

38. PARTICULARITIES OF PULMONARY INVOLVEMENT IN SYSTEMIC LUPUS ERYTHEMATOSUS

Ciobanu Camelia, Cebanu Mariana

Scientific adviser: Mazur Minodora, M.D., Ph.D., University Professor, State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: Respiratory involvement in systemic lupus erythematosus (SLE) is not as well-known as the cutaneous and renal manifestations. It occurs frequently, but the diagnosis may be difficult because of the heterogeneity of the anatomical and clinical presentations.

The pathophysiology of SLE involves genetic, endocrine, environmental, pharmacological and immunological factors with hyperactivity of B lymphocytes and a cytotoxic reaction of auto-antibodies, activation of complement and circulating immune complex deposition.

Pulmonary manifestations of SLE can involve the pleura, lung parenchyma, airways, pulmonary vasculature and respiratory muscles. Pleuro-pulmonary manifestations are present in almost half of the patients during the disease course and may be the presenting symptoms in 4-5% of patients with SLE.

Purpose and Objectives: To analyze the incidence, clinical features and General Well Being (GWB) in patients with systemic lupus erythematosus (SLE) and pleuro-pulmonary involvement.

Materials and Methods: A descriptive study of 30 SLE patients, aged 44.5 ± 12.6 , was recruited from Cardiology Institute between 2013 and 2014. All patients were evaluated clinically and laboratory tests were done. To assess pulmonary involvement, were performed chest X-ray, spirometry, DLCO and High Resolution CT scan of thorax.

Results: Pleuropulmonary manifestations, were diagnosed in fourteen (46.7%) SLE patients. Among them 10 (71.4%) were symptomatic and had complaints of dyspnoea, cough, pleuritic chest pain and some of them history of hemoptysis. At radiological assessment, pleural effusion was found in 29% of cases, in 7% - lupus pneumonitis, in 7% pulmonary artery hypertension (PAH) and in 7% Shrinking Lung Syndrome (SLS). Interstitial lung disease (ILD) was found in 50% of cases. In 4 (28.6%) asymptomatic patients, chest radiographs and CT scan of thorax showed unilateral or bilateral patchy areas of consolidation, predominantly in the lung bases, which in two cases was associated with pleural effusion or atelectasis. Screening test for lung function, by spirometry, found abnormality in 14 (46.6%) cases and restrictive change was the major abnormality 7 (23.3%). The level of severe stress, in patients with lung involvement, assessed by GWB was – 8 patients (57.14%) versus those without – 6 patients (37.5%).

Conclusion: Commonest respiratory symptom was dyspnoea 8 patients (57.14%) and commonest respiratory manifestation was interstitial lung disease 50% and pleural effusion 29%. Patients with pulmonary disease have a higher degree of distress than those without.

Keywords: Systemic Lupus Erythematosus, pulmonary involvement, clinical features

39. CHARACTERISTICS OF ARRHYTHMIAS IN AORTIC VALVE DISEASE

Cotov Tatiana, Lutica Nicolae, Zabrian Inesa, Surugiu Iuliana, Ceasovschi Alexandru

Academic adviser: Mazur-Nicorici Lucia, M.D., Ph.D., Assistant lecturer; Grib Liviu, M.D., Ph.D., Professor, Cardiology Department, State University of Medicine and Pharmacy "Nicolae Testemitsanu", Chisinau, Moldova

Introduction: Aortic valve disease and arrhythmias are two conditions associated with increased cardiovascular morbidity and mortality. Aortic valve disease is often associated with atrial fibrillation the prevalence of which is estimated at 0.4% in general population. A thromboembolic complication in valvular-atrial fibrillation is of 17.5% and in the nonvalvular is about 5% annually.

Purpose and objectives: Estimating the characteristics of arrhythmias in aortic valve disease.

Material and Methods: The study included 56 patients with aortic valve disease, hospitalized