

hyperglycemia and the association between admission hyperglycemia and in-hospital mortality in patients with acute myocardial infarction (AMI).

**Materials and Methods:** Retrospective observational study included 125 consecutive patients ( $\leq 70$ yo) with AMI hospitalized at "Sfinta Treime" Municipal Hospital, Chisinau, in period 1.01.2012-31.12.2012. Patients with known diabetes mellitus ( $n=25$ ) or non-diabetic with fasting hyperglycemia ( $n=17$ ) were excluded, while those with previous myocardial infarction or stroke were enrolled.

The study sample was divided into normoglycemic patients (NDN;  $n=50$ ; fasting glucose  $< 6.1$ mmol/l and 2-h post-load glucose  $< 7.8$ mmol/l) and those with admission hyperglycemia (NDH,  $n=33$ ), without previous history of diabetes (admission glucose  $\geq 7.8$ mmol/l).

Data were analyzed in MS Excel (2010). Results are presented as means and SD. Pearson correlation coefficient ( $r$ ) was determined for each variable and  $p < 0.05$  was considered statistically significant.

**Results:** The results of the present investigation confirm that, even among non-diabetic patients, the prevalence of elevated glucose levels upon admission for AMI is high ( $n=33$ ; 33%), the prevalence was higher in men (21 vs. 12). Compared to normoglycemic, NDH patients were younger (53.64yo vs. 57.30). As expected, mortality were significant lower in NDN ( $n=2$ ; 4% vs.  $n=10$ ; 30%). Mortality was higher in males (7 vs. 3 in NDH; 2 vs. 0 in NDN). In NDH group death occurred predominantly in younger group (9 patients  $\leq 60$ yo and 1 person  $> 60$ yo, compared to 1:1 in NDN). In both groups, admission glucose levels were higher in non-survivors ( $5.68 \pm 1.24$  vs.  $5.64 \pm 0.92$  in NDN and  $10.85 \pm 2.44$  vs.  $10.13 \pm 2.34$  in NDH;  $p < 0.001$ ). A strong uphill correlation was observed between admission glucose and mortality ( $r$ -coefficient 0.53). NDH had longer hospital stay ( $456.00 \pm 30.99$ h vs.  $426.00 \pm 21.08$ ;  $p < 0.001$ ). Death occurred earlier in NDH ( $37.66 \pm 15.19$  vs.  $72.70$ h,  $p < 0.05$ ).

It suggests that the presence of hyperglycemia in subjects who present with AMI offers a survival disadvantage.

**Conclusions:** Hyperglycemia on admission is an independent predictor of poor in-hospital outcome and mortality in AMI and could be used in the stratification of risk in these patients. The impact of hyperglycemia as a risk factor in AMI is more pronounced in younger patients ( $\leq 60$ yo) compared to those older than 60yo.

**Keywords:** Acute myocardial infarction, admission hyperglycemia, mortality

## 26. CASE REPORT: DILATED CARDIOMYOPATHY – A SUCCESSFUL RESPONSE TO TREATMENT

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**Introduction:** Dilated cardiomyopathy (DCM) is a common cause of congestive cardiac failure all over the world. The incidence is 5-8 cases per 100 000 population per year, men suffer 2-3 times more often than women, mean age of patients - 30 to 45 years, rarely it is met in elderly patients, as it was in our case. Regardless of the type of DCM, many years they are asymptomatic and first manifestation usually being an advanced state with features of congestive cardiac failure III-IV (NYHA) or with complications like arrhythmia and sudden cardiac death and have a high mortality rate of 15.0-50.0% at 5 years. Treatment of DCM is aimed to reduce the congestive symptoms and the number of episodes of decompensations and to improve the quality of life.

**Materials and methods:** We present a literary reference to cardiomyopathy and a clinical case of DCM. Demonstration of a case is of great interest to clinicians in terms of the relevance of the disease.

**Results:** This is a report of successful management of a patient with severe DCM, who was admitted at the first time with congestive heart failure IV (NYHA), severe multiple valvular insufficiencies, which after 3 weeks of conservative treatment was compensated till CHF III (NYHA). After undergoing a successful heart surgery with aortic and mitral valve prostheses has returned to normal life.

**Conclusions:** The outlook for patients with cardiac failure has improved substantially in the last 15 years. This is largely due to the application of the results of multicentre clinical trials of new and older

drugs and a better understanding of outcomes for individual patients. The following case study has been chosen to illustrate the basis for therapeutic management of congestive heart failure. Critical to the success of heart failure management is the discharge planning process and follow-up in the outpatient setting.

**Keywords:** Dilated cardiomyopathy, cardiac failure

## 27. HYPERPROLACTINEMIA: ETIOLOGICAL, CLINICAL AND DIAGNOSTIC ASPECTS

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**Introduction:** Hyperprolactinemia (HPRL) is the most common hypothalamo-pituitary disorder encountered in the endocrine practice. The HPRL affect reproductive and sexual function in males and females. In most cases it is caused by a pituitary adenoma that very rare, but can progress to malignancy. Studies have shown that in patients with HPRL the risk of cancer in generally increase, and rather increase the incidence of the breast cancer in women and prostate cancer in men.

**Purpose of the study:** To assess the causes, the clinical and laboratory characteristics of HPRL in patients hospitalized in the Republican Hospital between 2009 and 2012.

**Materials and Methods:** It is a retrospective epidemiological study, for that, were used descriptive methods, following the distribution of the number of cases based on different parameters. The study includes 52 observation forms of patients with HPRL based on clinical examination, radio-imaging and serological values of hormones.

**Results:** The study included 52 patients of whom 43 were women and 9 men. In the total group of patients, HPRL is caused by prolactinoma in 20 patients, in 17 patients by primary hypothyroidism, mixed pituitary adenoma (prolactin (PRL) and GH secreting) in 6 patients, and diffuse toxic goiter in 4 patients, 2 patients with the extra-sellar tumor, 2 with empty sella syndrome and 1 patient with drug induced HPRL.

In patients with increased slightly values of PRL, up to 50 ng / ml, clinical manifestations are less pronounced: oligomenorrhea was found in 22.22%, amenorrhea and galactorrhea- in 18.51% and infertility- in 3.7% only. When PRL values represent more than 100ng/ml, characteristic symptoms of HPRL are more obvious: so 57.14% of women manifested amenorrhea and galactorrhea in 42.3%, infertility – in 42.7%; in 14.28% of men was present gynecomastia and in 42.7% was complained low libido.

The results of the hormonal profile reflect etiological aspects of HPRL. So that, in patients with mixed adenoma, besides elevated value of PRL, is increased growth hormone (STH-  $35.25 \pm 15.87$  mU/L), in patients with primary hypothyroidism is increased TSH-  $40.23 \pm 8.48$  mU/L. In patients with extra-sellar tumor, there is a decrease of gonadotropin hormones, FSH-  $0.75 \pm 0.05$  mU/L and LH-  $0.6 \pm 0$  mU/L.

**Conclusions:** The tumoral cause is predominant in HPRL etiology representing 53.84%. Specific clinical features of HPRL are more obvious when values of PRL record more 100ng/ml. The changes in hormonal profile are determined by etiology of hyperprolactinemia.

**Keywords:** Hyperprolactinemia, galactorrhea, amenorrhea, prolactinoma

## 28. THE CORRELATION BETWEEN CORONARY STENT'S LENGTH AND IN-STENT RESTENOSIS

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**Actuality:** In-stent restenosis (ISR) is considered most important complication of the *percutaneous transluminal coronary angioplasty* (PTCA). For a period of six months, the prognosis of PTCA varies in dependence of what method is used: it occurs in over 45-50% of cases after balloon angioplasty, in 10-15% after the use of bare metal stents (BMS) the result being better and below 10% after the use of drug eluting stents (DES).