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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Introduction. The congenital heart disease (CHD) has become a major risk factor for infective endocarditis (IE) due to a large number of children with CHD that survive until adulthood. The incidence of IE in children with CHD is reported to be approximately 4.1 cases per 10000 persons/year, but in adults – 11 per 10000 patients/year with a marked variation between different types of CHD. The progress in diagnostic and surgical field, as well as the use of intracardiac devices and prosthetic materials increases the risk of associated infections and developing IE. As for causative pathogens, streptococci species predominates over the staphylococci species.
Aim of the study. Evaluation of patients with infective endocarditis due to congenital heart disease.
Materials and methods. The study included 262 patients with definite IE (mean age 51±7 years) that have been examined after clinical and paraclinical parameters. The patients with IE were divided into two groups: I – IE caused by CHD (17.2%), group II – IE due to acquired heart disease (AHD) in 82.8%.
Results. The diagnosis of IE was established earlier in patients with CHD – up to 5 months, while in patients with AHD – up to 12 months. Hemocultures were positive in 44.4% vs 30.9%, streptococci predominating in group I (22.2%) and staphylococci in group II (15.6%). Clinically, the manifestations of the toxi-infectious syndrome (fever, chills, sweating, fatigue) prevailed in both groups – 93.3 % vs 91.7% and heart failure (dyspnoea, cough, palpitations) in 71.1% vs 89.4 %. Echocardiographic vegetations have been diagnosed in 77.8% vs 68.2%, followed by chordae breakages (26.7% vs 18%) and pericardial effusion (15.6% vs 19%). Registered complications – neurological – 15.6% vs 14.7%, renal – 15.6% vs 9.7%, while embolic episodes were reported less often – 13.3% vs. 17.5%. The overall outcome in patients with CHD is more favorable, with a 100% survival rate, compared to 93.5% in group II.
Conclusions. IE in patients with CHD diagnosed earlier, has a more benign evolution. Streptococci were the causative agents in a greater percentage, such complications as toxic shock syndrome and heart failure prevailing. Echocardiographically vegetations, chordae breakage and pericardial effusion were detracted, while such complications like the neurological and renal, embolic episodes developed more rarely, with a better prognosis than in patients with AHD.
Key words: infective endocarditis, congenital heart disease, acquired heart disease, complications, prognosis.

DEPARTMENT OF NEUROLOGY no.1

56. EPILEPTIC ENCEPHALOPATHY: DOOSE SYNDROME

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Introduction. The term epileptic encephalopathies are severe brain disorders of early age with a different manifestation, depending on the age of onset, developmental outcome, etiologies, neuropsychological deficits, electroencephalographic (EEG) patterns, seizure types, and prognosis, but all may have a significant impact on neurological development. Doose syndrome, otherwise traditionally known as myoclonic-astatic epilepsy is an epileptic encephalopathy with multiple seizure types. About a third of children may have episodes of convulsive status epilepticus. The disease is characterized by the following criteria: genetic predisposition (high incidence of seizures and/or genetic EEG patterns in relatives); mostly normal development and no neurological deficits before onset; primarily generalized myoclonic, astatic or myoclonic-astatic seizures, short absences and mostly generalized tonic-clonic seizures; no tonic seizures or