

30. FREQUENCY OF MANAGEMENT ASSOCIATION OF RHYTHM AND CONDUCTIVITY DISORDERS AT STENOCARDIA PATIENTS

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Actuality: Angina pectoris is the principal syndrome of ischemic heart disease, angina pain occurring when oxygen delivery is inadequate for myocardial requirement, commonly associated with heart arrhythmias. Rising incidence of sudden cardiac death associated with arrhythmias, especially those with evolution trend, determine their medical and social importance. By their complexity, arrhythmias can generate a change of heart rate, establishment of contractility and coronary flow disorders, leading to significant hemodynamic disturbances with significant impact on body haemostasis. At the modern stage in the focus of researchers remain the mechanisms start and development of arrhythmias and strategies of its therapeutic management.

Materials and Methods: The study was conducted at the Department of Internal Medicine – Semiology, SMPHU "Nicolae Testemitanu". In the study, we included patients with the diagnosis of stable angina pectoris. General evaluation included sex, age of patients at the onset of disease, anamnesis, clinical manifestation of the disease, physical examination and paraclinic (laboratory and instrumental) research. Rhythm and conductivity disorders were based on electrocardiogram (ECG) in 12 standard lead. 60 patients with angina pectoris were examined, divided into 2 groups: the first group included people with rhythm and conductivity disorders and the second one – without these kinds of disorders. The account between women and men was 2:1, aged between 41-60 years (60.3 ± 3.15). In the next step we have analyzed the obtained indications by statistical methods and compared the results between the two groups.

Results and Discussion: In this section of their clinical and laboratory research on the 60 patients with angina pectoris associated with arrhythmias we have examined sexual identity, the average age of patients and illness duration. The arrhythmias analysis has discovered the presence of atrial fibrillation in 18 cases (60%), atrial flutter in 3 cases (10%) and conductivity disturbances in 22 of them (73%). Left bundle branch blocks were in 2 times more common than right bundle branch blocks: 8 (27%) and 4 (13%) patients respectively.

Sinus bradycardia, sinus tachycardia, extrasystole were less common. Arrhythmia analysis by sex showed no statistically significant differences.

Comparing the study groups in terms of clinical manifestations observed a predominance of breathlessness severity and heart pain in the group of patients with heart rhythm and conductivity disorders with a greater severity of angina pectoris (c.f. III -IV) in the group with rhythm and conductivity disorders compared to angina pectoris (c.f. II -III) in the group without rhythm disorders.

Conclusions: Among the rhythm and conductivity disorders associated with angina pectoris the most common are atrial fibrillation and left bundle-branch block.

The association between rhythm and conductivity disorders and angina pectoris involves a greater severity of disease and specific tactics of treatment.

Keywords: rhythm disorders, ischemic heart disease

31. THE MECHANISM FOR CONSIDERING FEMALE SEX AS A FACTOR FOR DEVELOPING THROMBOEMBOLIC STROKE IN ATRIAL FIBRILLATION

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Introduction: Women with AF are at a higher overall risk for thromboembolic stroke when compared to men with AF. Recent evidence suggests that female sex, after adjusting for stroke risk profile and sex differences in utilization of anticoagulation, is an independent stroke risk factor in AF. Underutilization or inadequate oral anticoagulation in women could potentially explain part of