

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

these sex-differences in stroke risk. However, a more recent study found a persistently higher risk of stroke among women as compared to men despite similar warfarin adherence rates.

Objective: To describe the potential mechanisms behind the increased risk of stroke in AF associated with female sex.

Materials and Methods: General mechanisms of thromboembolism in AF – Rudolf Virchow postulated that thrombosis arises from three co-existing phenomena: abnormalities in the vessel wall, blood stasis, and a hypercoagulable state. Virchow's triad can be applied to thrombogenicity in AF. Structural changes in the left atrium (LA) and left atrial appendage (LAA), blood stasis induced by left atrial dilatation and inhibited forward flow contributes to thrombus formation in patients with and without AF. As a consequence of structural and blood flow changes, prothrombotic conditions develop with activation of coagulation proteins.

Potential mechanisms for higher stroke risk in women with AF Hormone therapy and menopause – the risk for ischemic stroke in women doubles between the ages of 55 and 65, the menopausal transition period during which estradiol levels decrease by about 60%. Endogenous estrogen has favorable outcomes on lipid metabolism, coagulation and vascular tone, and even incident AF. In a meta-analysis of seven major randomized trials analyzing hormone therapy (HT) reported an increased risk of stroke in both combination HT trials and estrogen-only trials.

Conclusion: Sex-related differences in the vasculature and myocardial structure may predispose to alterations in blood flow, shear stress, and altered endothelial function. Further, there is evidence suggesting a potential sex-based increase (especially in the post-menopausal state) in systemic inflammatory and procoagulant markers, thrombogenic particles and platelet aggregation, all of which contribute to a prothrombotic circumstance. Observational data suggest sex-based differences in stroke outcomes are related to differences in stroke risk factor profile and management, in addition to underutilization of anticoagulant therapy in women. However, recent study results demonstrate an increased stroke risk in women despite baseline anticoagulant use.

Keywords: Atrial fibrillation, female sex, thromboembolic stroke

32. ASSOCIATION BETWEEN CARDIAC AUTONOMIC NEUROPATHY AND PERIPHERAL NEUROPATHY IN DIABETES MELLITUS TYPE 1

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Introduction: Cardiovascular autonomic neuropathy (CAN) is defined as the impairment of autonomic control of the cardiovascular system. The prevalence of CAN varies widely from 2.5 to 50%. Neural damage by chronic hyperglycaemia, vascular insufficiency in the vessels supplying the nerves, and autoimmune mechanisms have been suggested as possible causes of CAN, its pathogenesis remains poorly understood. As in the case of diabetic peripheral neuropathies (DPN), disease duration and long-term poor glycaemic control are important risk factors for the development of CAN.

Purpose and Objectives: Evaluation of the correlation between CAN and peripheral neuropathy in type 1 diabetes (T1DM).

Materials and Methods: In study were included 27 patients (10 men and 17 women) with T1DM and CAN (the diagnosis of CAN was established on the basis of changes in heart rate and blood pressure, during cardiovascular reflex tests, Ewing's battery). According to the total score of the CAN severity, patients were divided in 3 groups. Were evaluated: T1DM duration and severity of peripheral neuropathy.

Results: The 1st group included 11 patients (40.7%) with mild CAN, which were discovered DPN mild – 6 patients (22.2%), DPN moderate – 5 patients (18.5%). T1DM average duration was 5.5±2.0 years. After analysis by the statistical method MedCalc 12.7.2 we detect significant correlation with mild DPN ($r=0.645$, $p=0.0003$).

The 2nd group was made by 8 patients (29.6%) with moderate CAN, which were observed the