

41. THE ROLE OF KINETOTHERAPY IN PATIENTS WITH RHEUMATIC HEART DISEASE

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Introduction: Rheumatic heart disease presents further an increased mortality, although their prevalence in industrialized countries decreases. However, remains a current topic for the economically less developed regions with the ineffectiveness of preventive methods applied to microbial agents. European guidelines dedicated to the management of patients with rheumatic heart disease are limited to recommendations regarding patient education, disease prevention and behavior, and recommendations to anticoagulant therapy.

Purpose and Objectives: Estimation and evaluation of therapeutic efficacy of kinetotherapy in the complex treatment of patients with rheumatic heart disease.

Materials and methods: Our study is based on 61 patients with rheumatic heart disease who were investigated in the complex by tools objectification: oxygen saturation, PSQIII general satisfaction, global assessment by the patient and physician PGA / MDGA, were treated and trained. Only 38 of them received physical therapy.

Results: Our study relieved the predominance of women in 68.8%, mean age 54.6 years, 61% was noticed varying degrees of obesity, half of the patients present different degree of disability and only 5 patients are capable to working. Clinical dates attest different stages of dyspnea (100%), palpitations followed by 72.13% and 57.37% with fatigue. At baseline, heart failure prevalent NYHA class III according to 64% and finally the 40% grade III and 42% grade II. The patients from the study with kinetotherapy appropriated necessary methods like (descending abdominal breathing / chest and climbing stairs, restoring elements of breath), and training self-management of the disease. We evaluated the efficacy of complex treatment in combination with kinetotherapy in patients with rheumatic heart disease and we proved the superiority versus no kinetotherapy, translated by reducing the degree of dyspnea 100%, global assessment of disease by the patient 34.2 mm and physician 33.5 mm. Analysis of overall satisfaction by PSQIII caused an elevated issues and interpersonal communication, time spent with the doctor from the average values in the population, but financial problem persist.

Conclusion: Patients who received kinetotherapy prove the increased level of general satisfaction, the decrease of global assessment by patient and the increase of the compliance to the received treatment versus those without kinetotherapy demonstrated by functional methods.

Keywords: Rheumatic heart disease, kinetotherapy

42. ACUTE AND CHRONIC TREATMENT OF PANCREATITIS IN CHILDREN

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Introduction: In the structure of chronic diseases in children one of the first place takes the pathology of the digestive organs, one of which consist the pancreas gland disease incidence is increasing in all age groups. Treatment consists of a suppression effect of the pancreatic enzymes by administering antienzymes, preventing infection (with antibiotics and reduce inflammation). It is administered selective spasmolytic: Duspatalin, Buscopan or Spasmomen, administered at least 2-3 weeks in pancreatitis. Antibiotics are administered in cases of toxic syndrome with fever, signs of inflammation in blood test and in pancreas damage in association with respiratory diseases (acute bronchitis, pneumonia). Proton pump inhibitors: Omeprazole, Lansoprazole. Antacids, Maalox (dose depending on the age) x 3 times a day. Infusion therapy - 5.5 % -10 % glucose, 0.9 % s.NaCl, s. Ringer. Fluids intravenous (i.v) is given for purposes of detoxification and hydro-electrolytic rebalancing.

Purpose and objectives: Targeted full analysis of efficacy of the treatment administered to children with acute pancreatitis (AP) and chronic pancreatitis (CP) in the acute phase.