

58.3% compared to patients up to 65 years – 46.6%. Of these diseases in the elderly is frequently pathology: renal – 8.2%, articular – 20%, DZ – 15%, hypertensive encephalopathy – 10%. Analysis revealed dyslipidemia, in patients up to 65 years hypercholesterolemia – 60%, hypertriglyceridemia – 47%, hypercholesterolemia in elderly patients – 74%, hypertriglyceridemia – 52%.

Conclusion: Analyzing all the particulars we determined hypertension in the elderly: major factors in the onset of hypertension are multiple factors (stress, coffee, excessive consumption of food). Blood pressure values indicate greater weight of third degree and HTA and isolated systolic hypertension and not least the presence of concomitant diseases and changes lipids is found in most elderly patients.

Keywords: Elderly, hypertension

52. PATTERN OF ARRHYTHMIAS IN RHEUMATIC MITRAL VALVE DISEASES

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Introduction: Cardiac arrhythmias are clinical entities that producing symptoms and complications importance being ranked in the top responsible for sudden death heart disease in adults. It is known that rheumatic heart diseases are associated frequent with cardiac arrhythmias, caused by organic heart involvement, followed by hemodynamic and electrophysiological disturbances.

The aim of study: To determine the characteristics of arrhythmias in patients with rheumatic mitral valve diseases.

Materials and methods: The study group included 50 patients with mitral valve disease evaluated by the questionnaire, which included general data, history of the disease, physical examination and the results obtained by laboratory investigations. Depending on the prevalence of involvement patients were divided into group I – 37 patients with mitral stenosis and group II – 13 patients with mitral regurgitation.

Results: Mean age of study group was 49.3 ± 0.02 , the ratio women: men being 2:1. Medical history revealed acute rheumatic fever in childhood in 17 (34%) patients and prosthetic valve replacement in 18 (36%) cases. Analyses of the residence demonstrated that most patients with mitral valve disease come from urban areas in both groups: 26 (72.9%) and 7 (53.84%) in group I and II, respectively. Patient complaints revealed clinical manifestations more expressed in mitral stenosis group: palpitations had 35 (94.55%), dyspnea – 36 (97.27%) patients, while in mitral regurgitation predominated dizziness in 12 (92.32 %) cases. According NYHA classification in mitral stenosis patient's functional class was more advanced: III degree in 15 (40.51%) vs. 3 (23.03%) patients with mitral insufficiency. ECG analysis found that in the group with mitral stenosis predominate arrhythmias 36 (97%) patients, whereas in the group with mitral regurgitation - conductivity disturbances, detected in 9 (69%) patients. Chronic atrial fibrillation and complete left bundle branch block of Hiss were the most common deviations in mitral stenosis, found in 20 (54%) and 8 (21.62%) respectively. AV blocks were identified only in mitral regurgitation - 6 (46.15%) patients. According to CHADS2 score and Birmingham SCCHA2DS2VASc scheme we determined that high thromboembolic risk (3 points) is more prominent in mitral stenosis in 18 (48.33%) vs. 3 (23.0%) patients with mitral insufficiency.

Conclusion: Rheumatic mitral heart diseases usually associated with cardiac arrhythmias. In mitral stenosis is more common atrial chronic fibrillation, whereas AV blocks are characteristic for mitral insufficiency patients. Thromboembolic risk is higher in mitral valve stenosis.

Keywords: Cardiac arrhythmias, mitral valve disease