

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

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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 with 4 drugs.

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

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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

of pneumonia may struggle to breathe, with their chests moving in or retracting during inhalation (known as “lower chest wall indrawing”). Young infants may suffer convulsions, unconsciousness, hypothermia, lethargy and feeding problems.

It has been observed that in infants with severe cases of acute pneumonia, thymomegalia (also called Platter syndrome) is frequently present.

Purpose and objectives: To find the incidence of thymomegalia (Platter’s syndrome) in infants. To appreciate the clinic and paraclinic signs and symptoms of thymomegalia in infants with acute pneumonia with a severe evolution.

Materials and Methods: The research is based on the observation of 320 patients with acute pneumonia, severe evolution selected during the 2013-2014 years. They have been investigated using clinic and paraclinic examinations. Thymomegalia has been confirmed by radiologic examination. The anamnesis and epidemiologic data, also the personal physiological and pathologic antecedents have been statistically analyzed and interpreted.

Results: From 600 hospitalized infants (1-6 months old) were selected 320 with acute pneumonia. From the total number of infants diagnosed with pneumonia, 27, 5 % presented an enlarged thymus (of I/II/III degree), confirmed by a radiologic examination, more frequent in male infants than female. Acute pneumonia associated with thymomegalia presented a severe evolution with difficulties in treatment. A high rate of co-associated morbidities as anemia, torticollis and hypoxic ischemic encephalopathy were noted in infants with thymomegalia.

Discussions: The possibility that Platter’s syndrome is a sign of a compromised immune system with long-term impact on children health exists. Frequently the thymus hyperplasia disappears to the age of 1 year, if it doesn’t, the children are highly vulnerable to infections. To the age of 3, the incidence of thymomegalic patients is very high in the group of frequently ill children.

Conclusion: Thymomegalia is a frequent condition in infants, causing a severe evolution of acute pneumonia. The infants with Platter’s syndrome are often re-hospitalized, thymomegalia being a sign of a compromised immune system.

Keywords: pneumonia, infants, thymomegalia, Platter syndrome

64. UNSTABLE ANGINA PECTORIS AFTER PCI REVASCULARIZATION WITH THROMBUS ASPIRATION

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Introduction: Percutaneous coronary intervention (PCI) is a non-surgical procedure used in the treatment of coronary artery stenosis. Repeated stenoses of the coronary arteries may develop 6 months later in 40-50% cases of PCI, this resulting in clinical manifestations of cardiac ischemia. Early postinfarction angina pectoris is a form of unstable angina, developing in up to 2 weeks after a myocardial infarction. The present clinical case describes a patient L., male, 50 years old, hospitalized on 26.03.14 in the Cardiology Recovery Department of MCH “Holy Trinity”.

Complaints: constrictive retrosternal chest pain with irradiation in the left shoulder, general weakness.

History of the disease: The patient had an anterior extended myocardial infarction 2 weeks ago, he was hospitalized in Medpark clinics and angiocoronarography was performed, as a result three coronary atherosclerotic lesions were determined with moderately severe stenoses on RCA III and unimportant stenoses on LAD and CX (OM I). In consequence, he was submitted to PCI revascularization with thrombus aspiration. He was discharged for treatment at home with Tab. Aspirini 75 mg daily, Tab. Clopidogrel 75 mg daily for 2 months and was recommended a future stent implantation.

Clinical examination: General state of medium severity. Clear conscience, skin of pale colour. Heart sounds were rhythmic, diminished, with HR=80 beats/minute, Ps=80 beats/minute, BP=110/80 mmHg. Other organ systems had no pathological changes.