women, whereas smoking was present as a risk factor only in men – 18,58%. We identified at least one risk factor in 98,01% of all patients, two or three risk factors – in 66,89%, and four or five risk factors – in 15.89% of patients. The lipid profile analysis revealed that the most frequent type of dyslipidemia Associated with CAD was high levels of low-density lipoprotein cholesterol (55.78% of cases). Single-vessel disease in coronary angiography occurred in 25,17% of all patients, two-vessel lesions – in 15,89%, and triple-vessel lesions – in 89 (58,94%) patients.

Conclusions: We found at least one conventional risk factor in 98.01% of patients with ACS and significant CAD. The most frequent risk factors were hypertension and dyslipidemia in both men and women. The lipid profile analysis revealed that more than half of cases had high low-density lipoprotein cholesterol levels. Triple-vessel disease in coronary anfiography occurred in 58,94% of total number of patients.

Keywords: acute coronary syndrome, risk factors.

73. SLEEP STRUCTURE IN PATIENTS WITH LOGONEUROSIS

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Introduction: Logoneurosis is a temporo rhythmical disorder of speech organization that occurs because of convulsive muscle contractions of the phonatory apparatus. It affects about 5-8% of children, 1% of adults and it is Associated with high levels of social anxiety. During childhood, in patients with logoneurosis, there are observed sleep disorders: startles before falling asleep, a restless superficial sleep, many dreams and nightmares. The objective of the research is to study the features of sleep in patients with logoneurosis.

Materials and Methods: We carried out a case-control study where were included eight patients with logo neurosis and another eight persons without any speech pathology. Patients and healthy individuals were assessed by using the Spielberger level of anxiety and Pittsburgh (PQSI) sleep quality rating questionnaires. In two patients with logo neurosis from the study group, was performed a cardiorespiratory polygraphy with a neuroport (GATES 7).

Results: Sex distribution in groups resulted a significant prevalence of the logoneurosis 3/4 or 75% in males (6), as compared to 25% (2) in women. After a statistical analysis, we obtained the following results: patients with logoneurosis had an average of 41.6 points of personality anxiety, compared to only 31.5 points in the control group, which indicates a significant difference (p <0.05); the average score of Pittsburgh inventory in patients with logoneurosis was 6.37 compared to 3.37 points from those of the control group (p <0.05).

Following the assessment by cardiorespiratory polygraphy with a neuroport, we obtained the following results: a prolonged sleep latency in both patients (31 and 37 minutes); a sleep efficiency of 71.9% and 87.3% (norm> 90%); in both patients was determined a significant growth of 38.37% and 16.09% (norm 5-10%) of N1 sleep phase on hypnogramme and a decreased N2 sleep phase duration

from 39.52% and 35.22% (norm 40-50%); in one patient has been observed an increase of periodic limb movements number in sleep and somniloquy.

Conclusion: Patients with logoneurosis have a higher level of personality anxiety and a very low quality of sleep compared to people from control group. Hypnogramme evaluation revealed a high sleep latency and sleep fragmentation.

Keywords: logoneurosis, sleep.

74. CLINICAL AND PARACLINICAL FEATURES OF STABLE ANGINA PECTORIS

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Introduction. Stable angina pectoris (SAP) is a widely spread disease and a cause of disability. An improper management could lead to worsening of the medical prognosis and it is evident that the problem of SAP is of current importance.

Purpose. To conduct a study of clinical and paraclinical features of patients with SAP.

Materials and methods. 35 medical histories of patients, who have been hospitalized (in "Sf. Archangel Michael" clinic) with SAP diagnosis between 2011-2013, have been analyzed. Data have been selected according to the questionnaire which has included general data and thes results of instrumental and laboratorial investigations.

Results. Risk factors for SAP are dyslipidemia, obesity, hypertension, age (starting from 50), psychosocial stress, family history of premature cardiovascular disease, smoking. Clinical features of SAP include: retrosternal pain (60%) with constrictive pains (62,6%), accompanied by dyspnea (94,3%), headache (74,3%), palpitations (42.3%). Laboratory indices for SAP are a significant increase of triglycerides (55% of cases), cholesterol (45% of cases), serum glucose (40% of cases). On an electrocardiogram there were observed such changes as ST on isoline (51,4%), depression of ST segment (45,7%), atrial fibrillation (34,3%), left ventricular hypertrophy (17,1%), ventricular extrasystole (14,3%). On echocardiogram of the patients there were present zones of normokynesia (58%), hypokinesia (34%), also in some cases a decline of left ventricular function was noticed.

Conclusion. Knowing the features of SAP, we can diagnose this disease in time and avoid unwanted complications. Correcting the modifiable risk factors could lead to a more beneficial prognostic of the illness.

Key words. Angina pectoris, clinical, paraclinical data.