

133. GENDER DIFFERENCES IN ISCHEMIC STROKE**Ududovici Nelea**

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Introduction: Stroke is a major problem worldwide. Nowadays, ischemic stroke is the first cause of long-term disability in the world and the second leading cause of death worldwide. The World Health Organization estimated that 5.7 million people die annually of an ischemic stroke. Sex differences in ischemic stroke are increasingly being recognized. Women have not only a higher risk for making a stroke but also a higher rate of mortality, disability, depression and post-stroke dementia, as compared to men. Differences between woman and man in ischemic stroke are observed across the epidemiologic studies, pathophysiology, treatments and outcomes. Epidemiologic studies reveal a clear age-by-sex interaction in stroke prevalence, incidence and mortality. Women's (45-54 years) premenopause prevalence of stroke is smaller in women than in men of the same age but the stroke increased twice among women in the postmenopausal period (75-85 years) compared to men of the same age. These postmenopausal phenomena, along with life expectancy are reasons for women to have a stroke at an older age onset and suffer more severe strokes. Thus, a primary focus of stroke prevention has been based on steroid hormone-dependent mechanisms. Sex hormones affect different (patho) physiologic functions of the cerebral circulation. In addition, strokes appear to be more adverse in women than in men, based upon older age, longer prehospital delays and eventually differences in treatment.

Purpose and Objective: To emphasize evolutionary peculiarities, risk factors and etiology of cerebral vascular accidents according to gender.

Materials and Methods: This study included 169 patients with ischemic stroke registered during 2013 (January to September) of which 79 (46.7%) men and 90 (53.3%) women.

Results: The differences between men and women showed the incidence in women was lower than in men aged 61-70 years and younger, but had higher incidence in women aged 71 years and older ($P < 0.05$). Common vascular risk factors like obesity (46.83% vs 68%, $P < 0.001$), small vessel disease (8.86% vs 20%, $P < 0.05$) are more frequent in women but heart disease (60.75% vs 56.66%, $P > 0.05$), hypertensive angiopathy (73.4% vs 38%, $P < 0.001$), headaches (20.25% vs 10.2%, $P > 0.05$), history of stroke (34.17% vs 26.6%, $P > 0.05$) are more frequent in men. Atherothrombotic subtype of ischemic stroke was more common in male (32% male vs 11% female, $P < 0.05$), while cardioembolic in women (26.6% male vs 32.2% female, $P > 0.05$). NIHSS score estimates the severity of the stroke and we did not observe any differences between women and men (69% male vs 69.62% female). The Rankin Scale was used to evaluate the outcome of handicap and it was significantly higher in women than in men (22.22 ± 4.38 vs. 6.32 ± 2.73 , $P < 0.01$). Stenosis (50% -70%) at the bifurcation of the common carotid artery occurs frequent in women than in men (2.53 ± 1.76 vs. 13.33 ± 3.58 , $P < 0.01$). Frequently the ischemic stroke is higher in women in the carotid area (70% vs 77.3%, $P > 0.05$) but in men in the vertebrobasilar area (22% vs 13.63%, $P > 0.05$).

Conclusion: We found that ischemic stroke was lower in women than in men aged 61-71 years and higher in female who are older than 70 years. Our study did not find significant gender-specific differences in stroke severity but find that female gender was a significant predictor of disability and handicap.

Keywords: Ischemic stroke, score NIHSS, Rankin scale

134. BIG UTERINE MYOMA AT AN EARLY AGE – CLINICAL CASE**Virlan Mariana, Craciun Alina**

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Introduction: Uterine myoma is a benign mesenchymal tumor from smooth muscle tissue.

Uterine myoma is one of the most common female tumors. Statistics show that uterine myoma is found in 20% of the female population.