mortality, and the selection of proper technique is very important to completely remove the hydatid cyst and prevent recurrence. A superadded infection is the most common complication of a ruptured hydatid cyst. The risk of recurrence is present; the recurrence may appear much later hence the importance of echocardiographic and radiological monitoring.

Key words: cardiac cystic echinococcosis, recurrence, right ventricle

235. ANALYSIS OF RISK FACTORS OF NON ST SEGMENT ELEVATION MYOCARDIAL INFARCTION IN LOW AND INTERMEDIATE RISK PATIENTS

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Introduction. Non ST segment Elevation Myocardial Infarction (Non-STEMI) is a problem at the global level, which annually takes a large number of lives. The evolution and algorithms of patients treating differs significantly depending on whether the risk according to the GRACE scale is high or whether it is intermediate or low. What factors increase the risk in this patients group remains to be determined.

Aim of the study. To evaluate incidence frequency and to analyze the risk factors in non ST segment elevation myocardial infarction with low an intermediate risk.

Materials and methods. The study included 252 patients with non ST segment elevation myocardial infarction and score GRACE below 140 who was admitted in the hospital. The risk factors for these patients were analyzed.

Results. The average age of the patients was 59.94 ± 0.639 years. $208 \ (82.5\%)$ of them are men and $44 \ (17.5\%)$ are women. High blood pressure was noted in 176 patients (69.8%). Stage 1 - 3 cases (1,2%), stage 2 - 87 cases (34,5%), stage $3 - 86 \ (34,1\%)$. 146 patients (57.9%) were obese. The average body mass index was 26.537 ± 0.173 . Diabetes mellitus was detected in 59 patients (23.4%). High cholesterol was found in $116 \ (46.0\%)$ patients and averaged $5.308 + 0.085 \ \text{mmol} \ /1$. 77 (30.6%) patients were smokers. $208 \ (82.5\%)$ patients had a family history of heart disease or other cardiovascular disease.

Conclusions. Non ST segment elevation myocardial infarction is more susceptible in men over the age of 50 years. Obesity, arterial hypertension of stages 2 and 3 and family history of heart disease or other cardiovascular disease increase the risks of developing Non-STEMI with low and intermediate risk. The presence of diabetes mellitus, high cholesterol and smoking are not so common among this type of patients, these risk factors are most likely to lead to the development of Non-STEMI with a high risk.

Key words: Non-STEMI, myocardial infarction, risk factors.