

2. In IE, the embolic complications are widely undiagnosed and require imaging investigations (CT, MRI, Doppler investigation) for early diagnosis, initiation of appropriate treatment and prognosis improvement in these patients.

Key words: Infective Endocarditis, embolic complications, vegetations.

ASSOCIATION BETWEEN STATIN THERAPY AND INSTENT RESTENOSIS

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Introduction: Restenosis after percutaneous coronary interventions (PCI) remains an unsolved clinical problem. Increasing evidence indicates the importance of inflammatory responses to vascular injury in the pathogenesis of restenosis. Several agents with anti-inflammatory action have been studied for the prevention of restenosis post-PCI, including statins. Their pleiotropic effects act favorably on disease progression. The aim of our retrospective study was to examine the association between statin therapy and occurrence of instent restenosis.

Methods: A total of 67 patients (mean age of 56 years, range 39-72 years, 82% men, 24% with diabetes mellitus) with coronary stents who underwent a repeated coronary angiography due to worsening of their clinical symptoms, were enrolled in the study. According to angiographic findings these patients were divided into three groups: 1st group - without instent restenosis and progression of other coronary lesions (15 patients); 2nd group - patients with instent restenosis ± progression of other coronary lesions (28 patients) and 3rd group - without instent restenosis, but with progression of other coronary lesions (24 patients).

Results: 47 (70%) patients were on treatment with statins and 20 (30%) patients did not receive any statins after initial PCI. The number of patients that did not receive statins in each of these three groups were the following: in 1st group - 2 (13,3%) patients; 2nd group - 10 (35,7%) patients and 3rd group - 8 (33,3%) patients. The high percentage of patients that were not receiving statins is explained by low medication compliance. In addition, there were no differences in total cholesterol (CT), LDL-cholesterol (LDL-C) and HDL-cholesterol (HDL-C) levels between these three groups, irrespective of statins treatment: 1st group - CT - 5,02 mmol/l, HDL-C - 1,23 mmol/l, LDL-C - 2,93 mmol/l; 2nd group - CT - 4,97 mmol/l, HDL-C - 1,2 mmol/l, LDL-C - 2,88 mmol/l and 3rd group - CT - 4,9 mmol/l, HDL-C - 1,21 mmol/l, LDL-C - 2,83 mmol/l.

Conclusion: This study suggests that statins may have a favorable effect in reducing the angiographic restenosis independent of their cholesterol-lowering effect. Statin therapy improve clinical outcome of patients after percutaneous coronary interventions and represents an independent predictor factor for restenosis.

Key words: percutaneous coronary intervention, instent restenosis, statins.