simultaneously keep provision of professional pre hospital medical treatment in underdeveloped countries A transition to such system requires cooperation of many "players" and effort to bring this change in EMS provision , but in the long run it will bring a cure to ongoing problems in healthcare systems.

**Key words**: Paramedics, Physicians, EMS, Health care system

## 45. CLINICAL CASE: DEXTROCARDIA – DISEASE OR A NORM VARIATION

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**Introduction:** Dextrocardia is a rare clinical entity, with the location of the heart, and apex orientation to the right, with an incidence of 0.2-1%, and associated with situs inversus in 1/3 of the patients. In the absence of other structural modifications it presents no cardiovascular risc, the risk of coronary artery disease (CAD) being similar to that of the general population. Dextrocardia was first described by Fabricius H. in 1606, but situs inversus – by Severinus M. in 1643. It often associates with other congenital malformations (CM) – single ventricle, ventricular septal defect, tricuspid atresia. Clinically, dextrocardia shows no manifestations, except when associated with severe CM. Its confirmation needs a standard ECG, with the electrodes placed on the right, and an EchoCG evaluation.

**Clinical case.** Patient B., 62 years, admitted in PMSI MCH „Holy Trinity", Acute Miocardial Infarction (AMI) Department with the Diagnose: Ischaemic cardiopathy. Unstable Angina. Miocardial infarction (1991). NYHA II HF. Dextrocardia.

At onset it presents with constrictive retrosternal pain at little physical activity lasting 15 minutes, suppressed by 3 tablets of nitroglicerine and inspiratory dyspnea. From history, in 1991 the patient underwent an AMI. Regular treatment with cu β-blockers, diuretics, antiagregants. On physical examination: overall condition of medium severity; normal-colored skin; vesicular breath sounds; rhithmic heart sounds, HR-70 b/min, BP–130/80 mm/Hg; painless abdomen on palpation.

On standart ECG-microvoltage, heart electric axis(HEA)- right deviation, negative P wave, inversed T wave in D I and AVL, R wave decrease from V1 to V6. Right ECG: sinus rhythm, HR-60 b/min., normal HEA. Left ventricle(LV) hypertrophy. Antero-septal and apical LV post-infarction sequelae. EchoCG: Dextrocardia; ascending Aorta wall induration; moderate dilation of the LA, RA and LV; hypertrophy of the LV myocardium; adequate LV contractility (EF-57%); LV antero-septal hypokinesia and apical akinesia. Mild PHT. Abdominal USG: Situs inversus. Laboratory tests – no deviations. The patient received the following treatment: anticoagulants, antiplatelets, nitrates, β-blockers, statins, metabolic drugs.

**Conclusion:** Pacient B., 62 years, with dextrocardia and myocardial infarction develops an unstable angina, with typical clinical signs. The patient is hospitalized, following treatment according to the clinical guidelines, with positive results. In the specialized literature, patients with dextrocardia, in the absence of CM, need no particular approach of CAD, which was also seen in the case above.

**Keywords:** Dextrocardia, situs inversus, coronary artery disease

## 46. STROKE AND CARDIOVASCULAR RISK FACTORS

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**Introduction:** According to world-heart-federation in the world each year about 15 million people suffer a stroke, of which more than a third die and one third remain disabled for life. AVC worldwide represents the second leading cause of disability, being preceded by dementia.

World-heart-federation also provides data such as stroke, global rarely is encountered in persons aged less than 40 years and is the fifth leading cause of death for people aged between 15-59 years, and two due to persons over the age of 60 years.