

139. ROLE OF THE RISK FACTORS IN CLINICAL COMPLICATIONS AND TYPES OF ACUTE MYOCARDIAL INFARCTION

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Introduction: Acute Myocardial Infarction (AMI) is a major cause of death and disability worldwide. The diagnosis of acute MI is a clinical diagnosis based on patient symptoms, ECG changes, and highly sensitive biochemical markers, as well as information gleaned from various imaging techniques. It is important to characterize the type of MI as well as the extent of the infarct, residual LV function, and the severity of CAD and other risk factors, rather than merely making a diagnosis of MI. The ideal management of ST-segment-elevation Myocardial Infarction (STEMI) and Non-STEMI involves early diagnosis followed by rapid reperfusion therapy (PCI).

Purpose and Objectives: Highlighting of importance correlation factors between, type of AMI, factors of risk and complication in patients without reperfusion therapy (PCI).

Materials and methods: The retrospective research was based on the archive data of the Municipal Hospital Clinic "Sfânta Treime". Patients (N=71) had a mean age of 64,3 years, diagnosis of different type of MI and history of hospitalization in "Intensive Care Unit". There were 2 periods of analysis (01.09.2012 to 31.10.2012 and 01.10.2013 to 31.12.2013). For data analyzes SPSS version 17 was used, $p < 0,05$ considered statistically significant.

Results: From 71 patients that were examined, were identified **common risk factor** for type 2 of AMI in 56 patients which are: Arterial Hypertension (HT) 2-3rd in 85.7%, diabetes type 2 in 35.7%, dyslipidemia in 28,6%, Chronic Heart Failure NYHA 2-3 in 23.2%, anemia in 7.1% and ischemic cardiomyopathy in 7.1%. For type 3 of AMI in 10 patients HT in 70%, diabetes type 2 in 40%, dyslipidemia in 10%, and type 1 of AMI 5 patients without known risk factors.

Also were identified **complication** for type 1 of AMI 5 patients: discirculatory encephalopathy in 40%, Killip 2, 3 and 4 each 20%. For type 2 of AMI 56 patients: Killip 2 in 50%, Killip 3 in 19.6%, Killip 4 in 10,8% other complications in 19,6%. For type 3 of AMI 10 patient: Killip 4 has 100%. The most common encountered complication for type 2 of AMI is Killip 2-findings of mild to moderate heart failure in 50%, and in type 3 are Killip 4 - cardiogenic shock in 100%.

Conclusion: HT is a common risk factor in more than 50% in type 2 and 3 of AMI in Intensive Care Unit. HT is a prevalent risk factor in type 2 and 3 of AMI. Therefore patients in Intensive Care Unit with HT 2-3rd degree must be treated as patients with high risk for developing type 3 of AMI and Killip 4. According to data we can assume that patients with advanced metabolic syndrome (characterized by dyslipidemia, hypertension and diabetes mellitus) mainly develop type 2 AMI.

Keywords: Killip, type of AMI, HT, Diabetes mellitus.

140. CONTACT DERMATITIS: ASPECTS OF ETIOLOGY, CLINICAL EVOLUTION AND THE TREATMENT

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Introduction: Contact dermatitis is a type of skin inflammation. It results from exposure to allergens (allergic contact dermatitis) or irritants (irritant contact dermatitis). Phototoxic dermatitis occurs when the allergen or irritant is activated by sunlight. Contact dermatitis occurs twice as frequently in women as in men and often starts at a young age, with a prevalence of 15% in 12-16 years old.

Purpose and Objectives: Studying the aspects of etiology, clinical evolution and the treatment of contact dermatitis.

Materials and methods: The study was conducted on a sample of 334 patients with contact