

in order to determine the most common cause in triggering Aortic dissection, elapsed time between onset - diagnosis and treatment and its influence on the subsequent evolution of the pathology.

Material and Methods: Retrospective of clinical study of the medical records of patients in SCR and IMSPIC during the 2013-2014 years.

Results: The most common mechanisms involved in the production of Aortic Dissection or demonstrated to be the primary defect of the intima of atherosclerotic plaque, ulcers or other causes less understood, vasa vasorum rupture with the blood penetration between intima and media, connective tissue diseases such as Marfan and Ehler-Danlos syndromes. IVUS and MRI were proved as diagnostic methods with the highest specificity and sensitivity in the early diagnosis of Aortic Dissection, followed by biplane and multiplane transesophageal echocardiography. The incident of the AD in the Republic of Moldova is 6 cases per 100,000 population, the prevalence is 180-200 new cases per year. Of all performed autopsies, AD is detected in 1-3 % of cases. Mortality of untreated patients in the first 48h is 1-2% per hour. Most commonly DA is associated to Marfan syndrome, atherosclerotic plaques with uncontrolled hypertension and is found mainly at males in 5-6 decade of life.

Conclusions: Aortic Dissection is a major emergency pathology, it develops to the people with premorbid background aggravated cardiovascular and on background of connective tissue pathologies. Requires special technical equipment for diagnosis and a quickly treatment.

Keywords: Aortic dissection, emergency, evaluation

6. UNSTABLE ANGINA – CLINICAL PARTICULARITIES AND EVOLUTION

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Introduction: Unstable Angina (UA) is a major health problem that causes a large number of hospitalizations from us and around the world.

Objectives: Assessment of risk factors, clinical features and evolution in unstable angina.

Materials and methods: The study was made in the period of November 2012 – October 2013 and included 210 patients with the diagnostic of unstable angina pectoris based on the clinical, electrocardiographic and echocardiographic evaluation.

Results: The mean age of patients included in the study was 65.8 years (31-95 years), 52.4 % were men, women-47.6 %. The patients were divided into three age groups: 1) < 65 (n = 101); 2) 65-75 years old (n = 66) and 3) > 75 years old (n = 43). The first group was composed of 66 men and 35 women (65.3 % vs 34.7 %), the second of 30 men and 36 women (45.5 % vs 54.5 %), and the third group 14 namely 29 (32.5 % vs. 67.5 %). Most men, 60 % in the study were aged under 65 years and 40 % were older age (65-75 years - 27.3 % and > 75 years - 12.7%). The typical character of chest pain has been localized: retrosternal 137 (65.2 %) patients, precordial - 66 (31.4 %) patients, epigastric 1 (0.5 %), and 15 (7.1%) patients without pain. The pain often radiates to the left shoulder - 28 (13.4%) patients, the second was interscapulo vertebral space - 11 (5.2%) patients, followed by radiation in the arm and left hands in 10 (4.8 %) patients. It is followed by beam irradiation in the neck and jaw that meets respectively 5 and 2 (2.4% vs 0.95 %) of patients. Depending on the nature of pain, it can be evidenced by constriction accused by 96 (45.7 %) patients, push supported by 47 (22.4 %) patients, burning character-26 (12.4%) patients. Risk factors detected: hypertension (88.1 %), hyperlipidemia (50 %), family history of cardiovascular disease (12.9 %), diabetes mellitus (23.4 %). All women in the study have 100% postmenopausal risk factors. The presence of one risk factor (hypertension / arrhythmias and management / diabetes) was detected in 11 (5.2%; 8/2/1) patients. The combination of the two risk factors - the 35 (16.7%) patients, the combination of three risk factors - 63 (30 %) of patients, four risk factors -73 (34.8 %) patients and more than four risk factors were determined 28 (13.3 %) of the patients. The Braunwald score study showed 5.3 % of patients with a low risk, 23.3 % - intermediate risk and 71.4 % - had high risk of cardiovascular events. In patients with increased risk compared with low and intermediate score was recorded more frequently high hypertension gradations (62.6 % vs

20.5% and 4.7 %), dyslipidemia (40.5 % vs 15.2% and 2.4%), diabetes (18.6 % vs 4.3% and 0.5 %) and old myocardial infarction (24.8 % vs 8.1% and 0), for all these features missing sex and age differences.

Conclusions:

1. The distribution of patients with UA by gender, revealed prevalence of men with UA (52.4% vs 47.6%), male / female ratio being at an age below 65 years -2:1, at the age of 65-75 years - 1:1 and age > 75 years 1:2.

2. The results of our study showed a high proportion of UA patients with conventional risk factors: like hypertension, dyslipidemia, diabetes mellitus, family history of cardiovascular disease and tobacco habit.

3. Using score Braunwald most of patients with UA have a high estimated risks of major cardiovascular events-71.4%, intermediate risk - 23.3%, low risk - 5.3%.

Key words: Unstable angina, hypertensions, diabetes, myocardial infarction

7. IRON-DEFICIENCY ANEMIA IN INFANTS AND YOUNG CHILDREN

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Introduction: Iron-deficiency anemia (IDA) is the most common nutritional deficiency in childhood throughout the world, with a major impact on health of the child in the short, medium and long term. Infants with IDA have been shown to achieve lower scores on mental and motor development tests, weakened immunity, have decreased quality of life in comparison with the infants with normal iron status.

Purpose and Objectives: The goal of this research is the identification of the high risk factors for IDA, clinical and laboratory features of IDA for infants in their earlier stage of development in order to ameliorate the diagnosis and develop prophylactic strategy for it.

Material and Methods: The research has been done on 50 children aged between 3 months and 3 years old. The patients presented at least one of the IDA symptoms: wanness, tiredness caused by efforts, weakness, anorexia, and other unknown causes. The indicator for the diagnosis of IDA was Hb under 110g/l (reference value for age group). Baseline measurements comprised the erythrocyte-related hematologic markers: Hb, hematocrit (Hct), mean corpuscular volume (MCV), mean corpuscular hemoglobin concentration (MCHC), and red blood cell (RBC) count as well as the iron status markers such as serum iron.

Results and discussions: Analysing the cases, it was revealed that the prenatal and perinatal factors with the biggest negative impact on the development of iron deficiency were: pathological evolution of pregnancy (gestations, maternal infections, abortion, chronic diseases of the mother); anemia in pregnancy, newborns with low or excessive birth weight. The persistence of anemia is associated with mistakes in dietary diversification, other nutritional deficiencies and care; recurrent infections; the association of anemia with vit.D deficiency, with weight deficit, as well as, frequently, with overweight conditions. The anemia prevalence was bigger in children from rural environment, most of them had the medium level of Hb between 109-90 g/l, which corresponds to the first grade of severity of IDA. At the same time, decrease of MCV, MCHC and serum iron were registered.

Conclusions: The results of the given study reconfirmed the presence of high risk of development of iron deficiency in infants born from the mothers who suffered from anemia during pregnancy, for infants with low birth weight, malnutrition, low socio-economic status, recurrent infections, from rural environment. Prophylaxis of anemia for the infants and children from high-risk groups is proved to be useful.

Key words: iron-deficiency anemia, young children, risk factors