

nails – 54.4±8.53%, smell distortion – 51.5±9.15%, dry skin – 36.8±10.62, ragades – 20.6±9.8%, intestinal gurguimente – 17.6±9.35%, glossitis – 16.2±9.08%, taste disorders – 13,2±8.44, calcaneal cracks – 11.8±8.06% and sideropenic dysphagia at 2.9±4.34%.

Conclusions: The clinical manifestations are quite modest within prelatent iron deficiency stage, with predominance of mild signs of sideropenic syndrome, to which the family doctor should be vigilant. The ferritin test was the most sensitive and informative in iron deficiency diagnosis.

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PEDIATRIC RADIOFREQUENCY CATHETER ABLATION FOR SUPRAVENTRICULAR AND VENTRICULAR TACHYARRHYTHMIAS: A SINGLE CENTER RETROSPECTIVE ANALYSIS

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Introduction. In recent years radiofrequency catheter ablation (RFCA) has become a standard of care treatment for children and young adults with supraventricular and ventricular tachyarrhythmias. The aim of this study is to evaluate the short term follow up of RFCA for ventricular and supraventricular tachyarrhythmias in pediatric age group.

Materials and methods. A total of 63 pediatric patients (mean age at the time of the procedure 12.9±6.7 years, weight 47.98±13.2 Kg), were referred for electrophysiologic study (EPS) and RFCA between April 2004 and April 2018. The electrophysiologic study was performed in a tertiary center using a modified simple technique with right femoral approach and 2 catheters 5 and 6 French one for stimulation and one for mapping. Referral for the RFCA procedure was done according with the recent guidelines: Class I: WPW syndrome and recurrent and/or symptomatic SVT and age >5 years; WPW syndrome and palpitations with inducible sustained SVT during EPS, age >5 years; Class IIb: WPW syndrome and recurrent and/or symptomatic SVT and age <5 years.

Results. A total of 68 EPS procedures were performed in 63 patients. Referral for WPW syndrome in 22 patients (34.9%), atrioventricular node reentry in 20 patients (31.7%), concealed accessory pathways in 8 patients (12.7%), atrial tachycardia in 3 patients (4.8%), atrial flutter in 1 patient (1.6%), permanent ventricular tachycardia was the reason RF ablation in 1 patient (1.6%), premature ventricular beats in 2 patients (3.2%). RFCA was performed under general sedation in 5 patients (7.9%), the rest of procedure were under exclusively local anesthesia. RFCA success rate was 97.1%, with an arrhythmia recurrence rate of 5.9%. No complications occurred during procedures. In 1 patient (1.6%) with WPW syndrome the mechanical induced atrial fibrillation with hemodynamical compromise needed electrical shock therapy for rhythm control. Mean duration of RFCA was 103.7 min, with a mean radiation exposure time about 10.5 min and a mean dose about 1582 µGy/m². Three-dimensional mapping system was needed in 3 RFCA procedures.

Conclusion. Radiofrequency catheter ablation is a safe and highly successful option of treatment for the supraventricular and ventricular tachyarrhythmias in pediatric patients. The use of the modified simple technique reduces the risk for major complications.

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Cuvinte-cheie: migrenă, cefalee epileptică, electroencefalogramă.

Actualitatea studiului. Cefaleea (durerea de cap) și crizele epileptice constituie două fenomene neurologice comune printre copiii, frecvent coexistente, care se caracterizează prin alterarea paroxistică a funcțiilor cerebrale, după care urmează restabilirea completă a stării de bază. Aspectele etiopatogenetice rămân până în prezent neclare.

Scopul studiului constă în cercetarea aspectelor clinico-paraclinice ale cefaleei epileptice la copil pe baza datelor din literatura de specialitate, la fel studiul manifestărilor clinico-electroencefalografice într-un grup de pacienți cu cefalee.

Material și metode. Studiul s-a bazat pe cercetarea anamnezei, datelor examenului clinic, neurofiziologic și de imagistică cerebrală într-un lot de 32 copii cu simptome de migrenă, care au fost selectați din 201 copii cu variate tipuri de dureri de cap, având vârsta cuprinsă între 5 și 18 ani. Au fost excluse febra și bolile somatice.