

Materials and methods: 150 children were included with AP and CP, they were hospitalized in the pediatric gastroenterology department SCMC PMSI "V. Ignatenco" in 2010-2013. Group I includes 75 children with AP (basic group) and second group - 75 children with CP in acute phase (control group). The confirmation of positive diagnosis was based on criteria: Gastrointestinal anamnesis, physical examination, laboratory investigations, explorations instrumental: EGDS, transabdominal ultrasound of the digestive organs.

Results and discussion: From concurrent diagnoses was presented in patients with AP - ketoacidosis non-diabetic children- 48 (64 %) , dehydration of 23 children who constituted 30.6 % of cases, which confirms receiving treatment in children with AP perfuzional percentage greater compared to patients with CP in acute phase . Pathological signs in children with AP were more frequently Cacea, Meyo - Robson, AP in children - Mendel, Cacea, pain in the Saffar zone, Meyo - Robson. Malformation of the gallbladder was found to children with AP in 32 children (42.6%), but children with CP in acute phase of 28 children 37.3%. Concurrent diagnosis of chronic gastroduodenitis in acute phase was founded to children with CP in the acute phase-49 children (65.3%), but children with AP - 28 children (30.6%). It was found that patients with AP receiving infusion therapy (s. 5% glucose, 0.9% NaCl, Ringer) to 48 (64%) children, but children with CP in the acute phase to 29 children (38.6%) , antibiotic therapy has been indicated in 2/3 of the cases . PPI were administered to all children with AP and CP. The enzyme therapy was administered to all patients with AP and CP under the clinical and laboratory data of exocrine insufficiency syndrome. The administration of the indicated treatment contributed to healing children.

Conclusion: Basic preparations in the treatment of AP and CP are PPI, the enzyme therapy, diet therapy, infusion therapy. Accompanying diseases most common in children with AP and CP are congenital malformations of gallbladder, GERD, DGR, chronic gastroduodenitis in acute phase, ketoacidosis non-diabetic.

43. EFFECT OF LOW DOSE STATINS IN SECONDARY PREVENTION IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTIONS

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Introduction: In addition to invasive coronary revascularization procedures (PCI) in the treatment of ischemic heart disease indication of a systemic therapy could prevent recurrent events. Treatment with statins significantly reduces long-term occurrence of major clinical cardiovascular events post-PCI. The initiation of statin treatment as early as possible and the maintenance of a good adherence to statin therapy would lead to a more favorable clinical course in post-PCI period. The aim of this study was to evaluate the effect of low dose statins on the incidence of cardiovascular events (myocardial infarction, stroke, recurrent angina and instent restenosis) in patients undergoing percutaneous coronary interventions with stent implantation.

Materials and methods: We conducted a retrospective study that included 95 patients after coronary angioplasty with stenting. According to statin therapy these patients were divided into two groups: 1st group - without statin treatment in post-PCI period (32 patients, mean age of 59 ± 1.53 years) and 2nd group – patients with statin treatment in post-PCI period (63 patients, mean age of 58 ± 1.09 years). 67.7% of patients in 2nd group received simvastatin (10-20 mg/d, the mean dose - 16.5 mg/d), 25.4% - atorvastatin (10-20 mg/d, the mean dose - 14.9 mg/d) and 6.9% - other statins (pravastatin, lovastatin, fluvastatin). The high percentage of patients that were not receiving statins is explained by low medication compliance. The incidence of cardiovascular events was assessed at 6.51 ± 0.15 months post-PCI.

Results: 12.5% patients in the no-statin group experienced at 6 months post-PCI a major adverse cardiovascular event (3 patients – stroke and 1 patient – acute myocardial infarction) vs. 0% patients in the statin group ($p < 0.05$). The incidence of cardiovascular *composite endpoint*, which included

myocardial infarction, stroke, progression of angina and repeat revascularization, also was higher in 1st group vs. 2nd group - 62.5% (20) vs. 38.1% (24), $p < 0.05$. Administration of low dose statins did not influence at 6 months post-PCI the need for repeat coronary angiography (18.6% (6) patients in 1st group vs. 15.9% (10) in 2nd group, $p > 0.05$), repeat revascularization (15.6% (5) vs. 15.6% (10), $p > 0.05$) and target lesion revascularization (12.5% (4) vs. 7.9% (5), $p > 0.05$). Clinical in-stent restenosis was determined in 12.5% (4) patients in the no-statin group and 7.9% (5) patients in the statin group ($p > 0.05$). In addition, there were no differences in total cholesterol (CT), HDL-cholesterol (HDL-C) and LDL-cholesterol (LDL-C) levels between these two groups, irrespective of statins treatment: 1st group – CT – 5.3 ± 0.21 mmol/l, HDL-C – 1.22 ± 0.03 mmol/l, LDL-C – 2.96 ± 0.16 mmol/l and 2nd group – CT – 5.44 ± 0.16 mmol/l, HDL-C – 1.26 ± 0.02 mmol/l, LDL-C – 3.19 ± 0.14 mmol/l ($p > 0.05$).

Conclusion: This study suggests that low dose statins have a favorable effect on clinical outcome in patients after percutaneous coronary interventions. Therefore statin therapy should be administered to all patients undergoing coronary interventional procedures.

Key words: Statins, percutaneous coronary intervention, dyslipidemia, major cardiovascular events

44. UTILIZING PARAMEDICS IN PRE HOSPITAL AND PATIENT CARE

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Introduction: The EMS system is a very known modality that rapidly evolved from 2nd half of 20th century, the rapid development was due to changes in drift of population to urbanized areas, usage of more motor vehicles and rapid growth in population. Nowadays exist two approaches toward administration of EMS one is by physicians while another is given by paramedics. To clarify paramedics are best defined as medical professionals who provide medical care at an advanced life support level in the pre-hospital environment, usually in an acute phase of illness or injury.

Purpose and Objectives: Highlighting the importance of transition of Emergency Medical Services in Moldova from physicians based system to paramedic based system in order to improve the quality of response to the emergency medical cases, decrease expenses in healthcare system in Moldova and to solve physician deficiency issue.

Materials and Methods: Our analysis of EMS systems worldwide has led us to an important conclusion that even though paramedics' education period and training courses are shorter (2-4 years) than that of physicians (approximately 12 years), their skills don't fall from that of physicians in pre hospital emergency care modality. As profession of paramedics developed and has become an university based training for theoretic knowledge and practical part on ambulances and medical simulation centers. Same EMS systems that provide pre hospital care by university educated paramedics exist in developed countries like, Ben-Gurion University of Negev in Israel, University of Washington Medical Center in USA, University of Greenwich in UK, and University of Tasmania in Australia. Systems that use physicians in providing pre hospital care are France, Germany, Russian Federation, and Republic of Moldova.

Results: In order to make a quality comparison of both professionals that work in those two different systems we analyzed 2 profound researches that evaluated their diagnostic and treatment skills. First research of American Heart Association (AHA) compared diagnostic abilities of paramedics and physicians in stroke patients and revealed that recognition of neurological deficits by ambulance paramedics using FAST shows good agreement with physician assessment. Second research of American journal of Emergency medicine showed that highly trained paramedics in an urban emergency medical services system can identify patients with STEMI as accurately as blinded physician reviewers.

Conclusion: In conclusion and in scope of current health problems and ongoing burden and load in financing and medical personnel quota deficiencies in many healthcare systems a transition to EMS system that is administered by paramedics can be very beneficial to healthcare system problems and