15(28,8%), overweight - 17(32.7%) patients, obesity I-degree - 11(21.1%), to be noted 24 (46.1%) normal weight, DM - 8(15.4%), smoking - 6 patients(11.5%). The DAS-28 disease activity score was high at 36(69.2%), moderate - 12(23.1%) and decreased in 4(7.7%) patients. By calculating CV risk using mSCORE chart we obtained the following results: high risk of cardiovascular events in 10 years in 11(21.1%) patients, low risk in 41(78.84%) patients.
Conclusions. Optimal management of CV risk factors remains an important objective in evaluating the patient with RA. High activity should be included among the risk factors for cardiovascular disease.
Key words: rheumatoid arthritis, CV risk factors, inflammation, atherosclerosis.

55. INFECTIVE ENDOCARDITIS IN PATIENTS WITH CONGENITAL HEART DISEASE

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