

Development of the craniofacial surgery allows to children with Apert syndrome to achieve a full potential by giving them a possibility for a social acceptance and tolerance. Early neurosurgical treatment doesn't prevent mental retardation. However, at each developmental level children are put in the position of an emotional and social adaptation, due to their mental retardation and their appearance. Families and doctors play an important role in helping these children to overcome their problems and also the social unacceptability.

Conclusions: This case demonstrates the general characteristic of a patient with Apert syndrome. Its management must be multidisciplinary and needs the consultation of different specialists. Evolution depends at severity of brain malformation. Also upper airway compromise due to a combination of a small size of the nasopharyngs and reduction in the patency of the choanae as well as lower airway compromise due to anomalies of the tracheal cartilage may be responsible for early death. Even in its full clinical manifestations, Apert syndrome is still easily recognizable, but its several manifestations are so peculiar that they constitute a fundamental base of the diagnosis.

Keywords: Apert syndrome, clinical manifestations, management

3. THE ROLE OF CARDIOVASCULAR RISK FACTORS IN PATIENTS WITH RHEUMATIC HEART DISEASES

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Introduction: Rheumatic heart diseases lead to chronic heart failure and reduced quality of life in many patients. Ischemic heart disease represents the major role in the structure of morbidity and mortality worldwide. Traditional risk factors for vascular disease are important in, but do not fully account for, the increased risk of ischemic heart disease in population.

Purpose and Objectives: To evaluate cardiovascular risk factors and appreciate the risk of cardiovascular death in patients with rheumatic heart diseases.

Materials and Methods: We examined a sample of 65 patients with rheumatic heart diseases according to the diagnostic criteria. We applied the SCORE scale and divided the sample into two groups. The first one with SCORE < 5% (30 patients) and the second one with SCORE ≥ 5% (35 patients). We assessed traditional and novel risk factors of cardiovascular diseases by clinical and laboratory methods, and made a comparative analysis of modern risk factors.

Results: The study group included 26 men (40%) and 39 women (60%) with mean age 59.5 ± 0.03. In the study group predominated mitral valvulopathy in 46 (70.7%) patients vs. 19 (29.2%) patients with aortal one. From the traditional risk factors the most significant ones for the increased cardiovascular risk were outlined by hypertension in 22 (62.9%) cases, followed by dyslipidemia – 19 (54.3%) cases and obesity – 10 (28.6%) cases. From modern risk factors a major role had the left ventricular hypertrophy assessed on ECG which was found mainly in patients with SCORE ≥ 5% – 10 (28.6%) patients vs. 6 (20%) patients with SCORE < 5%. Also, the patients with SCORE ≥ 5% had a higher prevalence of other modern risk factors, such as: metabolic syndrome, a high CRP level, a low glomerular filtration rate, and a high level of anxiety determined by using Spilbenger test. On the other hand, the patients with SCORE < 5% were appreciated mainly with concentric hypertrophy, in 7 (23.3%) cases vs 5 (14.3%) cases in patients with SCORE ≥ 5%. Therefore, the concentric hypertrophy is considered being a negative factor for the cardiovascular events.

Conclusion: Patients with rheumatic heart diseases have an increased cardiovascular risk, influenced not only by traditional risk factors, but also by the modern ones.

Keywords: Rheumatic heart diseases, risk factors