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, caracteristic 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±15.87 mU/L), in patients with primary hypothyroidism is increased TSH- 40.23±8.48mU/L. In patients with extra-sellar tumor, there is a decrease of gonadotropin hormones, FSH- 0.75±0.05 mU/L and LH-0.6±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 p*ercutaneous 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).