significantly in both groups. The atherogenic indices presented the following modifications: CoAt diminished in patients with metabolic syndrome ($p<0.001$) and had an unimportant change in patients without metabolic syndrome ($p>0.05$). Some changes were noted in the dynamic of total cholesterol/HDL cholesterol and LDL cholesterol/HDL cholesterol interaction. Thus, in patients with metabolic syndrome was observed the reduction of the ratio total cholesterol/HDL cholesterol ($p<0.001$), and of the ratio LDL cholesterol/HDL cholesterol ($p<0.01$), while in the group without metabolic syndrome was noted insignificant change in the ratio total cholesterol/HDL cholesterol ($p>0.05$) and the ratio LDL cholesterol/HDL cholesterol ($p>0.05$).

Conclusions: In patients with metabolic syndrome Nebivolol improved lipid status by significantly reducing the total cholesterol, the LDL cholesterol, and the triglycerides. The treatment with Nebivolol had low influence on carbohydrates metabolism.

Key words: Nebivolol, carbohydrate, lipid metabolism, metabolic syndrome

61. HYPERLEPTINEMIA AND LEPTINO-RESISTANCE IN PATIENTS WITH HYPERTENSION IN CASE OF METABOLIC SYNDROME

Taşnic Mihail, Ochişor Viorica
Academic adviser: **Mihalache Georgeta**, M.D., Ph.D., University Assistant, Cardiology Department, State Medical and Pharmaceutical University "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: Metabolic syndrome (MS) is found in 20-25% of the population, in 15% of Europeans and in 23% of Americans. High blood pressure (HBP) is often associated with anthropometric and metabolic disorders, including abdominal obesity (AO), insulin resistance (IR), and other disorders of the MS. The effect of leptin on blood pressure (BP) indicates that leptin plays an important role in the BP control, it reflects the body fat mass (FM), which produces the leptin and is importantly increased in case of obesity. Hyperleptinemia (HL) may be associated with leptino-resistance (LR), usually in case of obesity.

Purpose of the study: The purpose of the research was to assess the role of leptin metabolism, hyperleptinemia and leptino-resistance in hypertensive patients in case of metabolic syndrome.

Material and methods: The study included 294 patients. The main criterion for selection was the HBP of I^{st} and IInd degree. The selection of the groups of patients with and without MS for further investigations was carried out according to the classification criteria of the NCEP/ATP III (2005). Leptin concentration was determined by immunoenzymatic method. The normal blood levels of leptin in women – from 4.1 to 25 ng/ml, in males – from 1.2 to 9.5 ng/ml.

Results and discussions: The men's average leptin levels in the analyzed group were found to be significantly lower than in women (17.51 ± 1.36 ng/ml vs. 29.33 ± 2.14 ng/ml, $p<0.001$). Spearman correlation analysis showed a direct dependence in both groups of patients between leptin levels and BMI (Body Mass Index). We also observed that leptin level is higher in MS patients, presenting in all cases IR and disturbance of insulin sensitivity of the tissues.

After determining the secretory activity of adipose tissue (AT) by leptin level, and after the investigation of basal insulin (BI) in patients with MS, we obtained: 1) hyperleptinemia - 83.3 % of patients (average concentration of leptin in women - $41,58 \pm 5,12$ ng/ml, and in men - 29.02 ± 3.68 ng/ml with normal values from 4.1 to 25 ng/ml), which suggests the presence of a pronounced LR in patients with MS and 2) basal hyperinsulinemia in 67 % of patients (the average BI was 18.12 ± 4.03 IV µUI/ml). All the patients (100%) presented an increased $HOMA_{IR}$ index (the average index was 4.04 ± 0.95 conventional unities, normal values < 2.5), which corresponds to an elevated IR in these patients. Therefore, the patients that were included in our study, in addition to the MS signs, manifested important changes of AT secretory activity with associated LR and IR.

The Spearman correlation analysis showed a statistically significant positive correlation between leptin level in patient with MS and body weight ($r=0.31$, $p<0.01$), abdominal circumference ($r=0.38$, $p<0.001$), and BMI ($r=0.69$, $p< 0.0001$). These correlations can be related to the HL, with secondary increased body weight.

Conclusions: Leptin and hyperleptinemia are crucial factors in the various interactions of metabolic

alterations of MS. Hyperleptinemia, as manifestation of peripheral leptino-resistance, was determined in 83.3 % of hypertensive patients with metabolic syndrome, and presented a direct correlation with the increasing of degree of obesity. The relationship between the body mass index, hyperleptinemia and hyperinsulinemia reflects its key role in the pathogenesis of insulin resistance in metabolic syndrome.

Keywords: hyperleptinemia, leptino-resistance, hypertension, metabolic syndrome

62. STABLE ANGINA PECTORIS MANAGEMENT

Timovscaia Inna, Samohvalov Elena, Alexandru Ceasovschih, Alexandra Grejdieru, Tatiana Cucu

Academic adviser: **Grib Liviu**, M.D., Ph.D., Professor, **Grejdieru Alexandra**, M.D., Ph. D., Associate professor, Cardiology Department, State Medical and Pharmaceutical University "Nicolae Testemiţanu", Chisinau, Republic of Moldova

Introduction: Stable angina pectoris is the most common form of ischemic heart disease, characterized by constrictive retrosternal pain of short duration, with irradiation to the jaw, shoulders, back or arms, typically occurring with exertion or emotional stress, and improved by rest or nitroglycerin administration. The incidence of angina pectoris in most European countries is between 20,000 and 40,000.Its prevalence is from 2-5% in men of 45-54 years up to 10-20% in men of 65-74 years; from 0.1-1% in women aged 45-54 years up to 10-15% in women of 65-74 years.

Purpose and Objectives: Studying the risk factors, clinical and paraclinical features, and treatment of the patients with stable angina pectoris.

Materials and Methods: The study was conducted on a sample of 124 patients with stable angina pectoris, hospitalized in MCH "Holy Trinity" during November, 2012 – February, 2014. The patients were divided into 2 groups, of 62 patients (50.0%) each: group I - men and group II - women.

Results: In the patients of the study, the clinical picture was determined by the pain syndrome with the predominance of retrosternal pain in 81 (65.32%) cases, in 15 (46.87%) patients the pain irradiating in the left shoulder. Access duration was of 6-10 minutes in most of the cases - 71 (57.26%), yielding to nitroglycerin in 52 (41.94%) cases. Among other clinical signs, the prevailing ones were fatigue in 110 (88.70%) and dyspnea in 99 (79.84%) cases. The analysis of the risk factors for angina pectoris in the both groups emphasized the importance of the: age, family history of cardiovascular diseases, arterial hypertension, diabetes mellitus, dyslipidemia, smoking, obesity. On ECG, pathological changes were present in 96 (77.42%) cases, with ST segment depression in 20 (20.83 %) patients, with the predominance of the supraventricular disorders over the junctional and ventricular ones, and with the prevalence of incomplete right bundle branch block in 31 (32.29%) cases. On Echo-CG, the following deviations were detected: aorta induration in 33 (86.84%) cases, low ejection fraction in 16 (42.11%) cases, left ventricular hypertrophy in 30 (78.95%) cases. Most of the patients - 96 (77.4%) - were administered inpatient treatment with4drugs.

Conclusion: Considering that angina pectoris is a pathology with an increased incidence and prevalence, the awareness of the physicians and patients, regarding the early diagnosis and proper management of hypertension and stable angina, has a major value in preventing the development of acute myocardial infarction, acute stroke and other complications.

Keywords: Stable angina, risk factors, management

63. PLATTER'S SYNDROME IN INFANTS WITH ACUTE PNEUMONIA

Turtureanu Irina

Academic adviser: **Turcanu Tamara**, Assistant Professor, Pediatric Department, State University of Medicine and Pharmacy "Nicolae Testemitanu", Chisinau, Republic of Moldova

Introduction: Acute pneumonia is an inflammatory and infectious process localized in alveolus and pulmonary interstitial tissue caused by a bacterial pathologic agent. According to WHO common symptoms of pneumonia in children and infants include rapid or difficult breathing, cough, fever, chills, headaches, loss of appetite and wheezing. Children under five with severe cases